

**Анализ программных  
средств. Результаты для  
студентов, ученых,  
клинических врачей и других!**

Pr G. Noël  
University Radiation Department (URD)  
Strasbourg

# Конфликты интересов

*У меня нет конфликта интересов,  
кроме одного: интерес к науке и  
жизни*

# **ВВЕДЕНИЕ**

# Цель

- **Как работать и анализировать самостоятельно, без чьей-либо помощи**
- **Другими словами вы совсем один в Сибири зимой! И вы хотите опубликоваться**

# Зачем анализировать?

- Потому что вы лучший, но никто этого не знает... пока!
- Потому что вы хотите сравнить ваши результаты с результатами соперников
- Потому что критика рецензента помогает вам стать лучше
- Потому что это будущее вашей работы
- Потому что пациенты хотят знать о наших достижениях
- Чтобы получить грант (напр. НАСА)

**Анализ – это философия подчинения**

# Что нужно анализировать?

- **Ваш опыт**
- **Ваши новые способы лечения, методы, эксперименты...**
- **Но в соответствии с международными правилами: план работы и законы**

# Как анализировать?

- В соответствии с государственным и международным стандартом
- Используя знания о болезнях, техники, методов и т.д.
- Точная методология!
- В самое короткое время
- С высокой повторяемостью

# Время между идеей и анализом/публикацией

- Идея: 30 секунд
- Введение в статью: 1 - 3 месяца
- Сбор данных: 1 - 6 месяцев
- Статистика:
  - Кафедра: 1 - 12 месяцев
  - Самостоятельно: один день
- Написание: 1 – 3 месяца
- Рецензирование :3 месяца
- Исправление : 1 месяц
- Соглашение: 24 часа
  - **Общее: 6 – 12 месяцев**



# **Зачем использовать программные средства?**

- Потому что эти средства помогут сэкономить время**
- Потому что все в мире ими пользуются и их использование поможет вам быть в со всеми в одном мире**
- Врачи могут регулярно обновлять результаты для конгресса, новых публикаций, норм своей больницы, клиники**
- Сравнить личные результаты**

# Список программ

- Интернет и Pubmed (бесплатно)
- Adobe reader (бесплатно)
- Статистические программы
  - Mathematica
  - **Statview**
- Регистрация ссылок
  - **End note**
  - Reference manager
- Paint (бесплатно на всех компьютерах)
- Word или подобные (бесплатно)
- Excel или подобные (бесплатно)
- Power point или подобные (бесплатно)

# **БАЗА ДАННЫХ PUBMED**

# База данных PUBMED

- PubMed включает в себя свыше 20 мил. цитат для биомедицинской литературы из журнала MEDLINE, журналов о науке о жизни, и электронных книг. Цитаты и абстракты PubMeda включают в себя информацию о медицине, медсестринском деле, профессии зубного врача, ветеринарном деле, системе здравоохранения, и преκληической науке.
- PubMed также предоставляет доступ к дополнительным веб сайтам и ссылкам на другие источники по молекулярной биологии

# База данных PUBMED

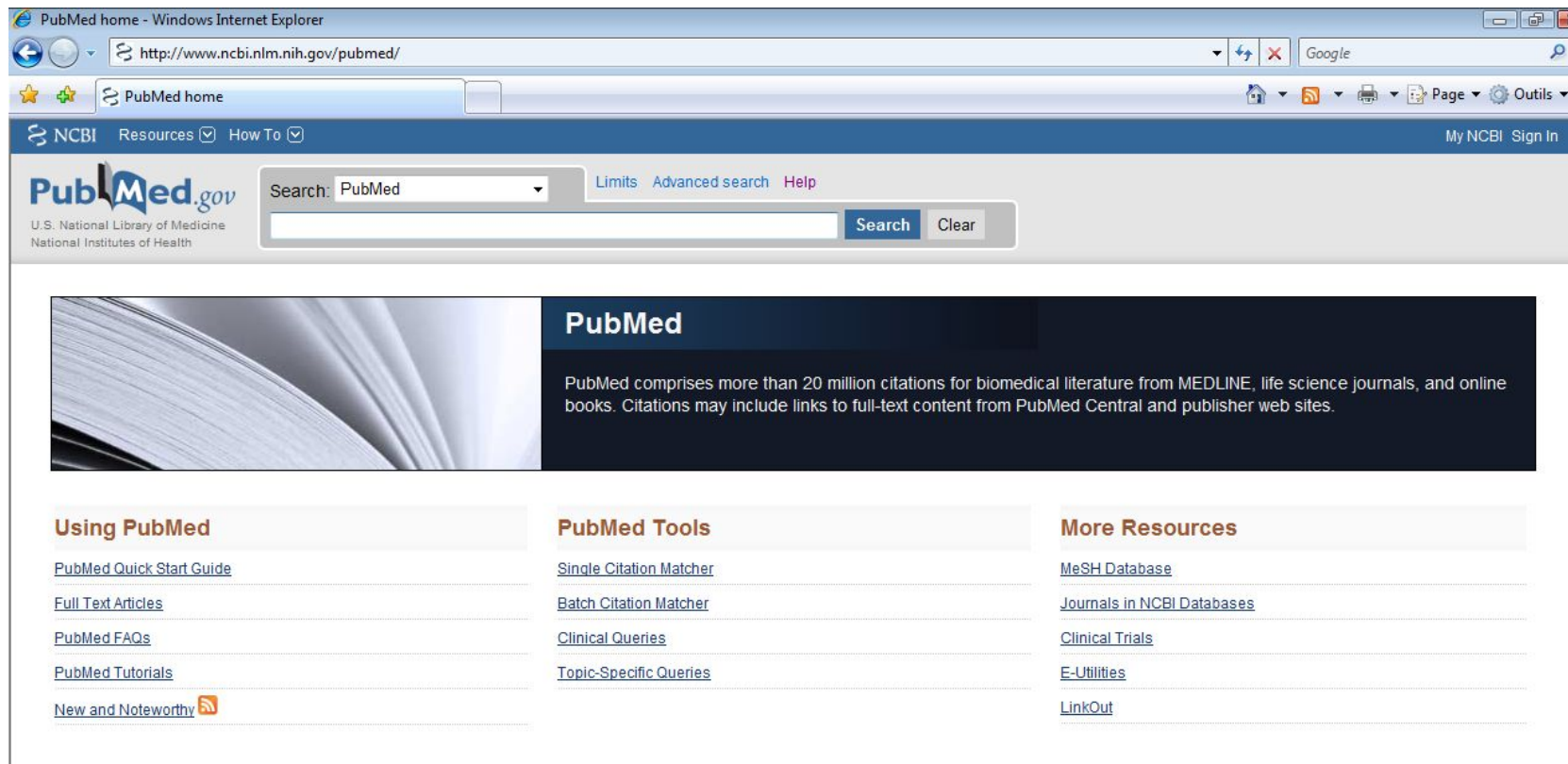
- PubMed это бесплатный источник, который разработан и обслуживается Национальным Центром Биотехнологической Информации (НЦБИ), в Национальной Библиотеке Медицины США (НБМ), расположенной в Национальном Институте Здравоохранения (НИЗ)

