

科研过程信息的综合利用

张玢

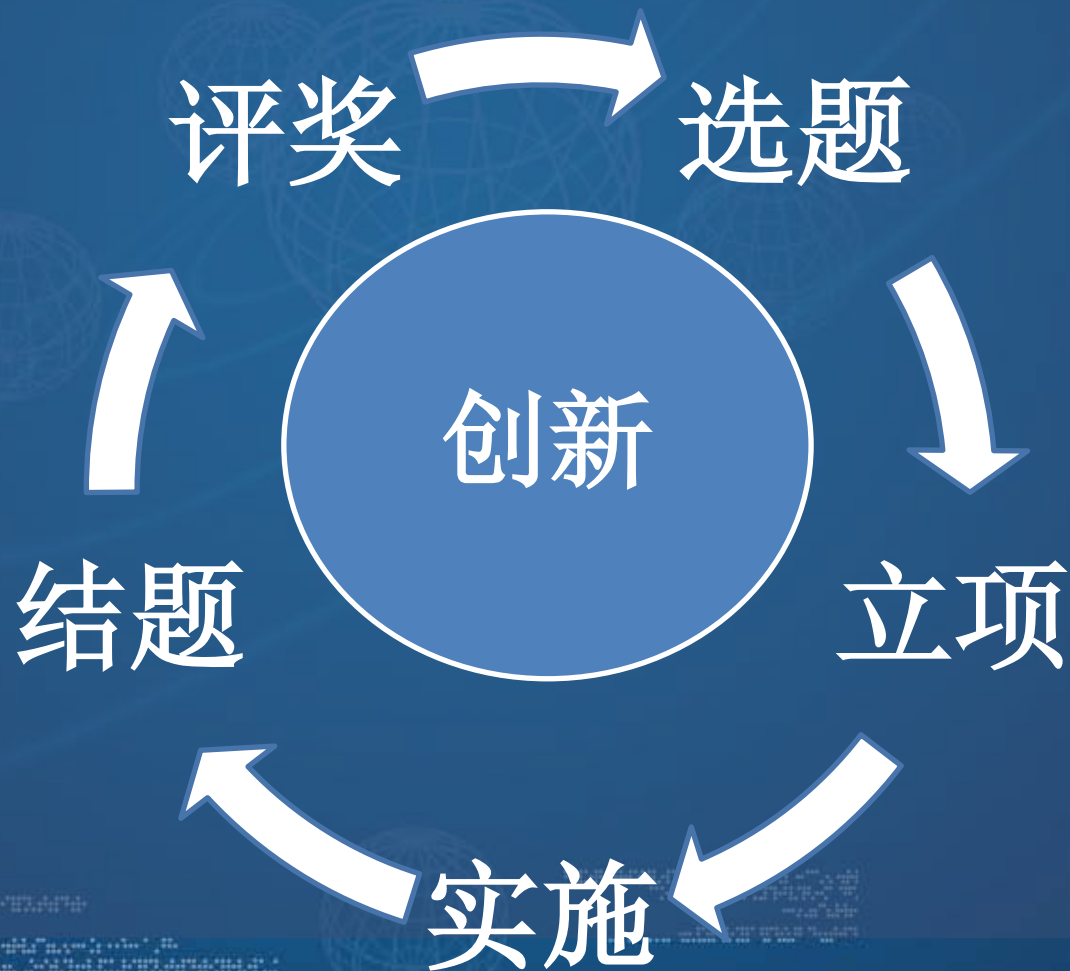
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科研过程



