

ClinicalKey®
Lead with answers.

ClinicalKey: 划时代权威医学信息平台

Elsevier Health Sciences China
爱思唯尔医学部

ELSEVIER

什么是ClinicalKey?

- ❑ 全医学资源平台
- ❑ 您手边的移动医学图书馆
- ❑ 帮助医生快速获取最相关的医学答案

ClinicalKey®
Lead with answers.

All Types ▾

Search for diagnoses, conditions, drugs and more... 

Or Browse: Books Journals More ▾

议程

- 一个真实的病例
- 医生面临的困境与解决方案ClinicalKey
- 开始使用 ClinicalKey
- Q&A



病史及治疗

男，55岁，汉族

糖尿病周围
神经病变

继续改善微循
环、营养神经
、高压氧治疗

外周神经系统
症状

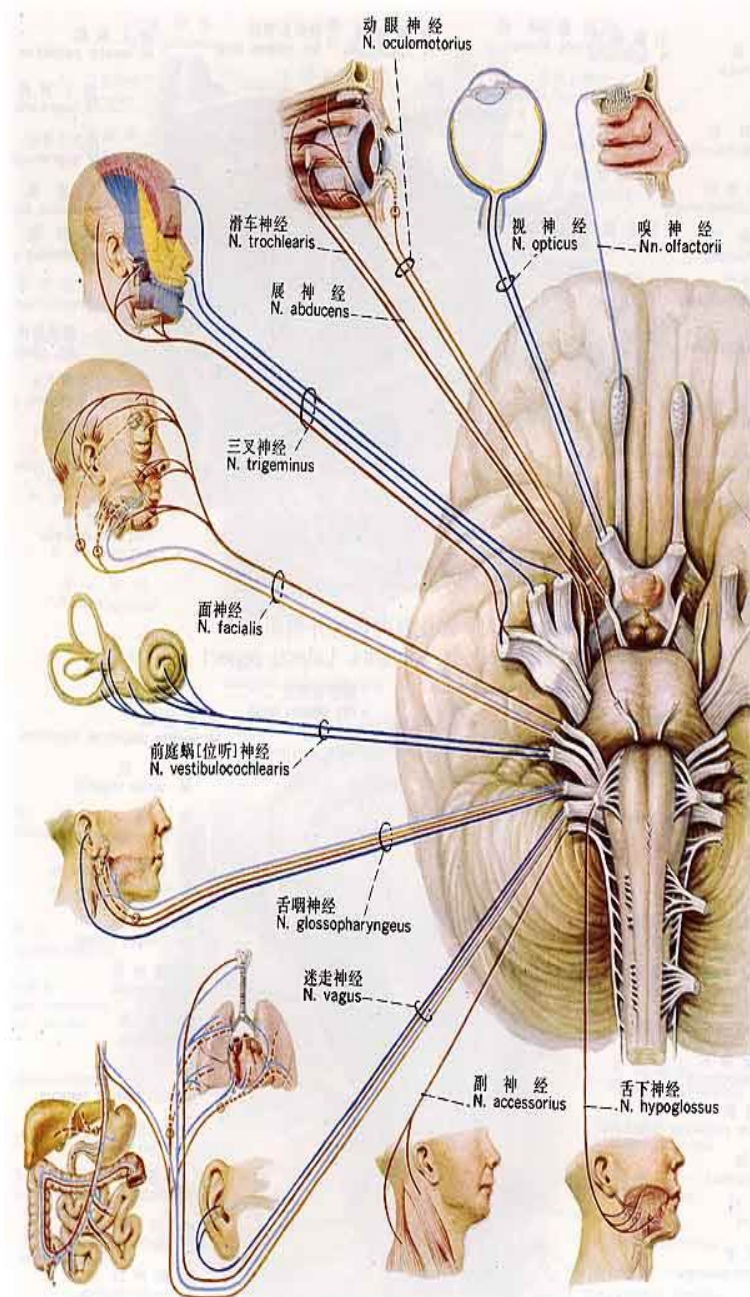
2012年2月，**右耳**渐进性听力下降至失聪、嗅觉减退伴头晕，一周后左耳听力下降。当地二甲中医院治疗。

2012年4月，出现口角歪斜，左侧闭目不全等**左侧周围性面瘫**。**双耳全聋，嗅觉丧失**，头晕、走路不稳加重，偶有饮水呛咳。转入当地三甲医院治疗。

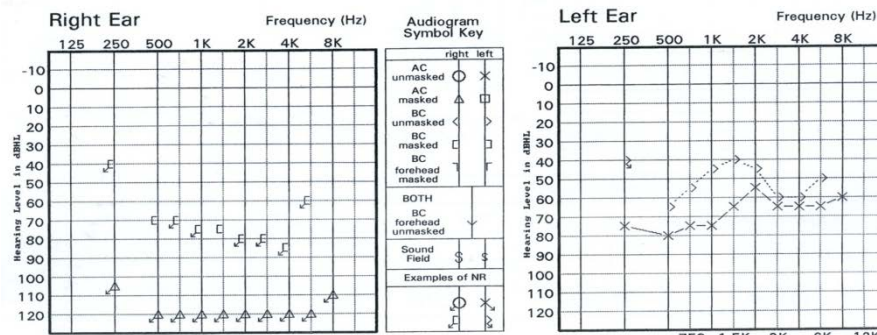
2012年5月，转入北京知名三甲医院**ENT**治疗。

脑神经查体

- 嗅觉减退 (1)
- 视觉无减退 (2)
- 双侧眼球运动自如 (3-4,6)
- 面部痛温觉、轻触觉正常，双侧咀嚼肌无明显萎缩 (5)
- 左侧周围性面瘫，味觉减退 (7)
- 双侧极重度听力损失 (8)
- 左侧咽腭弓较松弛，悬雍垂偏右，双侧咽反射减弱 (9-10)
- 左侧胸锁乳突肌轻度萎缩 (11)
- 右侧舌肌轻度萎缩 (12)
- 外周神经系统受累，脑神经受损



当地医院辅助检查结果



颅脑MRI (2012-04-19) :
双侧侧脑室旁多发脑缺血灶, 左额叶颞部脑膜不规则强化

腹部CT (2012-04-20) :
多发性肝囊肿, 余未见异常

颞骨CT平扫+三维重建 (2012-04-21) :
双侧中耳乳突炎

外周血肿瘤标记物 (2012-04-25):
血清铁蛋白530.70ng/ml, CA19-9 120U/ml

拟诊讨论



入院检验

◆ 2012-05-17腰穿结果（入院后一周）：

- 颅内压初压增高达**295mmH₂O**（正常值：70-200mmH₂O）
- 肿瘤标记物（脑脊液）：
 - **癌胚抗原**119.60ug/l（血清正常值：小于2.5μg/L）
 - **CA19-9** 6353.00 U /ml（血清正常值：小于37 U /ml）
- 脑脊液常规：细胞总数**54x10⁶/L**，白细胞数**35x10⁶/L**，**蛋白定性（+）**
- 脑脊液生化：脑脊液**蛋白**1436.9mg/L（正常值：150-400mg/L）
- 脑脊液细胞分类：未见肿瘤细胞

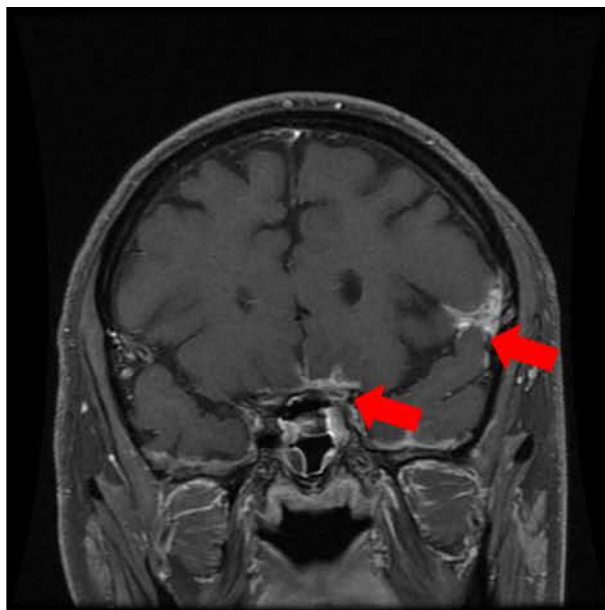
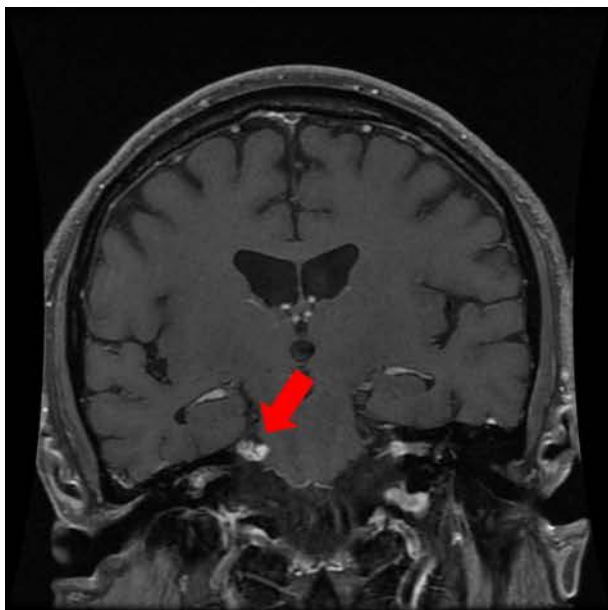
◆ 2012-05-16肿瘤标记物（外周血）：