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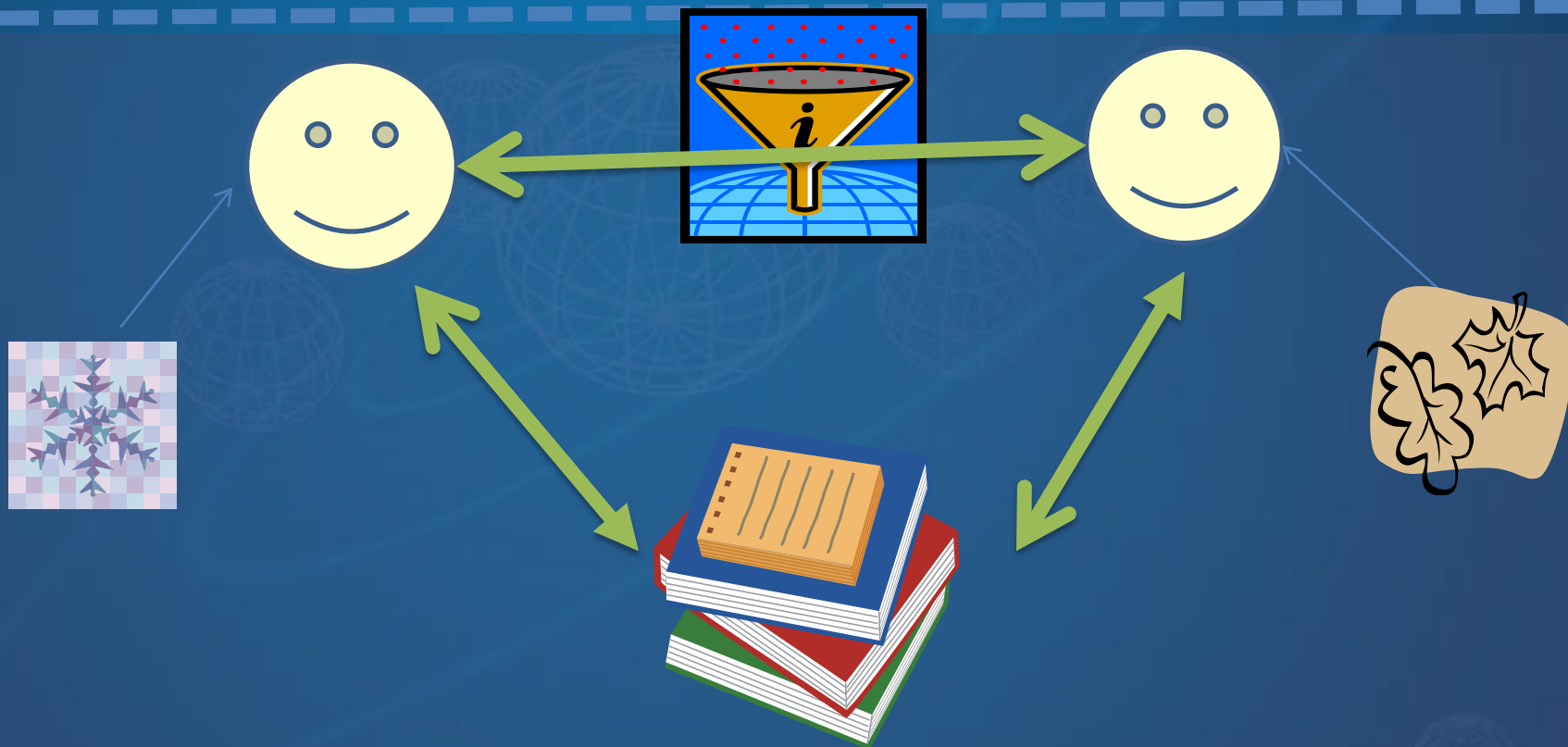
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- 科学性
 - 系统性、准确性、完整性
- 类型多样
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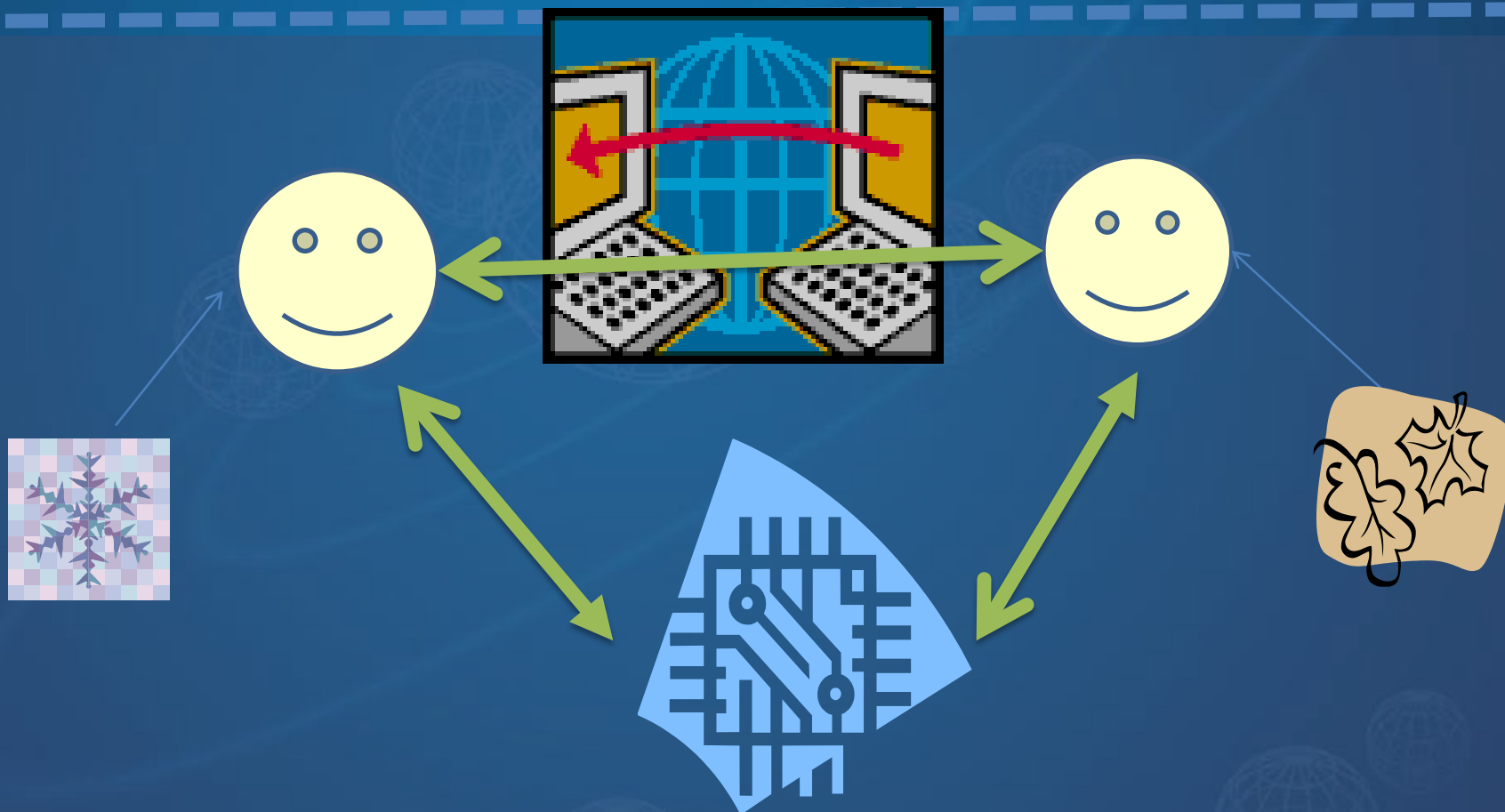
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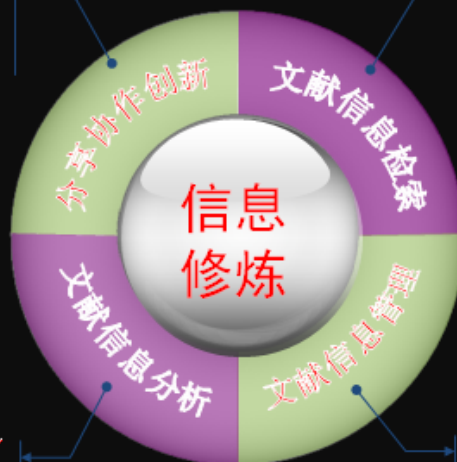
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- 信息源的选择
- 信息途径的选择
- 信息检索策略的制定
- 获得文献线索，文献筛选
- 获取全文，阅读
- 信息资料的管理与利用

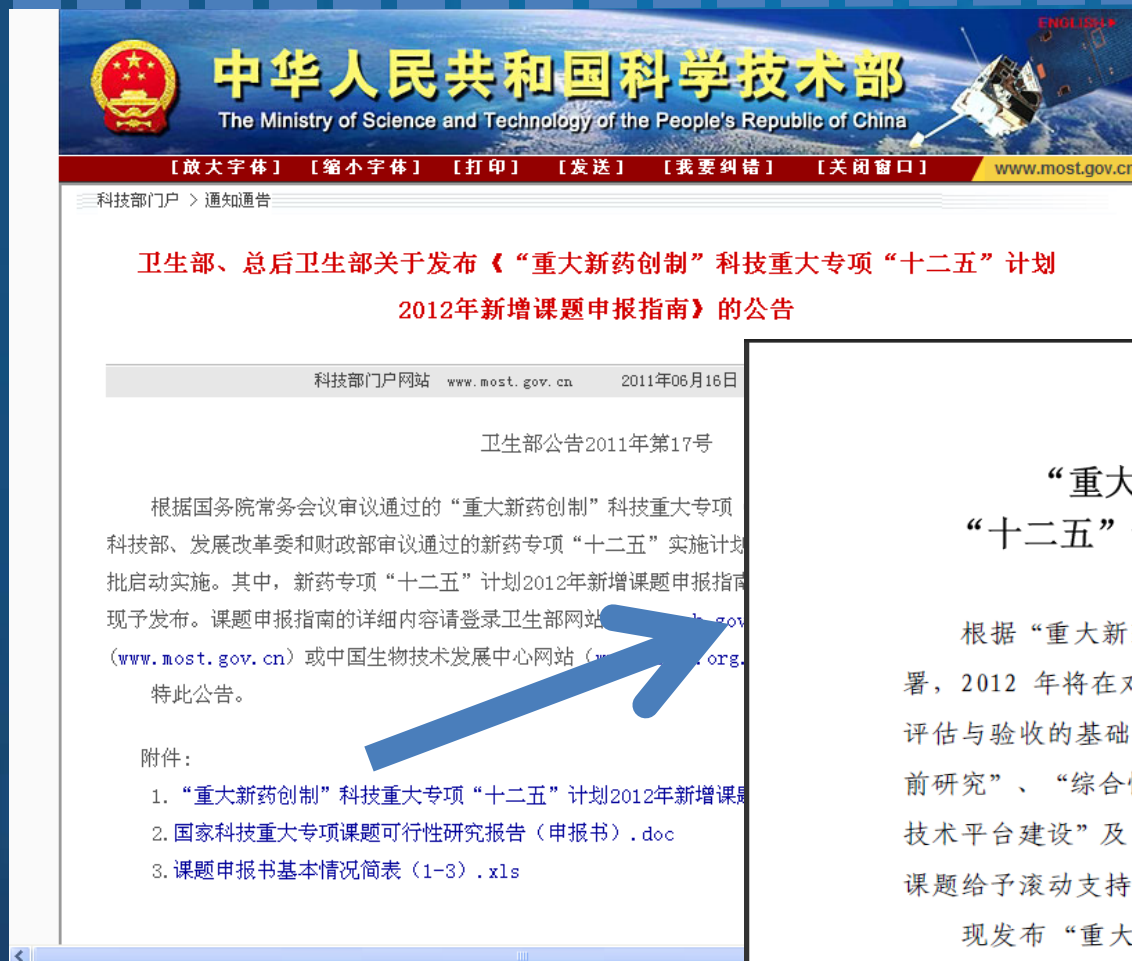
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- 科研立项中信息的综合利用
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- 科研实施中信息的综合利用
 - 进展跟踪、学术交流、会议信息
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根据“重大新药创制”专项“十二五”实施计划的总体部署，2012 年将在对“十一五”计划第一批、第二批课题进行评估与验收的基础上，对“新药候选药物研究”、“新药临床前研究”、“综合性新药研究开发技术大平台建设”、“单元技术平台建设”及“关键技术研究”五类任务完成优秀的部分课题给予滚动支持，同时新增部分课题。

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12 Results: Basics of Analysis

```
graph TD
    A[Number of patients screened] --> B[Number of patients eligible]
    A --> C[Number of patients ineligible]
    B --> D[Number of patients included]
    B --> E[Number of patients excluded]
    D --> F[Number of patients included from analysis]
    D --> G[Number of patients excluded from analysis]
    E --> H[Number of patients excluded from analysis]
    G --> I[Number of patients excluded from analysis]
```

Fig. 12.1 The participants enrolled in a trial. (Adaptation of the number of patients screened, eligible, enrolled, lost to follow-up, and ultimately analyzed. From: Altman DG, Schulz KF, Moher D et al. The revised CONSORT statement for reporting randomized trials: explanation and elaboration. Ann Intern Med 2007; 146:9-19. Reprinted with permission.)

Other Observations

The Results section should end with other interesting observations that are not appropriate for one of the other sections, and might not be appropriate to place in a table or figure. Often this involves a discussion of specific complications, such as in example 8.

Researchers should avoid including too much information in this section; it is not important for readers to know the specific details of every complication that occurred in the trial. Rather, you should include a discussion of common themes that are important in the overall interpretation of the study.

Key Concepts: Common Pitfalls to Avoid in the Results Section

1. Describing methods.

2. Presenting selective or partial results.

3. Improper presentation of P-values.

4. Duplicating results from tables or figures.

5. Making inferences or conclusions.

Common Pitfalls to Avoid

By simply organizing your Results section into a logical progression and limiting the use of numerical values, you are more likely to be successful in conveying the key messages from your study. This section describes some pitfalls commonly seen in published reports of trials and provides suggestions for how to avoid them. All of the pitfalls described here are present in our example A. Go back to that specific example now and see if you can spot the common pitfalls before reading on.

Describing Methods

It may seem intuitively obvious that methods belong in the Methods section, and results belong in the Results section. Unfortunately, even seasoned investigators sometimes ignore this simple concept when preparing their manuscripts. Two statements in example A illustrate this principle: the first sentence ("Patients were randomized...") and the second sentence ("...when we compared them with..."). These phrases clearly refer to the methods of allocation and analysis, and would be far more appropriate in those sections. It may seem innocuous to include a few statements like this in the Results section, but there are several reasons not to do so. Words are at a premium when preparing research papers, limited by the journal's guidelines (often) and the readers' attention spans (always). What is saved in one area can be spent in another, so you should avoid duplication. Also, as discussed earlier, the Results section is critical to conveying your key messages; you do not want to distract the reader with unnecessary comments about the methodology. Refer to Chapter 11 for a full discussion of how to frame your Methods section and the important elements to include.

Presenting Selective or Partial Results

Although it is important to frame the results to emphasize your key message, your intention should not be to mislead the reader. Presenting selective or partial results can be very misleading, may be unethical, or may simply suggest bad research practice. Not surprisingly, the key to avoiding this without overburdening the reader with piles of statistics is to present your results in tables or figures. It is entirely appropriate to highlight interesting findings in the text of the Results section so long as the remainder of the results are available elsewhere. Researchers should be especially careful in presenting (and readers cautious in interpreting) the results of subgroup analyses.¹ It is critical that all subgroup analyses are planned ahead of time and that all results are presented, not just the analyses that yielded significant results.

Improper Presentation of P-Values

Researchers, journal editors, and clinicians have come to depend on statistical P-values to indicate a "positive" finding. Although completely arbitrary, the generally accepted threshold of statistical significance is a P-value of less than 0.05. A threshold for significance is needed by clinicians to infer whether differences observed in a study are likely due to chance (a type I error) or whether they are indicative of a true underlying difference between the groups. Unfortunately, the acceptance of this arbitrary threshold has had a negative consequence: some authors now report the sta-

Common Pitfalls to Avoid

statistical results as "P < 0.05," "P = 0.05," or "P = NS (nonsignificant)."

Reporting the results of statistical tests in a dichotomous (yes or no) fashion such as this discards potentially useful information and may be misleading. Although we accept P-values less than 0.05 as suggestive of a true difference between groups, remember that this is not an absolute criterion: a P-value of 0.05 simply indicates that there would be a 5% chance of observing the results in the study if the two groups were actually equal. Similarly, a P-value of 0.001 indicates that the difference seen between groups could be simply due to chance 0.1% of the time. From a reader's perspective, we should be much more confident that a true difference between groups exists in a study with a P-value of 0.001 rather than a study with a P-value of 0.049. Lumping these results together into a statement such as "P < 0.05" is irrational and simplistic.

It is also important to remember that a P-value greater than 0.05 does not indicate (or even suggest) that there is no true difference between groups. It simply indicates the extent to which any difference between groups observed in the study is potentially due to chance. A "nonsignificant" result in a study could be due to an insufficient sample size, chance (sample size calculations typically allow for "negative" results 10-20% of the time when true differences exist), bias, or finally, equivalence between the groups. To minimize the chances of misleading readers, always report the exact P-value (to three decimal places) and interpret the results in the Discussion section.

An alternative approach to reporting the precision of an estimate without P-values, known as estimation, is becoming more popular among health researchers.^{2,3} This approach involves creating a confidence interval (usually 95%) around the estimate of treatment effect (most commonly a relative risk [RR], odds ratio [OR], or risk difference [RD]). Readers may consider the confidence interval to represent the plausible range of the treatment effect based on the study's data. They can then interpret the upper and lower limits of the confidence interval as the "best-case" and "worst-case" scenarios, if the lower limit of the confidence interval excludes the null value (1.0 for the RR and OR, 0.0 for the RD), they can conclude that there is likely a true difference between groups. When applied in this manner, the conclusions are exactly equivalent to the standard technique of hypothesis testing using a threshold of P = 0.05. The advantage of the estimation technique is that it provides additional information: the upper and lower limits of the confidence intervals, which readers may interpret as the best- and worst-case scenarios given the data from the trial.