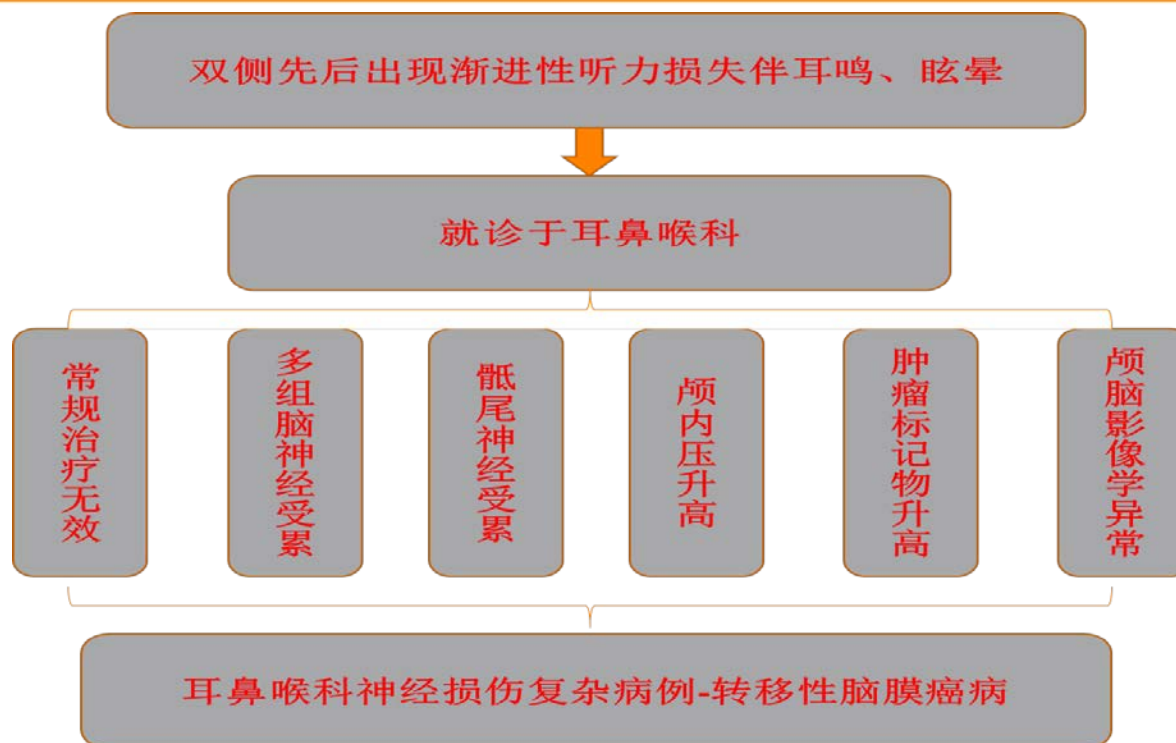
血清铁蛋白627.80ng/ml，**CA19-9** 207.10 U /ml，持续升高

影像学检查

全身**PET-CT**（入院后第**12**天）检查未发现明显高代谢灶

颅脑增强核磁（入院后第**13**天）显示：双侧额部、颞部软脑膜异常强化





- **2012-05-25** 组织全院大会诊：再次腰穿查脑脊液细胞分类、腹部增强MRI 查找原发灶、腰骶段MRI及四肢电生理。
- **2012-05-26** 患者要求出院，拒绝进一步检查，放弃治疗。
- 随访：患者出院后未行进一步检查治疗，七月中旬死亡。

医生强力后援

- 本领域的专家，交叉领域的专家
- 印刷资源：教科书，杂志，指南
- 免费电子资源：pubmed google 等
- 收费电子资源（涵盖印刷资源）：ClinicalKey 等

对于临床确诊思路的帮助

Pubmed 匹配搜索：只有3条结果

NCBI Resources How To

PubMed.gov

US National Library of Medicine
National Institutes of Health

PubMed

RSS Save search Advanced

Article types Summary Sorted by Recently Added Send to: Filter

Customize ...

Text availability

Abstract

Free full text

Full text

Publication dates

5 years

10 years

Custom range...

Species

Humans

Clear all

Show additional filters

Results: 3

☐ [Clinical features of patients with carcinomatous meningitis in the Chinese population: report of 4 cases and review of the literature.](#)

1. Duan H, Li M, Sun X.
Turk Neurosurg. 2014;24(1):13-8. doi: 10.5137/1019-5149.JTN.6936-12.1.
PMID: 24535785 [PubMed - indexed for MEDLINE] [Free Article](#)
[Related citations](#)

☐ [\[Meningeal herniation associated to chronic otitis media in an otology center in the City of Mexico\].](#)

2. Esparza Castro M, Martínez Gutiérrez N, Jáuregui Renaud K.
Acta Otorinolaringol Esp. 2006 Jan;57(1):51-5. Spanish.
PMID: 16503034 [PubMed - indexed for MEDLINE] [Free Article](#)
[Related citations](#)

☐ [\[A patient with white matter involvement and superficial hemosiderosis of the central nervous system\].](#)

3. Camdessanche JP, Antoine JC, Barral FG, Perier C, Brunon J, Michel D.
Rev Neurol (Paris). 2002 Feb;158(2):215-7. French.
PMID: 11965178 [PubMed - indexed for MEDLINE]
[Related citations](#)

Summary Sorted by Recently Added Send to: Filter

Google结果数量庞大无序，目前大陆？

Google

bilateral hearing loss and meningeal abnormalities

Web Images Videos News Shopping Maps Books

About 199,000 results

Any time

Past hour

Past 24 hours

Past week

Past month

Past year

All results

Verbatim

Scholarly articles for bilateral hearing loss and meningeal abnormalities

... producing **bilateral sudden hearing loss: a case report**. - Civantos - Cited by 29

Sudden bilateral sensorineural hearing loss - Fetterman - Cited by 82

... on MR scans in patients with sudden **hearing loss and ...** - Seltzer - Cited by 108

Meningeal carcinomatosis manifested as bilateral progressive ...

www.ncbi.nlm.nih.gov/pubmed/10912696

... manifested as **bilateral progressive sensorineural hearing loss**. ... RESULTS: Magnetic resonance imaging revealed **abnormal leptomeningeal enhancement**.

Bilateral profound hearing loss due to meningeal carcinomatosis.

www.ncbi.nlm.nih.gov/pubmed/15851093

Bilateral profound hearing loss due to meningeal carcinomatosis. ... **Meningeal carcinomatosis (MC)** is an uncommon form of metastasis of solid tumors. **Hearing ... Meningeal Neoplasms/secondary; Middle Aged; Movement Disorders/etiology ...**

Meningeal carcinomatosis

www.rcsed.ac.uk/RCSEDBackIssues/journal/vol43_2/4320056.htm

Keywords: acoustic nerve **meningeal neoplasms** **sensorineural hearing loss** affected

对于临床确诊思路的帮助

UpToDate不能联合检索

"bilateral hearing loss serum CA19-9"的检索结果

ca 19 9 = Carbohydrate antigen 19-9

☒ 所有专题

☐ 成人

☐ 儿童

☐ 患者

☐ 图表 

Screening the newborn for hearing loss

- ≡ Universal screening
- ≡ Screening tests for hearing
- ≡ Summary and recommendations
- ≡ Further evaluation
- ≡ Selective screening

Evaluation of hearing loss in adults

- ≡ Examination
- ≡ Classification of hearing loss
- ≡ Summary and recommendations

Serum biomarkers for evaluation of an adnexal mass for epithelial carcinoma of the ovary, fallopian tube, or peritoneum

- ≡ Properties of biomarkers
- ≡ Diagnostic performance
- ≡ Clinical approach
- ≡ Summary and recommendations

Hearing impairment in children: Evaluation

- ≡ Radiologic testing
- ≡ Summary and recommendations
- ≡ Laboratory testing
- ≡ Formal audiology
- ≡ Electrophysiology

专题提纲 显示图表 (5)