In summary, you must present your results with some measure of the precision: either P-values or confidence intervals (or both, although this is somewhat redundant). Either way, you should report exact values rather than simplifying them to "significant" or "nonsignificant."

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现代外科学莫基于19世纪40年代。随着手术引起疼痛、感染、伤口感染和出血等问题的先后解决,使得外科学有了长足的发展。

公元5—15世纪,欧洲封建社会迷信保守,医学完全由教会控制,外科虽属一个行业,但大多由教堂的教士或理发员兼任,直到1745年外科医生才有了自己的独立团体。17世纪,欧洲从封建社会过渡到资本主义社会,物理学、化学、天文学、生物学等迅速发展,从而促进了医学的发展。到19世纪中叶,解剖学、病理学、生理学、麻醉学、抗菌术与无菌术等学科的发展,更推动了外科学突飞猛进的发展。

外科学几乎和所有的医学基础学科与临床学科都有密切关系,并随这些学科的发展而发展。19世纪以前因没有麻醉,手术是在强制下进行的,手术的范围小、时间短。1846年美国医生摩特恩(W. T. G. Morton)首先采用了乙醚全身麻醉,并迅速应用于临床。1846年又发现了局麻药可卡因,但因其毒性强,很快由普鲁卡因代替。16世纪以前,手术是用烧红的烙铁止血的,又没有麻醉,患者手术时的痛苦不言而喻。16世纪后在处理战伤时开始用线结扎出血的血管。1872年发明了止血钳。1873年创用止血带止血进行截肢术。1901年发现了血型,不仅奠定了手术止血的基础,而且可以通过输血来补充手术中的失血。19世纪中叶以前,手术切口化脓被认为是必然的。由于术后感染,当时截肢的死亡率高达40%~50%。1846年匈牙利一位产科医生发现产妇死于产后热是由医生的手传播的,并首先提出在检查产妇前用漂白粉洗手,使产妇死亡率由10%降至1%,这是抗菌术的开端。无菌术的创始人英国医生李斯特(Lister)在微生物学家巴士德(L. Pasteur)和科赫(Koch)的微生物的侵入是感染来源理论的启发下,用冲洗手术器械,用石炭酸溶液浸湿的纱布覆盖伤口,使截肢的死亡率由46%降至15%,从而奠定了抗菌术的基础。1876年贝尔格曼(Bergmann)提出凡与手术部位接触的用品必须先灭菌,以后又发明了手臂消毒法、手术时戴的灭菌橡皮手套,使无菌术臻于完善。麻醉技术、止血技术、抗菌术的发现,从而解决了困扰外科学发展的三个壁垒——手术引起的疼痛、出血及感染。继1929年青霉素发现之后,抗菌药物的陆续发现和应用等,均增加了手术的安全性,逐步扩大了手术的范围。20世纪50年代初期,低温麻醉和体外循环的研究成功,为心脏直视手术开辟了发展道路。20世纪60年代以来,由于医学基础理论、实验外科和显微

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Relevance: 100%

Application Knowledge

"The transcription of resource usage by applications during the course of execution."

Appears in: [On Application Behavior Extraction and Prediction to Support and Improve Process Scheduling Decisions](#), by Evgueni Dodonov; Rodrigo Fernandes de Mello. Copyright 2010.

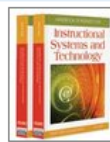


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Collaborative Knowledge Building

"Dialogue that involves brainstorming, exploring all points of view, challenging perceptions, ensuring equality of voices, drawing in participants, demonstrating the ability to withhold judgment, stretching individual perspectives to embrace others' perspectives, and sharing experiences over time."

Appears in: [Gender and Collaborative Knowledge Building in an Online Community of Inquiry](#), by Constance Wanstreet; David Stein. Copyright 2011.



Relevance: 100%

Knowledge

"Under a social-constructivist learning paradigm, 'knowledge' is equated to having factual or procedural information about a topic."

Appears in: [The End of Instructional Design](#), by Justin Marquis. Copyright 2008.

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Today's featured article



Rhabdomyolysis is a condition in which damaged skeletal muscle tissue breaks down rapidly. Breakdown products of damaged muscle cells are released into the bloodstream; some of these, such as the protein myoglobin, are harmful to the kidneys and may lead to kidney failure. The severity of the

symptoms, which may include muscle pains, vomiting and confusion, depends on the extent of muscle damage and whether kidney failure develops. The muscle damage may be caused by physical factors (e.g. crush injury, strenuous exercise), medications, drug abuse, and infections. Some people have a hereditary muscle condition that increases the risk of rhabdomyolysis. The diagnosis is usually made with blood tests and urinalysis. The mainstay of treatment is generous intravenous fluids, but may include dialysis or hemofiltration in more severe cases.

Rhabdomyolysis and its complications are significant problems for those injured in disasters such as earthquakes and bombings. Relief efforts in areas struck by earthquakes often include medical teams with the skills and equipment to treat survivors with rhabdomyolysis. [\(more...\)](#)

In the news

- In basketball, EuroBasket 2011 concludes with Spain defeating France in the final (tournament MVP Juan Carlos Navarro pictured).
- Monsoon rains cause flooding in Pakistan's Sindh province, killing at least 230 people and damaging more than a million homes.
- A 6.9-magnitude earthquake near the India–Nepal border results in at least 102 deaths.
- In Gaelic football, Dublin defeat Kerry to win the All-Ireland Senior Championship Final for the first time since 1995.
- The United Nations General Assembly accepts the credentials of the National Transitional Council to represent Libya in the assembly's current session.



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Diabetes Type 1

Also called: Insulin-dependent diabetes, Juvenile diabetes



[Diabetes](#) means your blood glucose, or blood sugar, is too high. With Type 1 diabetes, your pancreas does not make insulin. Insulin is a hormone that helps glucose get into your cells to give them energy. Without insulin, too much glucose stays in your blood. Over time, high blood glucose can lead to [serious problems](#) with your heart, eyes, kidneys, nerves, and gums and teeth.

Type 1 diabetes happens most often in children and young adults but can appear at any age. Symptoms may include

- Being very thirsty
- Urinating often
- Feeling very hungry or tired
- Losing weight without trying
- Having sores that heal slowly
- Having dry, itchy skin
- Losing the feeling in your feet or having tingling in your feet
- Having blurry eyesight

A blood test can show if you have diabetes. If you do, you will need to take [insulin](#) for the rest of your life.

NIH: National Institute of Diabetes and Digestive and Kidney Diseases



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History & exam

Key factors

- presence of risk factors
- acanthosis nigricans
- polyuria
- polydipsia
- nocturia

Other diagnostic factors

- hypertension
- yeast infections
- skin infections
- urinary tract infections
- fatigue
- blurred vision
- weight loss

History & exam details

Diagnostic tests

1st tests to order

- urine dipstick
- random plasma glucose
- fasting plasma glucose
- HbA1c
- autoantibodies to insulin, islet cell, glutamic acid decarboxylase, and ZnT8

Tests to consider

- oral glucose tolerance test
- C-peptide

Diagnostic tests details

Treatment details

Acute

ketosis

- intravenous insulin + hydration

severe hyperglycaemia: newly diagnosed

- subcutaneous insulin

Ongoing

HbA1c 7% to 10%

- lifestyle modifications
- metformin monotherapy
- lifestyle modifications
- metformin + insulin
- secretagogue/sensitiser
- lifestyle modifications
- metformin + insulin ± meglitinide
- lifestyle modifications

HbA1c over 10%

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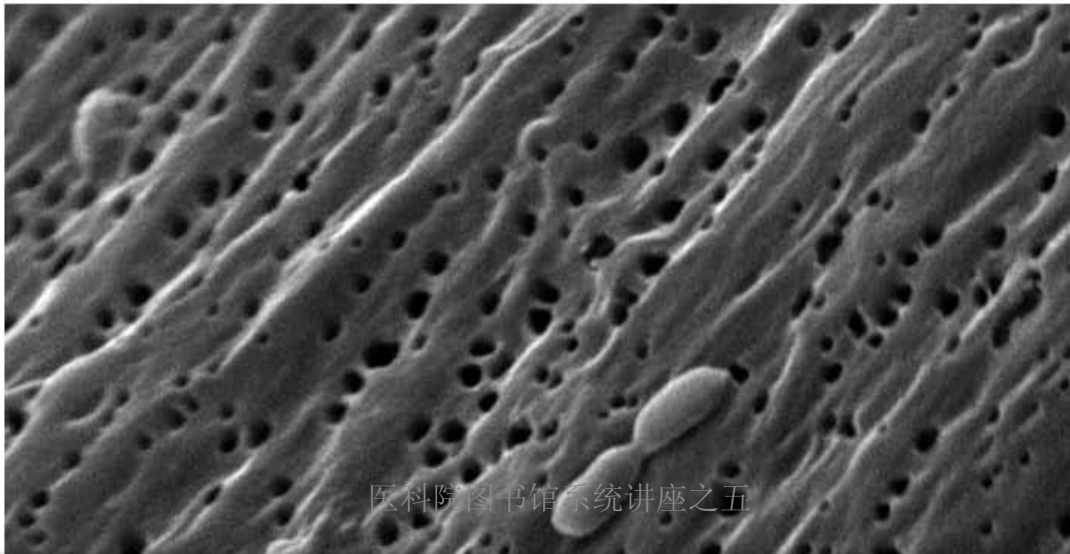
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- 附录一、主要社会经济指标
- 附录二、世界各国卫生状况

一、卫生机构

简要说明

一、本章主要介绍全国及31个省、自治区、直辖市卫生机构数，主要包括各级各类医疗机构、疾病控制机构和卫生监督机构数，医院等级情况，按床位数分组的医院、乡镇卫生院和社区卫生服务中心数等。

二、本章数据来源于卫生资源统计年报。

三、卫生机构总数和医疗机构数均不包括村卫生室数字，村卫生室单独统计。

四、卫生机构分类：

1、按市县分，市包括直辖市市区、地级市区和县级市，县包括自治县和旗。

2、按经济类型分为国有、集体、联营、私营和其他。

3、按主办单位分为政府办、社会办和私人办，政府办包括卫生行政和其他行政部门办的卫生机构，社会办包括企业、事业单位、社会团体和其他社会组织办的卫生机构。

4、按分类管理分为非营利性和营利性医疗机构。

五、统计口径调整：

1、村卫生室数计入卫生机构总数中（不再单独统计）。

2、2002年起，卫生机构数按卫生或工商、民政部门登记注册数统计，1949-2001年卫生机构数按卫生或其他行政部门批准成立数统计。

3、2002年起，按照行业管理原则，卫生机构总数不再包括国境卫生检疫所、高等医学院校、药品检验所（室）和由各级计生委批准设立的计划生育指导中心。

4、1996年起，依据《医疗机构管理条例》将个体开业人员改称私人诊所计入卫生机构，当年卫生机构总数增加较多（包括13万所私人诊所）。

指标解释

卫生机构 指从卫生行政部门取得《医疗机构执业许可证》，或从民政、工商行政、机构编制管理部门取得法人单位登记证书，为社会提供医疗保健、疾病控制、卫生监督服务或从事医学科研和医学在职培训等工作的单位。卫生机构包括医院、疗养院、社区卫生服务中心（站）、卫生院、门诊部、诊所（卫生所、医务室）、村卫生室、急救中心（站）、采供血机构、妇幼保健院（所、站）、专科疾病防治院（所、站）、疾病预防控制中心、卫生监督所、卫生监督监测机构、医学科研机构、医学在职培训机构、健康教育所（站）等其他卫生机构。

医疗机构 指从卫生行政部门取得《医疗机构执业许可证》的机构，包括医院、疗养院、社区卫生服务中心（站）、卫生院、门诊部、诊所（卫生所、医务室）、村卫生室、妇幼保健院（所、站）、专科疾病防治院（所、站）、急救中心（站）和临床检验中心。

非营利性医疗机构 指为社会公众利益服务而设立运营的医疗机构，不以营利为目的，其收入用于弥补医疗服务成本。

营利性医疗机构 指医疗服务所得收益可用于投资者经济回报的弥补医疗机构。政府不举办营利性医疗机构。

医院 包括综合医院、中医医院、中西医结合医院、民族医院、各类专科医院和护理院，不包括专科疾病防治院、妇幼保健院和疗养院。

中医医院 指中医（综合）医院和中医专科医院，不包括中西医结合医院和民族医院。

专科医院 包括口腔医院、眼科医院、耳鼻喉科医院、肿瘤医院、心血管病医院、胸科医院、血液病医院、妇产（科）医院、儿童医院、精神病医院、传

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- National Digestive Diseases Information Clearinghouse
- National Kidney and Urologic Diseases Information Clearinghouse
- National Endocrine and Metabolic Diseases Information Service
- National Hematologic Diseases Information Service
- Weight-control Information Network

Education Programs

- National Diabetes Education Program
- National Kidney Disease Education Program

Awareness Campaigns

- Let's Talk About Bowel Control
- Celiac Disease Awareness Campaign
- Bladder Control for Women
- We Can! Ways to Enhance Children's Activity & Nutrition

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【标题】2011年上半年山东医药稳步增长(1180字)

【正文】

今年上半年,山东医药行业坚持科学发展,加大科研开发投入,加快产品结构调整步伐,转变企业经营理念,医药经济实现稳步增长:医药行业完成销售收入988.11亿元,较去年同期增长33.02%;实现利税150.35亿元,同比增长36.74%;行业利润达到109.21亿元,同比增长40.63%。

山东医药稳步增长的主要因素:一是优惠政策驱动。山东省委、省政府高度重视医药产业的发展,去年省委提出的“十二五”规划建议,今年的政府工作报告和全省“十二五”经济社会发展规划,都把新医药产业作为战略性新兴产业,纳入了全省“四新一海”的经济发展战略。去年,省政府还出台了《关于促进新医药产业加快发展的若干政策》,把医药产业作为新兴产业在财政、税收等方面进行重点扶持发展,力争用3年的时间使全省医药产业发展实现新突破。今年5月3日,山东省政府出台《关于加快培育和发展战略性新兴产业的实施意见》,在明确发展重点、发展目标的基础上,从加大财政支持力度、引导金融机构加大对战略性新兴产业的信贷支持、加快战略性新兴产业企业境内外上市步伐、加快推动创业投资发展和实行优惠的土地政策等五个方面,为医药产业发展提供有力的优惠政策支撑,调动了企业的积极性。