SUMMARY AND RECOMMENDATIONS

INTRODUCTION

CLASSIFICATION OF HEARING LOSS

HISTORY

EXAMINATION

- Office hearing evaluation
- Weber and Rinne tests
 - Weber test
 - Rinne test
 - Interpretation
- Examination of the ear
 - Pneumoscapy
- Formal audiologic assessment
 - Pure tone, air, and bone conduction testing
 - Speech audiometry
 - Impedance audiometry
- Other tests

INFORMATION FOR PATIENTS

SUMMARY AND RECOMMENDATIONS

GRAPHICS

FIGURES

- Weber and Rinne tests
- Audiogram conductive loss
- Tympanograms in diseases

TABLES

- Causes of hearing loss
- Interpreting Weber and Rinne tests

权威全面的智能临床支持软件

像临床医生一样思考问题：

1. 按临床逻辑关联性强弱显示结果：依次为脑膜癌病、自身免疫病、脑炎、Bahcet综合征、脑膜炎、系统性疾病等，为临床提供清晰诊断思路

2. 检索获得2346条结果：包括书籍、期刊、药品专论、权威指南、患者教育等多层次多角度临床专业知识，无冗余信息干扰

3. 资源种类多样，包括各种直观图片、视频资料，并可以直接制作ppt后导出

The screenshot displays the ClinicalKey search interface. At the top, the search bar contains the query "bilateral hearing loss meningeal abnormalities". Below the search bar, there are filter options: "Filter By: Source Type", "Study Type", "Specialties", and "Date". A red circle highlights the "2346 results" button, with a red arrow pointing to it. To the right, the "Sort by: Relevance" dropdown is visible. Below the search results section, there is a "Multimedia" tab and a "Subscribed Content" section. The multimedia section displays a grid of various clinical images, including MRI scans, CT scans, and photographs of medical equipment and patients. The bottom right corner features a "Help & Feedback" button.

殊途同归：多种检索词组合指向高度一致

ClinicalKey®

All ▾

bilateral hearing loss perineural involvement meningeal abnormality

✕



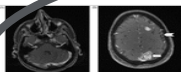
Filter By: Source Type ▾ Study Type ▾ Specialties ▾ Date ▾

☐ 2384 results

Sort by: Relevance ▾

☒ Subscribed Content

IMAGE



Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases

Auris Nasus Larynx.

Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

Fig. 2: (A) Brain MRI with contrast enhancement revealing soft tissue masses in both internal auditory canals and CPAs (white arrows). (B) The second brain MRI scan, performed few day later, showed a leptomeningeal dissemination characterized by dural thickening. More

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All ▾

bilateral hearing loss meningeal abnormality



Filter By: Source Type ▾ Study Type ▾ Specialties ▾ Date ▾

☐ 2344 results

Sort by: Relevance ▾

☒ Subscribed Content

FULL TEXT ARTICLE

Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases



Auris Nasus Larynx.

Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

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All ▾

bilateral hearing loss serum CA19-9

Filter By: Source Type ▾ Study Type ▾ Specialties ▾ Date ▾

☐ 4854 results

Sort by: Relevance ▾

☒ Subscribed Content

FULL TEXT ARTICLE

Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases



Auris Nasus Larynx.

Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

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All ▾

bilateral hearing loss metastases



FULL TEXT ARTICLE

Sudden onset sensorineural hearing loss caused by meningeal carcinomatosis secondary to occult malignancy: Report of two cases



Auris Nasus Larynx.

Marchese, Maria Raffaella; La Greca, Carmelo; Conti, Guido; Paludetti, Gaetano. Published August 1, 2010. Volume 37, Issue 4. Pages 515-518. © 2009.

对于临床诊疗的帮助

Pubmed 数据排列无逻辑

NCBI Resources How To Sign in to NCBI

PubMed meningeal carcinomatosis Search

US National Library of Medicine
National Institutes of Health

RSS Save search Advanced Help

Article types
Clinical Trial
Review
Customize ...

Summary 20 per page Sorted by Recently Added

Send to Filters: Manage Filters

Results: 1 to 20 of 854

<< First < Prev Page 1 of 43 Next > Last >>

New feature
Try the new Display Settings option - Sort by Relevance

Related searches

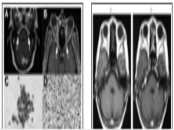
- meningeal carcinomatosis breast cancer
- meningeal carcinomatosis lung
- meningeal carcinomatosis review
- meningeal carcinomatosis gastric
- meningeal carcinomatosis treatment

PMC Images search for meningeal carcinomatosis

1. [Chest wall pain as the presenting symptom of leptomeningeal carcinomatosis](#)
Sim KB, Nam KY, Lee HJ, Park JW, Ryu GH, Chang J, Kwon BS.
Ann Rehabil Med. 2014 Dec;38(6):861-4. doi: 10.5535/arm.2014.38.6.861. Epub 2014 Dec 24.
PMID: 25566489 [PubMed] Free PMC Article
[Related citations](#)

2. [Carcinomatous meningitis due to gastric adenocarcinoma. A rare presentation of relapse](#)
Saad N, Alsibai A, Hadid TH.
World J Gastrointest Oncol. 2014 Dec 15;6(12):450-3. doi: 10.4251/wjgo.v6.i12.450.
PMID: 25516779 [PubMed] Free PMC Article
[Related citations](#)

3. [Stereotactic radiosurgery to the resection bed for intracranial metastases and risk of leptomeningeal carcinomatosis](#)
Ojerholm E, Lee JY, Thawani JP, Miller D, O'Rourke DM, Dorsey JF, Geiger GA, Nagda S, Kolker JD, Lustig RA, Alonso-Basanta M.
J Neurosurg. 2014 Dec;121 Suppl:75-83. doi: 10.3171/2014.6.GNS.14708.
PMID: 25434940 [PubMed - indexed for MEDLINE]
[Related citations](#)



平行数据冗余

Google meningeal carcinomatosis

Web Images Videos News Shopping Maps Books

About 50,300 results

Any time
Past hour
Past 24 hours
Past week
Past month
Past year

All results
Verbatim

[Meningeal carcinomatosis - Wikipedia, the free encyclopedia](#)
en.wikipedia.org/wiki/Meningeal_carcinomatosis ▾
Meningeal carcinomatosis is a condition in which a solid tumor diffusely spreads to the leptomeninges. Lung tumors, breast tumors, and malignant melanoma ...

[Leptomeningeal Carcinomatosis - Medscape Reference](#)
emedicine.medscape.com/article/1156338-overview ▾
22 Apr 2014 ... Leptomeningeal carcinomatosis (LC) is a rare complication of cancer in which the disease spreads to the membranes (meninges) surrounding ...

[Meningeal carcinomatosis](#)
www.rcsed.ac.uk/RCSEDBackIssues/journal/vol43_2/4320056.htm ▾
Meningeal carcinomatosis is the diffuse infiltration of the meninges by metastatic carcinoma. Patients usually have a known underlying malignancy, but primary ...

[Meningeal carcinomatosis as the first manifestation of malignant ...](#)
www.ncbi.nlm.nih.gov/pubmed/19750988 ▾
Bratisl Lek Listy. 2009;110(8):490-5. Meningeal carcinomatosis as the first manifestation of malignant carcinomatosis. Gdovinova Z(1), Feketeova E, Szilasi J ...

[Survival of breast cancer patients with meningeal carcinomatosis](#)
annonc.oxfordjournals.org/content/early/2010/04/29/annonc.mdq232.full ▾
29 Apr 2010 ... Abstract. Background: Breast cancer is the leading nonhematologic cause of meningeal carcinomatosis (MC). The aim of this study was to ...

院士级助手

随时上网查询

ClinicalKey®

All ▼ meningeal carcinomatosis

Filter By: Source Type ▼ Study Type ▼ Specialties ▼ Date ▼

2546 results

Subscribed Content

GUIDELINE
Leptomeningeal metastases.
Comprehensive Cancer Centre the Netherlands - Disease Specific Society. Published January 1, 2006.

BOOK CHAPTER
Neoplastic Meningitis
Youmans Neurological Surgery.
Porter, Alyx B.; Jaeckle, Kurt A.. Published January 1, 2011. Pages 1529-1533. © 2011.

BOOK CHAPTER
Brain Metastases and Neoplastic Meningitis
Abeloff's Clinical Oncology.

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All ▼ Search ClinicalKey for ...