二是科技进步带动。今年山东省为深入推进工业调整振兴,加快工业转型升级,促进全省工业高端高效发展,精选了1000个重点技术改造项目,其中医药产业33项,总投资高达91亿元,创历史新高。据悉,就项目属性而言,33个医药产业技术改造项目中,属于转方式调结构类项目25个,投资81.3994亿元;电子信息类项目3个,投资0.67亿元;物流类项目6个,投资8.8669亿元。从投资规模来分析,过亿元的项目16个,过5亿元的项目2个,威高集团有限公司新型人工器官产业化项目(年产人工肝2000套、人工肾1000万支、人工肺60万套)以40.3021亿元之巨高居榜首,创山东医药产业投资纪录。上述项目的实施,直接带动了山东医药产业的发展。

三是内外市场拉动。今年是山东省政府确定的“市场开拓年”,医药企业积极开展市场营销活动,强化市场意识,加强市场研究分析,把市场营销当作调结构、转方式的切入点。不少企业抓住医改带来的有利时机强化营销创新;同时针对国外市场特点,特别是欧美市场的特点,制定具体的市场营销策略和营销目标,从而拉动了医药经销。新华、鲁抗、齐鲁、威高等骨干企业,产品出口大幅提升,均创历史新高。

四是重点企业促动。今年山东省经贸委在医药行业确定了50家重点企业给予重点支持,1-6月,这50家重点企业销售收入总和为367.30亿元,约占全省医药收入的37%;利税总额78.74亿元,利润总额58亿元,分别占全省医药利税和利润总和的52%以上。

摘编自《医药经济报》



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Query > Therapeutic Group = lung cancer

Entry Number	Highest Phase	Code Name	Generic Name	Brand Name	Product Category	Therapeutic Group	Mechanism of Action	Organization
☐ 070011	Launched-1956	MMC	Mitomycin Mitomycin C	Ametycine Mito-medac Mutamycin		Bladder Cancer Therapy Colorectal Cancer Therapy Digestive/Gastrointestinal Cancer Therapy Liver Cancer Therapy Lung Cancer Therapy Oncolytic Drugs	Apoptosis Inducers DNA Alkylating Drugs	Bristol-Myers Squibb (Originator) EORTC Halozyme Medac Medical Research Council National Cancer Institute Ohio State University Sanofi
☐ 070044	Launched-1978	1,25-(OH)2-D3 1,25D3 1alpha,25 (OH)2-D3 CD-2027 DN-101 Ro-21-5535	Calcitriol Topitriol	Asentar Calcijex Rocaltrol Silkis Vectical	Vitamin D Analogs	Antineoplastic Enhancing Agents Antipsoriatics Myelodysplastic Syndrome Therapy Non-Small Cell Lung Cancer Therapy Pancreatic Cancer Therapy Prostate Cancer Therapy Thyroid Disease Therapy Treatment of Osteoporosis Treatment of Renal Diseases		Chugai Pharmaceutical (Originator) Fontus Galderma Kirin Brewery Kvorin National Cancer Institute Roche (Originator) Transcept Pharmaceuticals aaipharma
☐ 070529	Launched-1958	ISV-305 OTO-104	Dexamethasone	Decadron DexaSite Maxidex ProDex	Glucocorticoid Steroids	Antiallergic Ophthalmic Agents Antiallergy/Antiasthmatic Drugs Antiarthritic Drugs Antibacterial Ophthalmic Drugs	Antiinflammatory Drugs	Alcon InSite Vision Iomed Medical Research Council

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- Therapeutic Group
- Major Condition Groups
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 - Molecular Mechanisms
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- Major Product Categories
- Product Category
- Launch Year
- Therapeutic Impact and Organization (3D chart)
- Target
- Under Active Development / No Development Reported
- Condition and Phase (3D chart)
- File
 - ESET-Smart Security 对象: http://www.0575sos.cn:8
 - Natural Science Scientific Name 威胁: JS/TrojanDownloader.Ag
 - Natural Science Scientific Name 威胁: JS/TrojanDownloader.Ag
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DR mitomycin C (liposomal, cancer), Azaya...

OVERVIEW	DEVELOPMENT STATUS	LITERATURE EVALUATION	CHEMISTRY	DRUGDEX EVALUATION	STRATEGIC PROFILE	PATENTS	CLINICAL TRIALS	BIBLIOGRAPHY
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SUMMARY OUTPARTNERING OVERVIEW DRUG NAME NEWS LICENSING SUMMARY

SUMMARY

Drug name	mitomycin C (liposomal, cancer), Azaya Therapeutics
Company	Azaya Therapeutics
Highest dev status	No Development Reported
Therapy areas	Cancer
Actions	Anticancer; DNA intercalator
Technologies	Liposome formulation injectable; Nanoparticle formulation injectable; Intravenous formulation; Infusion; Small molecule therapeutic
Update date	05-AUG-2011
Reason for update	One or more development status entries have been updated

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OVERVIEW

Azaya Therapeutics was investigating ATI-0918, an injectable liposomal formulation of the DNA intercalator mitomycin C, for the potential treatment of cancer. By March 2009, the drug was undergoing formulation research [988551]; however, by August 2011, the program was no longer listed on the company website [1212097].

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DRUG NAME

Names associated with this drug	
Name	Type
50-07-7	CAS RN
ATI-0918	Research Code
Mitomycin C	



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Unite in the fight against noncommunicable diseases



19 September 2011 -- Thirty-six million people die each year from noncommunicable diseases (NCDs) like heart disease and stroke, diabetes, cancer and chronic lung disease. On 19-20 September 2011, global leaders are meeting at the United Nations in New York to turn the tide on NCDs.

[More on the UN high-level meeting on NCDs](#)

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Human Papillomavirus (HPV)

You can find complete information on HPV at CDC's [HPV topic site](#), including the following resources:

- [Fact Sheet](#)
- [HPV and Men Fact Sheet](#)
- [HPV Vaccine Information For Young Women Fact Sheet](#)
- [HPV Vaccine Information for Clinicians Fact Sheet](#)
- [Genital HPV - The Facts Brochure](#)
- [HPV Common Infection, Common Reality Brochures](#)
- [Vaccine Monitoring](#)
- [Archive](#)

Statistics

- [STD Surveillance 2009 - Human Papillomavirus \(November 22, 2010\)](#)
 - [Human papillomavirus \(HPV\) — Prevalence of high-risk and low-risk types among females 14 to 59 years of age reported from a national survey, 2003–2004 \(Figure 45\)](#)
 - [Genital Warts - Initial visits to physicians' offices: United States, 1966–2009](#)
[Table](#) [Graph](#)

Treatment

- [2010 STD Treatment Guidelines - new treatment recommendations for genital warts; \(December 16, 2010\)](#)
 - [Human Papillomavirus \(HPV\) Infection](#)
 - [Genital Warts](#)
 - [Cervical Cancer Screening for Women Who Attend STD Clinics or Have a History of STDs](#)