Go to: Outline ▼

Disease/Condition(s)

- Leptomeningeal metastases secondary to extracranial solid tumors (e.g., breast cancer, lung cancer, melanoma)
- Leptomeningeal metastases secondary to primary central nervous system (CNS) tumors (primitive neuroectodermal tumor [PNET], germ cell tumor, medulloblastoma, ependymoma, pineal gland tumor/pineoblastoma, glioblastoma multiforme, esthesioneuroblastoma)

Guideline Category

- Counseling
- Diagnosis
- Evaluation
- Management
- Risk Assessment
- Treatment
- Clinical Specialty
- Family Practice
- Internal Medicine
- Neurological Surgery

Outline

- Scope
- Methodology
- Recommendations
- Evidence Supporting the Recommendations
- Benefits/Harms of Implementing the Guideline Recommendations
- Qualifying Statements
- Implementation of the Guideline
- Institute of Medicine (IOM)

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Drugs ▼ meningeal carcinomatosis

Filter By: Source Type ▼

Drug Monograph X

1 results

Subscribed Content

DRUG MONOGRAPH
Thiotepa
Gold Standard. Published December 22, 2011.

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Clinical Trials ▼ meningeal carcinomatosis

CLINICAL TRIAL
Phase II Study of the Combination of High-Dose Methotrexate and Intrathecal Liposomal Cytarabine in Patients With Leptomeningeal Metastases With or Without Parenchymal Brain Involvement
Published November 7, 2014. Conditions: Central Nervous System Metastases; Leptomeningeal Metastases; Recurrent Breast Cancer; Stage IV Breast Cancer; Tumors Metastatic to Brain. Interventions: Drug: methotrexate; Drug: liposomal cytarabine; Other: quality-of-life assessment; Other: laboratory biomarker analysis.

CLINICAL TRIAL
Clinical and Pharmacological Study With 2B3-101 in Patients With Breast Cancer and Leptomeningeal Metastases
Published October 28, 2013. Conditions: Meningeal Carcinomatosis. Interventions: Drug: 2B3-101.

CLINICAL TRIAL
A Pilot Study of Systemically Administered Bevacizumab in Patients With Neoplastic Meningitis (NM)
Published December 1, 2014. Conditions: Neoplastic Meningitis. Interventions: Drug: Bevacizumab.

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Procedures ▼ meningeal carcinomatosis

3 results

Subscribed Content

PROCEDURES CONSULT
Lumbar Puncture
Morris Rivera. Published January 10, 2012.

PROCEDURES CONSULT
Lumbar Puncture
Morris Rivera. Published January 10, 2012.

PROCEDURES CONSULT
Lumbar Puncture (Family Medicine)
Michael L. Tuggy. Published January 10, 2012.

议程

- 一个真实的病例
- 医生面临的困境与解决方案ClinicalKey
- 开始使用 ClinicalKey
- Q&A





信息过载

- 每年有60万至80万篇新的临床论著发表
- 在海量的信息中寻找答案如同大海捞针
- 医疗改革正在激发更多协作与分享的需求



医生时间宝贵

- 编制患者文档更慢、更耗时
- 患者数量增多加重了时间危机
- 医生疲于应付新技术和采用电子病历



三分之二的问题得不到答案*

- 医生人均每天会问9.5个问题
- 2/3都得不到答案。



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images and video
最新书刊、图片和视频



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medical and surgical
specialty
几乎所有内外专科



Content is
continuously updated
and always current
持续更新，总在前沿

资源简表（12大类）

✓ 1,100+ reference books 参考书	✓ 850+ First Consult monographs 循证专论
✓ 600+ medical journals 医学期刊	✓ 2,900+ drug monographs 药物专论
✓ 17,000+ medical / surgical videos 内外科视频	✓ 4,500+ practice guidelines 诊疗指南
✓ 300+ Procedures Consult videos 操作视频	✓ 15,000+ patient education handouts 患者教育
✓ Over 2.2 million images 影像图片	✓ ClinicalTrials.gov database 临床试验
✓ 1,400+ Topic Pages 疾病主题	✓ Fully indexed MEDLINE 期刊文摘

爱思唯尔 (ELSEVIER)——The Lancet 《柳叶刀》

自**1823**年创刊至今仍经久不衰，**2014**年公布的影响因子：



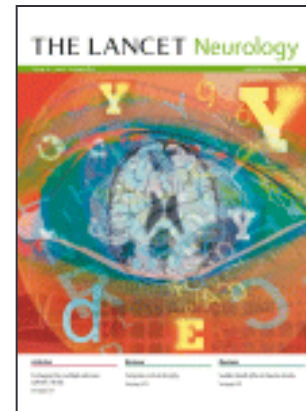
39.207

Ranked **2nd** of 150 journals in the MEDICINE, GENERAL & INTERNAL category



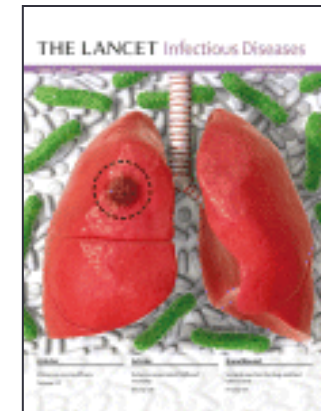
24.725

Ranked **3th** of 202 journals in the ONCOLOGY category



21.823

Ranked **1st** of 194 journals in the CLINICAL NEUROLOGY category



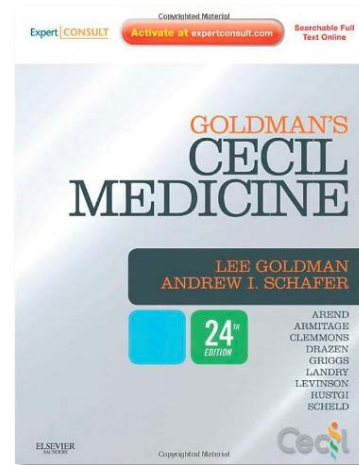
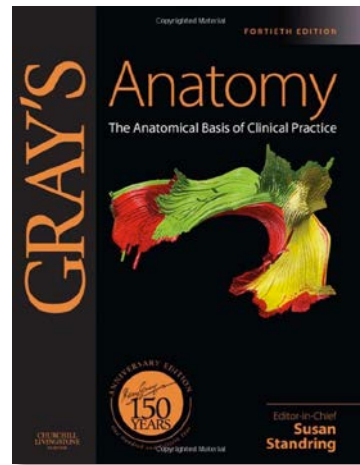
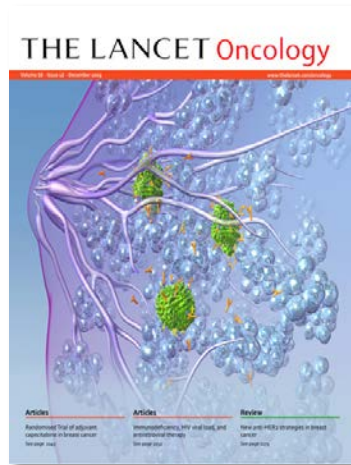
19.446

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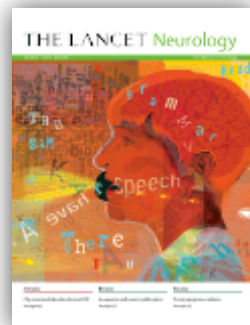
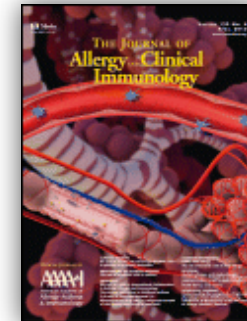
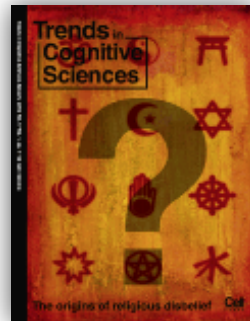
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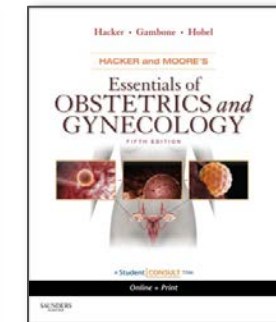
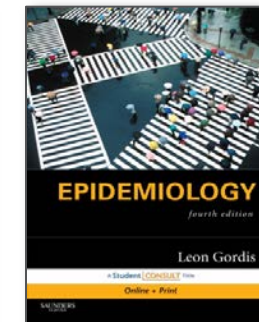
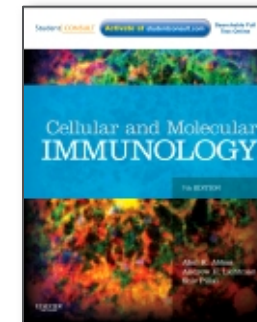
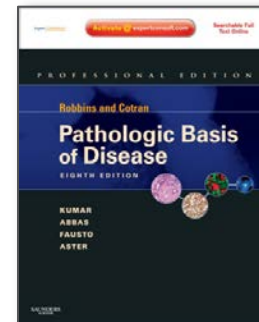
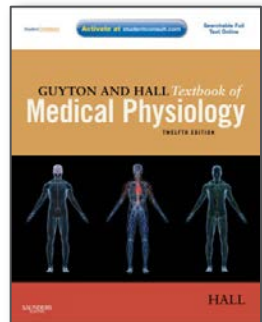
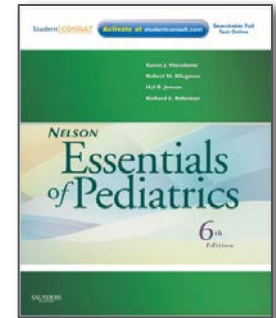
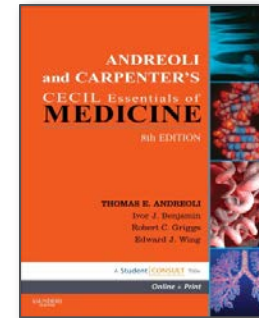
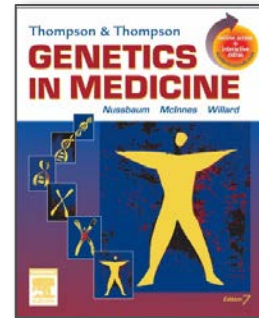
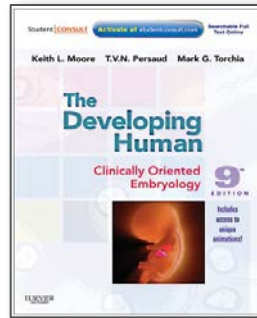
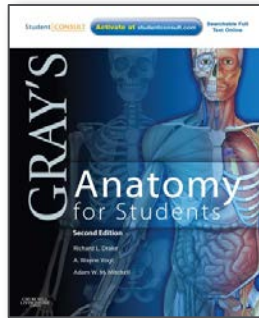
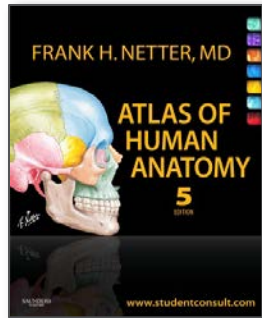