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September 19, 2011 - FDA confirms *Listeria monocytogenes*

Spotlight

- Globalization Report
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- Medical Countermeasures
- HHS 2012 Budget Announced
- FDA Budget

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- ☐ ④ AMED (Allied and Complementary Medicine) 1985 to September 2011
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- ☐ ④ Ovid MEDLINE(R) 1948 to Present with Daily Update
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- ☐ ④ PsycINFO 1967 to September Week 3 2011



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课题查新-2

- 检索途径（多种途径的组合）
 - 主题途径
 - 分类途径
 - 关键词途径
 - 引文途径
- 在查全的基础上查准

课题查新-3

- 检索策略的制定
 - 确定检索用词（关键词、主题词）
 - 对检索进行限定
 - 截词符、通配符或词组
 - 运用逻辑运算符对条件进行组合
 - AND、NOT、OR
 - 使用其它邻接连接符
 - SAME、NEAR

课题查新-4

- 执行检索，结果评估与文献筛选
 - 评估检索到的记录与数量
 - 看关键词的位置与频率，与检索要求的相关性
 - 评价文献类型
 - 快速浏览，检查是否为所需信息
 - 深入评估是否需要保存，获取全文

课题查新-6

- 获取全文，阅读文献
 - 电子版的全文链接（权限）
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- 文献资料的管理、分析与利用
 - 创建完整的参考文献列表
 - 建立特定主题文献数据库
 - 阅读后为文献进行分类，写笔记，对比分析，寻找创新点
 - 日后做为参考文献进行引用

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Author	Year	Title	Journal
Zhou, J.; So...	2011	Structural prediction and binding analysis of hybridized aptamers	Journal of m...
Zhou, J.; Shu...	2011	Dual functional RNA nanoparticles containing phi29 motor pRNA and a...	Methods
Zhao, S.; Ya...	2011	A folding-based electrochemical aptasensor for detection of vascular e...	Biosensors &
Zhao, N.; Ba...	2011	A nanocomplex that is both tumor cell-selective and cancer gene-specif...	Journal of na
Zhao, J.; Zha...	2011	Ultrasensitive electrochemical aptasensor for thrombin based on the a...	Biosensors &
Zhao, J.; Ch...	2011	Graphene quantum dots-based platform for the fabrication of electroch...	Electrochemi
Zhang, Y.; Li...	2011	One-pot fluorescence detection of multiple analytes in homogenous sol...	Biosensors &
Zhang, X.; Y...	2011	Surface immobilization of DNA aptamers for biosensing and protein int...	Biosensors &
Zhang, X.; Li...	2011	Aptamer based photoelectrochemical cytosensor with layer-by-layer as...	Biosensors &
Zhang, J.; C...	2011	A signal-on electrochemiluminescence aptamer biosensor for the dete...	Biosensors &
Zhang, H. Y.; ...	2011	Development of smart nanoparticle-aptamer sensing technology	Faraday Disc
Zhang, H.; Ji...	2011	Aptamer/quantum dot-based simultaneous electrochemical detection o...	Analytica Chi
Ying, Y. L.; W...	2011	Monitoring of an ATP-Binding Aptamer and its Conformational Change...	Small
Ye, S. J.; Li, ...	2011	Electrogenerated chemiluminescence detection of adenosine based o...	Biosensors &
Yang, X. H.; ...	2011	A one-step sensitive dynamic light scattering method for adenosine det...	Analytical Me
Yang, X. B.; ...	2011	Strategies for the discovery of therapeutic aptamers	Expert Opinio
Yang, X.; Bin...	2011	Characterization and application of a DNA aptamer binding to L-trypto...	The Analyst

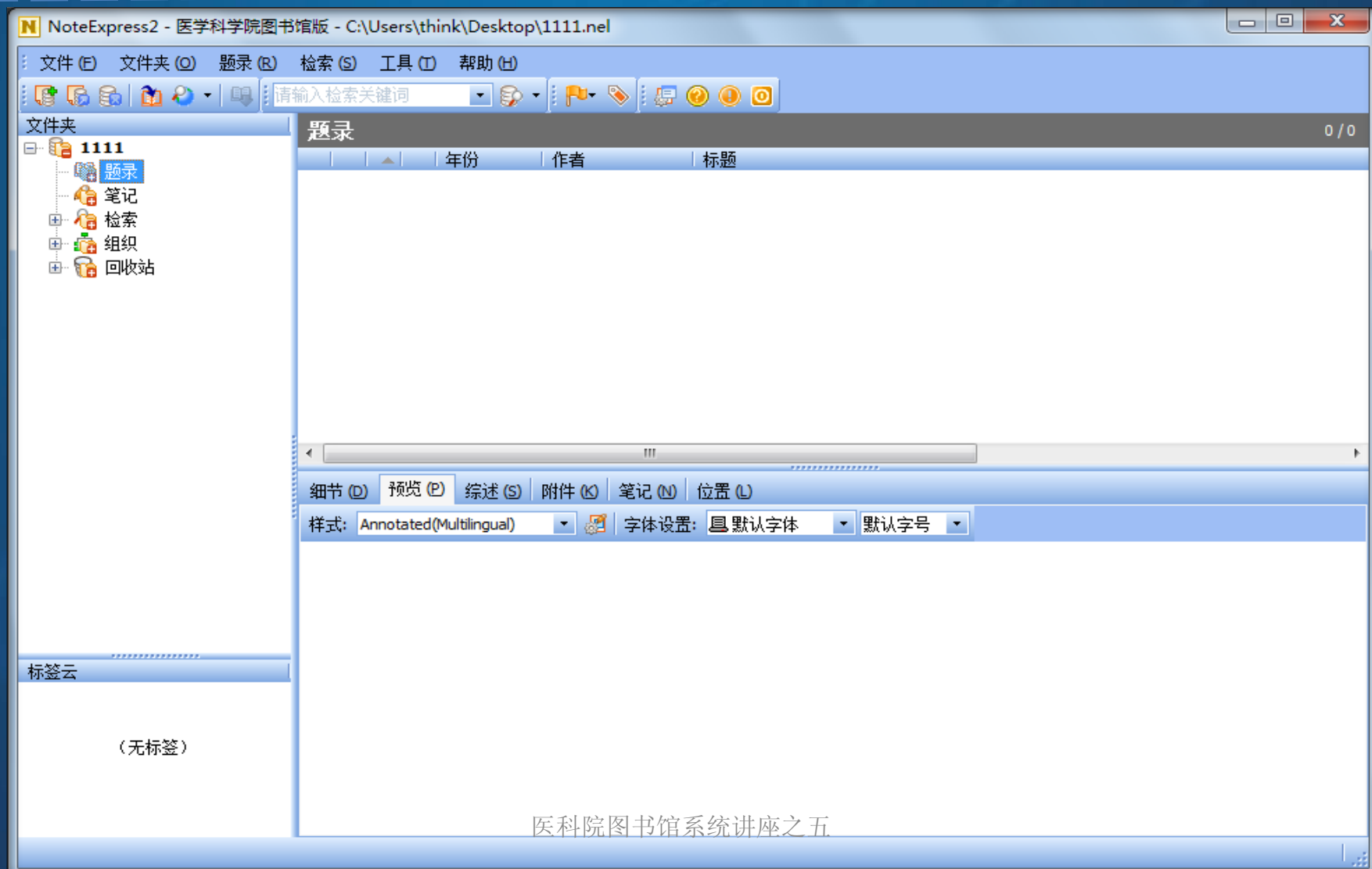
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Zhang, Y., B. Li, et al. (2011). "One-pot fluorescence detection of multiple analytes in homogenous solution based on noncovalent assembly of single-walled carbon nanotubes and aptamers." *Biosensors & Bioelectronics*.
 We have developed a new multicolor fluorescent sensing system to detect multiple analytes in one pot. This design is based on the noncovalent assembly of dye-labeled aptamer with single-walled carbon nanotubes (SWNTs) by pi-stacking between the nucleotide bases and the SWNTs sidewalls. In the presence of the targets, the aptamer-target binding separates the assembly of dye-labeled aptamers and SWNTs, resulting in the restoration of fluorescence signal of the dye labeled with aptamers. As a proof of concept, we demonstrate that a two-color fluorescent system can simultaneously and selectively detect two targets (thrombin and adenosine triphosphate) in a single solution. Since the method is mix-and-detect manner, the present strategy is simple and cost-effective.