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Gastroenterology and Hepa...	26
Hematology, Oncology and ...	56
Infectious Disease	24
Internal Medicine	129
Medical Education	25
Neonatal and Perinatal Med...	5
Nephrology	5
Neurology	36
Neurosurgery	4



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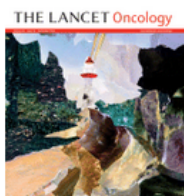
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Articles in this issue:

Patient priority in the era of patent expiries

Pages 1039-1039. The Lancet Oncology.

On Aug 8, 2014, the UK National Institute for Health and Care Excellence (NICE) ruled that trastuzumab emtansine is not cost effective for routine use for patients with HER2-positive breast cancer in England's National Health Service. Trastuz...



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Cetuximab or bevacizumab in metastatic colorectal cancer?

Pages 1040-1041. Scialfani, Francesco; Cunningham, David.

In The Lancet Oncology, Volker Heinemann and colleagues report the results of FIRE-3, a randomised phase 3 trial comparing cetuximab with bevacizumab, in combination with fluorouracil, folinic acid, and irinotecan (FOLFIRI), for the first-line tr...

Role of bisphosphonates in non-metastatic prostate cancer

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Cilengitide in glioblastoma: when did it fail?

Olivier L Chinot

Cilengitide in glioblastoma: when did it fail?, 2014-09-01Z, Volume 15, Issue 10, Pages 1044-1045, Copyright © 2014 Elsevier Ltd

Angiogenesis and invasion are both crucial for tumour growth, although more anti-angiogenic drugs have been developed than have drugs with mainly anti-invasive properties. Integrins are a large family of molecules involved in signalling between cells and stromal components, implicated in various processes including tumour angiogenesis and invasion. Many of their receptors are active in both normal and cancerous cells; these molecules are therefore challenging to target. The integrin $\alpha\beta_3$, involved in angiogenesis in addition to cell migration and proliferation, is expressed at low levels in normal cells and overexpressed in glioblastoma, melanoma, breast, prostate, and pancreatic cancer cells. Cilengitide, one of the few anti-integrin drugs developed to date, selectively inhibits $\alpha\beta_3$ and $\alpha\beta_5$. In *The Lancet Oncology*, Roger Stupp and colleagues¹ report the negative results of the CENTRIC phase 3 trial, which assessed the benefit of cilengitide addition to standard care (radiotherapy with concomitant and adjuvant temozolomide chemotherapy) in patients with newly diagnosed glioblastoma. This trial was restricted to patients whose tumour had methylated *MGMT* promoter, an important favourable prognostic factor. Overall survival was similar in both groups (26.3 months [95% CI 23.8–28.8] in the cilengitide group *vs* 26.3 months [23.9–34.7] in the control group; hazard ratio 1.02, 95% CI 0.81–1.29, $p=0.86$). Additionally, progression-free survival analysis did not detect any activity that could have been diluted in the survival analysis. Although disappointing at this stage of development, these results are in line with the lack of activity of the drug as reported in randomised phase 2 trials in other cancers, leading the drug manufacturer to halt further



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Articles

Therapeutic platelet transfusion versus routine prophylactic transfusion in patients with haematological malignancies: an open-label, multicentre, randomised study



Hannes Wandt, Kerstin Schaefer-Eckart, Knut Wendelin, Bettina Pilz, Martin Wilhelm, Markus Thalheimer, Ulrich Mahlnecht, Anthony Ho, Markus Schaich, Michael Kramer, Martin Kaufmann, Lothar Leimer, Rainer Schwerdtfeger, Roland Conradi, Gottfried Dolken, Anne Klenner, Mathias Hand, Regina Herbst, Christian Junghans, Gerhard Ehninger, for the Study Alliance Leukemia

Summary

Background Routine prophylactic platelet transfusion is the standard of care for patients with severe thrombocytopenia. We assessed the effect of a new strategy of therapeutic platelet transfusion on the number of transfusions and safety in patients with hypoproliferative thrombocytopenia.

Methods We did a multicentre, open-label, randomised parallel-group trial at eight haematology centres in Germany. Patients aged 16–80 years, who were undergoing intensive chemotherapy for acute myeloid leukaemia or autologous haemopoietic stem-cell transplantation for haematological cancers, were randomly assigned via a computer-generated randomisation sequence to receive either platelet transfusion when bleeding occurred (therapeutic strategy) or when morning platelet counts were 10×10^9 per L or lower (prophylactic strategy). Investigators undertaking interventions were not masked to group assignment. The primary endpoint was the number of platelet transfusions. Analysis was by intention to treat. This trial is registered, NCT00521664.

Findings 197 patients were assigned the prophylactic strategy and 199 the therapeutic strategy. Of 391 patients analysed, the therapeutic strategy reduced the mean number of platelet transfusions by 33.5% (95% CI 22.2–43.1; $p < 0.0001$) in all patients (2.44 [2.22–2.67] in prophylactic group vs 1.63 [1.42–1.83] in therapeutic group), 31.6% (18.6–42.6; $p < 0.0001$) in those with acute myeloid leukaemia (2.68 [2.35–3.01] vs 1.83 [1.58–2.10]), and 34.2% (6.6–53.7; $p = 0.0193$) in those who had had autologous transplantation (1.80 [1.45–2.15] vs 1.18 [0.82–1.55]). We noted no increased risk of major haemorrhage in patients who had undergone autologous transplantation. In those with acute myeloid leukaemia, risk of non-fatal grade 4 (mostly CNS) bleeding was increased. We recorded 15 cases of non-fatal haemorrhage: four retinal in each transfusion group, and one vaginal and six cerebral in the therapeutic group. 12 patients died in the study: two from fatal cerebral haemorrhages in the therapeutic group, and ten (five in each treatment group) unrelated to major bleeding.

Lancet 2012; 380: 1309–16

Published Online
August 7, 2012
[http://dx.doi.org/10.1016/S0140-6736\(12\)60689-8](http://dx.doi.org/10.1016/S0140-6736(12)60689-8)
See Comment page 1287

Medical Clinic 5, Haematology and Oncology, Klinikum Nürnberg, Nürnberg, Germany (Prof H Wandt MD, K Schaefer-Eckart MD, K Wendelin MD, B Pilz, Prof M Wilhelm MD); Medical Department 5, Heidelberg University, Heidelberg, Germany (M Thalheimer MD, Prof U Mahlnecht MD, Prof A Ho MD); Medical Clinic 1, Technical University Dresden, Dresden, Germany (Prof M Schaich MD, M Kramer MSc, Prof G Ehninger MD); Haematology and Oncology, Robert Bosch Krankenhaus, Stuttgart, Germany (M Kaufmann MD, L Leimer MD);

浏览图书 - Braunwald's Heart Disease

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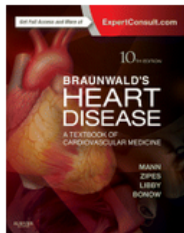
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Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, Tenth Edition

Mann, Douglas L., MD

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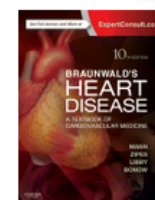
Douglas L. Mann, Douglas P. Zipes, Peter Libby, Robert O. Bonow and Eugene Braunwald
Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, Chapter 26, 547-556

In the year 2001 a new era of implantable device therapies for the management of heart failure was initiated with U.S. Food and Drug Administration (FDA) approval of the first device for cardiac resynchronization therapy (CRT). Over the subsequent few years, implantable cardioverter-defibrillators (ICDs) and combined CRT-ICD devices were also approved by the FDA for the management of heart failure. ICDs became indicated for the primary prevention of all-cause mortality through a reduction in the incidence of sudden cardiac death (SCD) in patients with heart failure and reduced ejection fractions. Combined CRT-ICD devices were shown to reduce morbidity and mortality in heart failure patients with a reduced ejection fraction (HFrEF) and ventricular dyssynchrony, with a suggestion of additive benefit over a CRT device alone. In acknowledgement of the evidence-based benefits of these devices, the 2005 update of the American College of Cardiology/American Heart Association (ACC/AHA) heart failure guideline strongly supported, with class I indications, the use of ICD and/or CRT devices for the management of eligible heart failure patients¹; these indications were updated in 2013² (see Table 26G-1).

TABLE 26G-1

ACC/AHA Guidelines for Cardiac Resynchronization

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Steven D. Shapiro, MD • John J. Reilly, Jr., MD • Stephen I. Rennard, MD

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Chronic Obstructive Pulmonary Disease (Generalist Overview)

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Ferri's Clinical Advisor 2015. Ferri, Fred F., M.D., F.A.C.P.
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Shawn P. E. Nishi, MD; Gulshan Sharma, MD, MPH; Austin B. Thompson, MD... [Show all.](#)
Published February 5, 2014. Last updated August 26, 2011.



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Chronic Obstructive Pulmonary Disease

Ferri's Clinical Advisor 2015.

Published January 1, 2015. Pages 291-294.e3. © 2015.

BOOK CHAPTER

Chronic Obstructive Pulmonary Disease

Rosen's Emergency Medicine.

Swadron, Stuart P.; Gruber, Phillip F.. Published January 2, 2014. Pages 956-964.e2. © 2014.

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Goldman's Cecil Medicine.

Niewoehner, Dennis E.. Published January 1, 2012. Pages 537-544. © 2012.

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The relevance of respiratory viral infections in the exacerbations of chronic obstructive pulmonary disease? A systematic review

Journal of Clinical Virology.

Zwaans, W.A.R.; Mallia, P.; van Winden, M.E.C.; Rohde, G.G.U.. Published October 1, 2014.
Volume 61, Issue 2. Pages 181-188. © 2014.

MEDLINE

Does anxiety predict the use of urgent care by people with long term conditions? A systematic review with meta-analysis.

Journal of psychosomatic research.

Blakeley, Claire; Blakemore, Amy; Hunter, Cheryl... Show all. Published September 1, 2014.

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Does anxiety predict the use of urgent care by people with long term conditions? A systematic review with meta-analysis

Journal of Psychosomatic Research.

Blakeley, Claire; Blakemore, Amy; Hunter, Cheryl... Show all. Published September 1, 2014.
Volume 77, Issue 3. Pages 232-239. © 2013.

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Inhaled beclomethasone in pregnant asthmatic women ? A systematic review

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Study Type - Journal & Medline – COPD

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- Roflumilast in symptomatic chronic obstructive pulmonary disease: two randomised clinical trials
 - Introduction
 - Methods
 - Setting
 - Patients
 - Interventions
 - Randomisation and masking
 - Study endpoints
 - Statistical analysis
 - Role of the funding source
 - Results
 - Discussion
 - Acknowledgments
 - References

Articles

Roflumilast in symptomatic chronic obstructive pulmonary disease: two randomised clinical trials

Peter M A Calverley*, Klaus F Rabe*, Udo-Michael Goehring, Søren Kristiansen, Leonardo M Fabbri†, Fernando J Martinez‡, for the M2-124 and M2-125 study groups§

Summary

Background The phosphodiesterase-4 inhibitor roflumilast can improve lung function and prevent exacerbations in certain patients with chronic obstructive pulmonary disease (COPD). We therefore investigated whether roflumilast would reduce the frequency of exacerbations requiring corticosteroids in patients with COPD.

Methods In two placebo-controlled, double-blind, multicentre trials (M2-124 and M2-125) with identical design that were done in two different populations in an outpatient setting, patients with COPD older than 40 years, with severe airflow limitation, bronchitic symptoms, and a history of exacerbations were randomly assigned to oral roflumilast (500 µg once per day) or placebo for 52 weeks. Primary endpoints were change in prebronchodilator forced expiratory volume in 1 s (FEV₁) and the rate of exacerbations that were moderate (glucocorticosteroid-treated) or severe. Analysis was by intention to treat. The trials are registered with ClinicalTrials.gov, number NCT00297102 for M2-124, and NCT00297115 for M2-125.

Findings Patients were assigned to treatment, stratified according to smoking status and treatment with longacting β₂ agonists, and given roflumilast (n=1537) or placebo (n=1554). In both studies, the prespecified primary endpoints were achieved and were similar in magnitude. In a pooled analysis, prebronchodilator FEV₁ increased by 48 mL with roflumilast compared with placebo (p<0.0001). The rate of exacerbations that were moderate or severe per patient per year was 1.14 with roflumilast and 1.37 with placebo (reduction 17% [95% CI 8–25], p<0.0003). Adverse events were more common with roflumilast (1040 [67%]) than with placebo (963 [62%]); 219 (14%) patients in the roflumilast group and 177 (12%) in the placebo group discontinued because of adverse events. In the pooled analysis, the difference in weight change during the study between the roflumilast and placebo groups was –2.17 kg.

Interpretation Since different subsets of patients exist within the broad spectrum of COPD, targeted specific therapies could improve disease management. This possibility should be explored further in prospective studies.

Lancet 2009; 374: 685–94

This online publication has been corrected.

The corrected version first appeared at TheLancet.com on October 1, 2010

See Editorial page 663

See Comment page 665

See Perspectives page 679

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† Last authors

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Leiden, Netherlands

(Prof K F Rabe MD); and

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(U-M Goehring MD)

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Niewoehner, Dennis E.. Published January 1, 2012. Pages 537-544.

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Emergency Medicine.

Bates, Craig G.; Cydulka, Rita K.. Published January 2, 2013. Page

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Practice Guidelines for the Diagnosis and Management of Systolic Heart Failure in Low- and Middle-Income Countries

Global Heart (formerly CVD Prevention and Control).

Baliga, Ragavendra R.; Dec, G. William; Narula, Jagat. Published June 1, 2013. Volume 8, Issue 2. Pages 141-170. © 2013.

FULL TEXT ARTICLE
The American Association for Thoracic Surgery guidelines for lung cancer screening using low-dose computed tomography scans for lung cancer survivors and other high-risk groups

Journal of Thoracic and Cardiovascular Surgery, The.

Jaklitsch, Michael T., MD; Jacobson, Francine L., MD, MPH; Austin, John H.M., MD... Show all. Published July 1, 2012. Volume 144, Issue 1. Pages 33-38. © 2012.

FULL TEXT ARTICLE
2014 AHA/ACC guideline for the management of patients with valvular heart disease

Journal of Thoracic and Cardiovascular Surgery, The.

Nishimura, Rick A., MD, MACC, FAHA; Otto, Catherine M., MD, FACC, FAHA; Bonow, Robert O., MD, MACC, FAHA... Show all. Published July 1, 2014. Volume 148, Issue 1. Pages e1-e132. © 2014.

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Diagnosis

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FIRST CONSULT

Chronic obstructive pulmonary disease

Revised: August 26, 2011

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Latest updates

In December 2013, the U.S. Food and Drug Administration (FDA) approved the first fixed-dose inhaled combination of umeclidinium, a long-acting muscarinic antagonist (LAMA), with vilanterol, a long-acting β_2 -agonist (LABA), for long-term maintenance treatment of moderate to severe, stable chronic obstructive pulmonary disease.

Evidence suggests that co-administration of LAMA and LABA is more effective than either drug class alone. Although this combination medication is not approved for asthma, it does carry a black box warning that LABAs such as vilanterol increase the risk for asthma-related death.

Applications for other LAMA/LABA once- or twice-daily combinations are in the FDA pipeline.

Key points

- A hallmark of chronic obstructive pulmonary disease (COPD) is airway obstruction that is not fully reversible
- COPD represents a spectrum of chronic bronchitis and emphysema
- Only smoking cessation and home oxygen therapy (if indicated) have been shown to improve survival
- Pharmaceutical management and pulmonary rehabilitation improve symptoms and decrease the number of exacerbations and hospitalizations
- If the COPD patient is severely tachypneic, dyspneic, cyanotic (and not polycythemic), or

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COPD – Drugs; Clinical Trials

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Purpose

Eligibility

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More Information

CLINICAL TRIAL

Changes in Physical Functioning in Patients With COPD During Therapy With a Combination Inhalation Therapy

First received on June 24, 2014. Last updated on September 17, 2014.