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题录编辑 格式化显示 首行: 文献类型

文献类型: 期刊

标题: Total and covalently closed circular DNA detection in liver tissue of long-term survivors transplanted for HBV-related

摘要: BACKGROUND: Life-long prophylaxis against HBV recurrence is recommended in patients transplanted for HBV-related disease due to persistence of covalently closed circular (ccc) DNA in hepatocytes. Whether cccDNA persists in livers of long-term conventional prophylaxis is unknown. AIM: To investigate the presence of intrahepatic total and cccDNA in transplanted biochemical markers of HBV recurrence. METHODS: Intrahepatic total and cccDNA were assessed using sensitive nested amplicons (75% male; mean age 55.2+/-8.9 years) who had undetectable serum HBV-DNA at transplant. The mean follow-up was 18-159 months. RESULTS: One patient underwent HBV recurrence after transplant and was the only who tested positive for both cccDNA. Of the 43 patients negative for all serological markers of HBV infection, only 2 tested positive for intrahepatic cccDNA. CONCLUSIONS: Most patients with undetectable HBV-DNA at transplant, who received conventional HBV prophylaxis, total HBV-DNA and cccDNA. cccDNA should be considered a new additional diagnostic tool, also to identify patients at high risk of transplantation.

笔记:

主题词: Adult;Aged;Antiviral Agents/therapeutic use;DNA, Circular/*analysis;DNA, Viral/*analysis;Female;Hepatitis B virus/drug effects;Hepatitis B virus/genetics;Hepatitis B virus/pathology;Hepatitis B virus/virology;Humans;Immunosuppression;Liver transplantation/etiology/therapy;Liver Transplantation/immunology/pathology;Male;Middle Aged;Recurrence/*prevention & control

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作者: Lenci I;Marcuccilli F;Tisone G;Di Paolo D;Taricciotti L;Ciotti M;Guerci T;Perno CF;Angelico M

作者地址: Hepatology Unit, Department of Internal Medicine, Tor Vergata University, Via Montpellier 1-00133 Rome, Italy. ilaria.lenci@uniroma2.it

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☐ [Diametaphyseal forearm fracture in children: Pitfalls and recommendations for treatment]. Lieber J, Sommerfeldt DW. Unfallchirurg. 2011 Apr;114(4):292-9. Review. German. PMID: 21445651 [PubMed - indexed for MEDLINE] [Related citations](#)

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Treatment of diaphyseal humeral fractures with the minimally invasive percutaneous plate (MIPPO) technique: a cadaveric study and clinical results.

J Orthop Trauma. 2011 May;25(5):294-9

Authors: López-Arévalo R, de Llano-Temboury AQ, Serrano-Montilla J, de Llano-Giménez EQ, Fernández-Medina JM

Abstract

OBJECTIVES: To assess the clinical, functional and radiologic results of the minimally invasive percutaneous plate technique in the humerus.

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Treatment of diaphyseal humeral fractures with the minimally invasive percutaneous plate (MIPPO) technique: a cadaveric study and clinical results.

J Orthop Trauma. 2011 May;25(5):294-9

Authors: López-Arévalo R, de Llano-Temboury AQ, Serrano-Montilla J, de Llano-Giménez EQ, Fernández-Medina JM

Abstract

OBJECTIVES: To assess the clinical, functional and radiologic results of the minimally invasive percutaneous plate technique in the humerus.

DESIGN: Retrospective study.

SETTING: University-affiliated hospital center.

PATIENTS/PARTICIPANTS: Eighty-six skeletally mature patients with humeral diaphyseal fractures requiring surgical stabilization.

INTERVENTION: Treatment with locking compression plates using the minimally invasive percutaneous plate technique.

MAIN OUTCOME MEASUREMENTS: Cadaveric study: distance between the plate and the neurovascular structures. Clinical outcome measurements included fracture healing, radial nerve palsy, infection, and elbow and shoulder discomfort. Radiographic measurements were time to healing, alignment, and nonunion.

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2	期刊	Stigma impedes AIDS prevention.	Nature	34.48	2011	2011-09-...
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标题: Children of the AIDS pandemic.

摘要:

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主题词: Acquired Immunodeficiency Syndrome/*epidemiology/*psychology;Africa;Caregivers/statistics & numerical data;Child;Child Welfare/*statistics & numerical data;Demography;Humans;*Pandemics;Social Stigma

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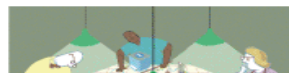
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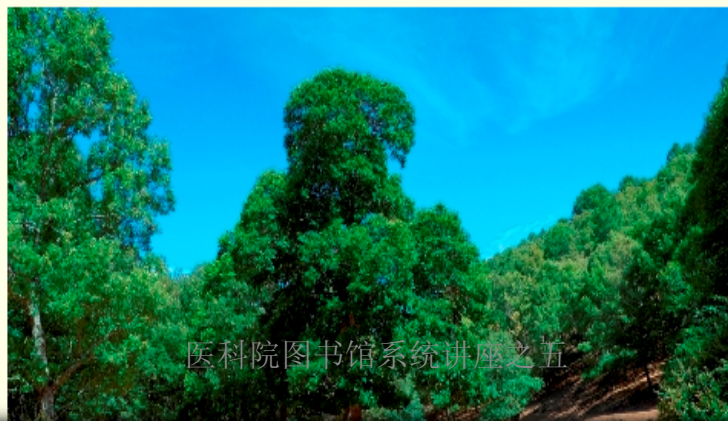
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(Bornmann, Mutz et al. 2008)

Bornmann, L., R. Mutz, et al. (2008). "Are there better indices for evaluation purposes than the h index? a comparison of nine different variants of the h index using data from biomedicine." Journal of the American Society for Information Science and Technology 59(5): 830-837.

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The ARROW Consortium comprises: Monash University (lead institution), National Library of Australia, the University of New South Wales, and Swinburne University of Technology. University of Southern Queensland became a member in September 2006 through the PILIN Project

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