Purpose

The decrease in physical activity due to increasing dyspnoea that over time leads to a steadily worsening condition and increasing restriction of physical functioning is a key problem for COPD patients and affects even the early stages. Clinical studies to investigate both Spiriva® and Striverdi® Respimat® have demonstrated a marked improvement in physical exercise capacity. However, there have so far been no data from the daily practice setting about everyday functioning on combination treatment with Spiriva® Respimat® plus Striverdi® Respimat® or Spiriva® 18 Mikrogramm plus Striverdi® Respimat® in patients requiring treatment with 2 long-acting bronchodilators. The objective of this NIS is to measure changes in physical functioning as a surrogate for physical activity and exercise capacity in COPD patients on treatment with Spiriva® Respimat® plus Striverdi® Respimat® or Spiriva® 18 Mikrogramm plus Striverdi® Respimat® in routine daily treatment (so-called real life setting).

Status	Recruiting
Condition	Pulmonary Disease, Chronic Obstructive
Phase	N/A
Study Type	Observational
Study Design	Observational Model: Cohort, Time Perspective: Prospective
Official Title	AKTIV: Changes in Physical Functioning in Patients With COPD During Therapy With a Combination of Spiriva® Respimat® + Striverdi® Respimat® or Spiriva® 18

Help & Feedback

Combination therapy with an inhaled corticosteroid and a long-acting beta-2 agonist is more effective than the individual components used alone in improving lung function and reducing exacerbations in moderate to severe COPD; a meta-analysis found that combination therapy may reduce mortality in this specific patient population with a number needed to treat of 36.

⁵⁰⁶⁰⁴ Safety and efficacy of long-acting beta-2 adrenergic agonists have not been established in patients with asthma, and may increase the risk of asthma-related death. Fluticasone; vilanterol

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Video 1 - Chronic Obstructive Pulmonary Disease and Association With Mild Cognitive Impairment: The Mayo Clinic Study of Aging

Singh, Balwinder, MD; Parsaik, Ajay K., MD; Mielke, Michelle M., PhD...
[Show all](#). Published November 1, 2013. Volume 88, Issue 11. Pages 1222-1230. © 2013.

VIDEO



Video 1 - Effect of a Primary Care Continuing Education Program on Clinical Practice of Chronic Obstructive Pulmonary Disease: Translating Theory Into Practice

Adams, Sandra G., MD, MS, FCCP; Pitts, Jennifer, MA; Wynne, JoEllen, RN, MSN, FNP-BC... [Show all](#). Published September 1, 2012. Volume 87, Issue 9. Pages 862-870. © 2012.

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[Orotracheal Intubation](#)

Todd W. Thomsen. Published January 10, 2012.

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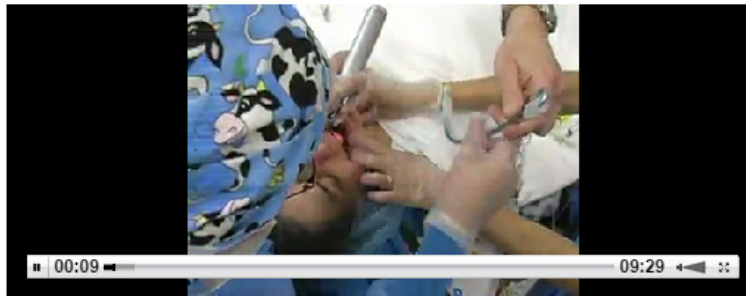
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chronic obstructive pulmonary disease



PROCEDURES CONSULT

Orotracheal Intubation



Last Reviewed Date: 3/4/08

Editor: Todd W. Thomsen, MD, Gary S. Setnik, MD, FACEP

Contributors: Calvin Brown, MD, Ron M. Walls, MD

CPT codes

31500 Intubation, endotracheal, emergency procedure

ICD9 codes

96.0 Nonoperative intubation of gastrointestinal and respiratory tracts

96.04 Endotracheal tube insertion

FULL DETAILS

PRE-PROCEDURE

INTRODUCTION

Endotracheal intubation is a critical, often lifesaving procedure for severely ill or injured

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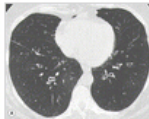
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**Airway Disease and Chronic Airway Obstruction**

Grainger & Allison's Diagnostic Radiology.

Grenier, Philippe A.; Beigelman-Aubry, Catherine. Published January 1, 2015. Pages 267-297.e2. © 2015.



IMAGE

Airway Disease and Chronic Airway Obstruction

Grainger & Allison's Diagnostic Radiology.

Grenier, Philippe A.; Beigelman-Aubry, Catherine. Published January 1, 2015. Pages 267-297.e2. © 2015.

FIGURE 13-21

FIGURE 13-21 Post bone marrow transplantation obliterative bronchiolitis. (A) Axial CT at the level of the lower part of the chest. Diffuse hypoattenuation of the lung parenchyma. Lung vessels are reduced in number and in calibre. Note the slight dilatation of the bronchi lumens and the presence of bronchial wall thickening. (B) Axial CT performed at short suspended end-expiration at the same level as A. The absence of increase in lung attenuation and significant reduction in the cross-sectional area reflect the presence of diffuse air trapping. The complete collapse of the bronchial lumens in the lower lobes testifies that CT was acquired at the end of a forced expiratory manoeuvre.

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A 68-year-old man with severe upper lobe predominant emphysema. Posteroanterior (A) and (B) lateral chest radiographs demonstrate pulmonary hyperinflation with flat hemidiaphragms, a large retrosternal clear space, an enlarged anteroposterior chest dimension (barrel-shaped chest), hyperlucent upper lobes with a paucity of upper lobe vessels, and crowding of lower lobe vessels just above the diaphragm. C, Axial high-resolution CT scan with density-mask technique applied at attenuation thresholds of -900 HU (D) and -700 HU (E) and below. Similar images have been taken of the lower lobes (F, G, H). The images demonstrate extensive low-attenuation regions without definable walls and sparse pulmonary vessels, more severe in the upper lobes than the lower lungs. Density mask technique images at -900 HU demonstrate the emphysema in white, whereas density-mask technique images at -700 HU and below outline the entire lung volume. A 68-year-old man with severe upper lobe predominant emphysema, continued. Anterior (I) and lateral three-dimensional (J) shaded surface display reconstructions of the lungs demonstrate the emphysema in white (all pixels less than -900 HU) superimposed on the gray-shaded total lung volume (all pixels less than -700 HU). Note the upper lobe distribution of emphysema. 66% of the upper halves of the lungs and 26% of the lower lung represents emphysema, for a CT ratio of 2.6. K, An anterior image from a planar 99m Tc-macroaggregated albumin perfusion scan demonstrates focal absence of radiotracer in the upper portions of both lungs, corresponding to the CT areas of most severe emphysema. (From Grainger RG, Allison DJ, Adam A, Dixon AK [eds]: Grainger & Allison's Diagnostic Radiology, 4th ed. London, Harcourt, 2001.)

(From Grainger RG, Allison DJ, Adam A, Dixon AK [eds]: Grainger & Allison's Diagnostic Radiology, 4th ed. London, Harcourt, 2001.)

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Fennel Fred F. M.D., F.A.C.P., Ferris Color Atlas and Text of Clinical Medicine, Chapter 130, 488-491

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chronic obstructive pulmonary disease



MEDLINE

Small-airway obstruction and emphysema in chronic

Abstract

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onset of emphysematous destruction can explain the increased peripheral airway resistance reported in COPD. (Funded by the National Heart, Lung, and Blood Institute and others.).

Citation

Small-airway obstruction and emphysema in chronic obstructive pulmonary disease.

McDonough JE, Yuan R, Suzuki M, Seyednejad N, Elliott WM, Sanchez PG, Wright AC, Gefter WB, Litzky L, Coxson HO, Paré PD, Sin DD, Pierce RA, Woods JC, McWilliams AM, Mayo JR, Lam SC, Cooper JD, Hogg JC - N. Engl. J. Med. - ; 365 (17); 1567-75

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Authors

McDonough JE, Yuan R, Suzuki M, Seyednejad N, Elliott WM, Sanchez PG, Wright AC, Gefter WB, Litzky L, Coxson HO, Paré PD, Sin DD, Pierce RA, Woods JC, McWilliams AM, Mayo JR, Lam SC, Cooper JD, Hogg JC

MeSH Terms (12)

- Aged
- Airway Obstruction /etiology /radiography *
- Airway Resistance
- Female

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Abstract

BACKGROUND: The major sites of obstruction in chronic obstructive pulmonary disease (COPD) are small airways (<2 mm in diameter). We wanted to determine whether there was a relationship between small-airway obstruction and emphysematous destruction in COPD.

METHODS: We used multidetector computed tomography (CT) to compare the number of airways measuring 2.0 to 2.5 mm in 78 patients who had various stages of COPD, as judged by scoring on the Global Initiative for Chronic Obstructive Lung Disease (GOLD) scale, in isolated lungs removed from patients with COPD who underwent lung transplantation, and in donor (control) lungs. MicroCT was used to measure the extent of emphysema (mean linear intercept), the number of terminal bronchioles per milliliter of lung volume, and the minimum diameters and cross-sectional areas of terminal bronchioles.

RESULTS: On multidetector CT, in samples from patients with COPD, as compared with control samples, the number of airways measuring 2.0 to 2.5 mm in diameter was reduced in patients with GOLD stage 1 disease ($P=0.001$), GOLD stage 2 disease ($P=0.02$), and GOLD stage 3 or 4 disease ($P<0.001$). MicroCT of isolated samples of lungs removed from patients with GOLD stage 4 disease showed a reduction of 81 to 99.7% in the total cross-sectional area of terminal bronchioles and a reduction of 72 to 89% in the number of terminal bronchioles ($P<0.001$). A comparison of the number of terminal bronchioles and dimensions at different levels of emphysematous destruction (i.e., an increasing value for the mean linear intercept) showed that the narrowing and loss of terminal bronchioles preceded emphysematous destruction in COPD ($P<0.001$).

CONCLUSIONS: These results show that narrowing and disappearance of small conducting airways before the onset of emphysematous destruction can explain the increased peripheral airway resistance reported in COPD. (Funded by the

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[Immunol Allergy Clin North Am](#). 2013 Feb;33(1):35-44. doi: 10.1016/j.iac.2012.10.012. Epub 2012 Dec 23.

Cardiac asthma.

[Buckner K.](#)

Division of Cardiology, Department of Medicine, National Jewish Health, 1400 Jackson Street, Denver, CO 80206, USA. bucknerk@njhealth.org

Abstract

Cardiac dyspnea, especially if present only with exercise, is often confused with asthma and exercise-induced bronchospasm. Cardiac dyspnea or asthma is the consequence of pulmonary edema due to pulmonary venous hypertension and not due to asthmatic bronchoconstriction. In overt, acute congestive heart failure, the diagnosis may be readily made by history and physical examination and pertinent laboratory and imaging data.

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8. Stupp R, Hegi ME, Neyns B, et al: Phase I/IIa study of cilengitide and temozolomide with concomitant radiotherapy followed by cilengitide and temozolomide maintenance therapy in patients with newly diagnosed glioblastoma. *J Clin Oncol* 2010; 28: pp. 2712-2718
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TRANSFUSION


Methodologic issues in the use of bleeding as an outcome in transfusion medicine studies

Nancy M. Heddle^{1,2,3,4}, Richard J. Cook^{1,2,3,4}, Kathryn E. Weber^{1,2,3,4}, Christopher Sigouin^{1,2,3,4}, Paolo Rebulla^{1,2,3,4}, in collaboration with the Biomedical Excellence for Safer Transfusion (BEST) Working Party of the International Society for Blood Transfusion¹

Article first published online: 21 MAY 2003
DOI: 10.1046/j.1537-2995.2003.00418.x

Issue

Transfusion
Volume 43, Issue 6, pages 742–752,
June 2003









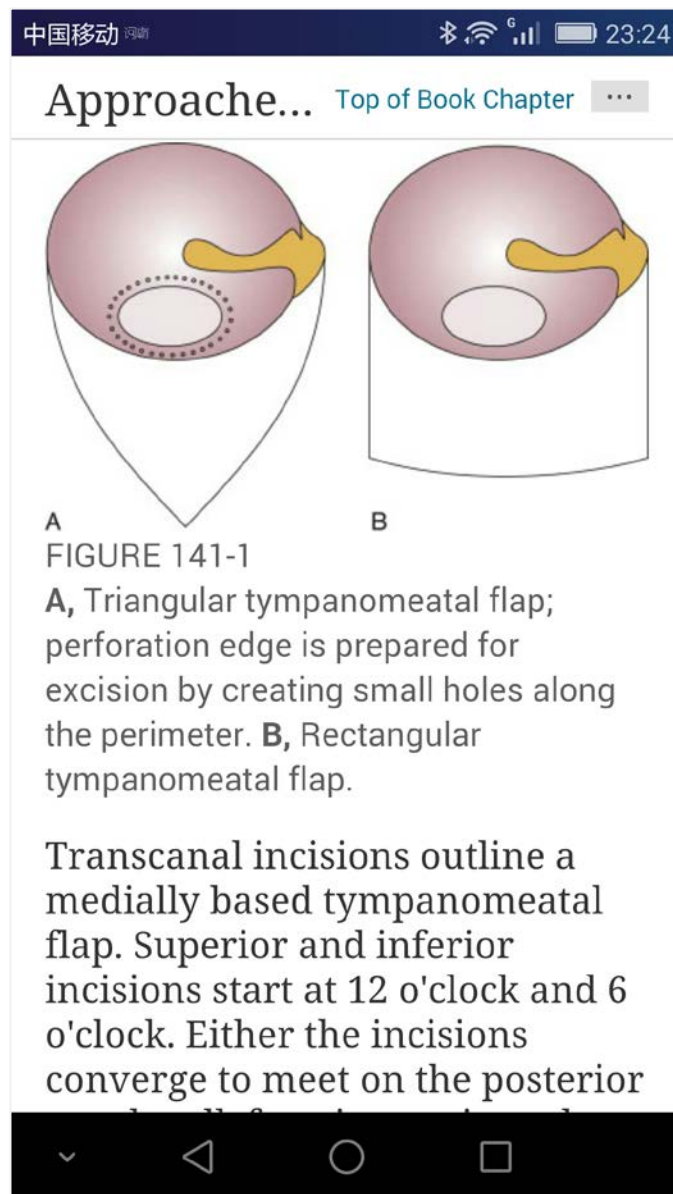
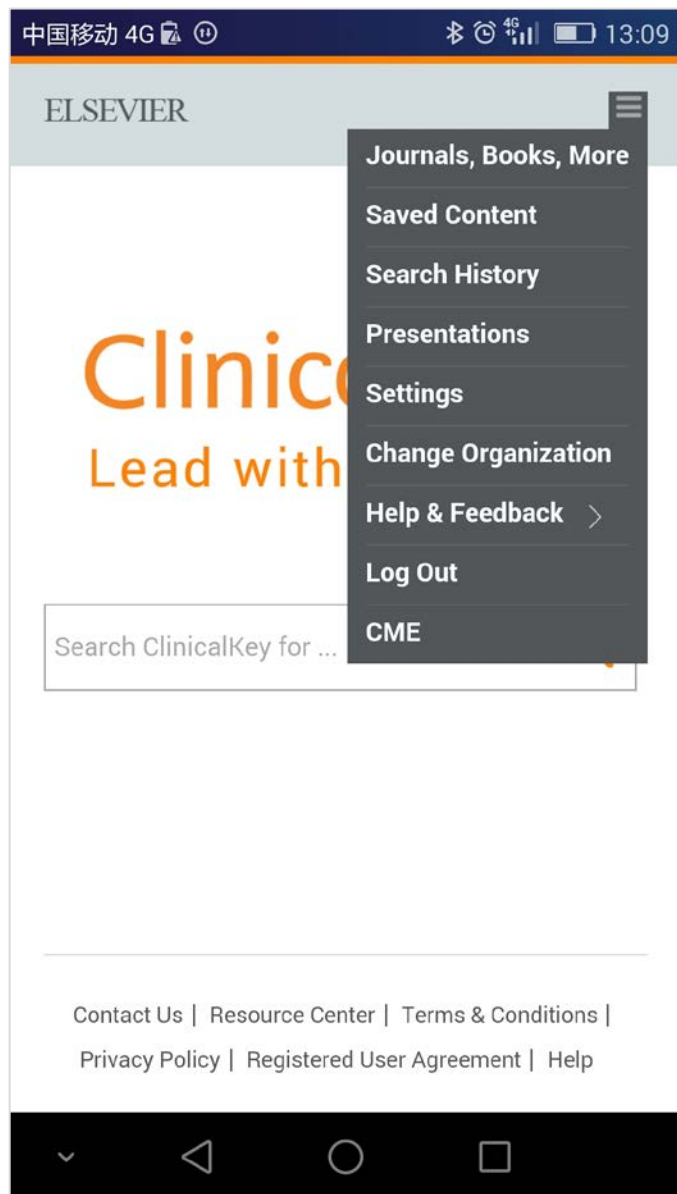
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