# **Источники в базе данных pubmed**

- **Публикации с 1950го года по  
сегодняшний день**
- **Около 5000 журналов**
- **70 языков**
- **$20 \cdot 10^6$  доступных статей**

# База данных PUBMED

- <http://www.ncbi.nlm.nih.gov/pubmed/>



The screenshot shows the PubMed homepage in a Windows Internet Explorer browser. The address bar displays <http://www.ncbi.nlm.nih.gov/pubmed/>. The page features a search bar with the text "PubMed" and buttons for "Search" and "Clear". Below the search bar, there is a banner for PubMed with the text: "PubMed comprises more than 20 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites." The page is organized into three columns of links:

- Using PubMed**
  - [PubMed Quick Start Guide](#)
  - [Full Text Articles](#)
  - [PubMed FAQs](#)
  - [PubMed Tutorials](#)
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- PubMed Tools**
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  - [Clinical Trials](#)
  - [E-Utilities](#)
  - [LinkOut](#)

# Книга для помощи



**Скачайте ее: это бесплатно!**



# Фооновые знания

- Они нужны, чтобы:
  - Избежать неадекватных исследований
  - Перечислить важные пункты исследования
  - Начать введение статьи
  - Обсуждать собственные достижения

# Поиск

- **Два главных метода**
  - **Ключевые слова**
  - **Авторский поиск**

# Поиск по ключевым словам

- ясно
- Не слишком много

The screenshot shows a web browser window displaying the PubMed search results for the query "prostate cancer". The search bar at the top contains the text "prostate cancer" and is highlighted with a red arrow. Below the search bar, the results are displayed in a list format. The first result is "Contemporary imaging analyses of pelvic lymph nodes in the prostate cancer patient." by Mattei A, Danuser H. The second result is "A critical analysis of the long-term impact of brachytherapy for prostate cancer: a review of the recent literature." by Bowes D, Crook J. The third result is "Surgical anatomy of the prostate in the ERA of radical robotic prostatectomy." by Walz J, Graefen M, Huland H. The fourth result is "Coping with sexual concerns after cancer." by Reese JB. The fifth result is "Novel agents and new therapeutics in castration-resistant prostate cancer." by Wu Y, Rosenberg JE, Taplin ME.

Key features of the interface are circled in red:

- Results: 1 to 20 of 91717**: Located at the top left of the results section.
- Filter your results:**: A section on the right side of the page, containing:
  - All (91717)
  - Free Full Text (18069)
  - Review (13035)

Navigation controls include "Page 1 of 4586" and "Next > Last >>". The page number "19" is visible at the bottom right.

# Поиск по ключевым словам

- Сокращает область поиска

prostate cancer brachytherapy - PubMed result - Windows Internet Explorer

http://www.ncbi.nlm.nih.gov/pubmed?term=prostate%20cancer%20brachytherapy

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Send to: Filter your results:

Results: 1 to 20 of 3140

<< First < Prev Page 1 of 157 Next >> Last >>

All (3140)  
Free Full Text (268)  
Review (536)

Manage Filters

Also try:  
intermediate risk prostate cancer brachytherapy  
high risk prostate cancer brachytherapy

Titles with your search terms  
Quality of life after open or robotic prostatectomy, cryoablation or bra [J Urol. 2010]  
Current topics in the treatment of prostate cancer with low-dose [Urol Clin North Am. 2010]  
Long-term Outcome for Clinically Localized Prostate Ca [Int J Radiat Oncol Biol Phys. 2010]

See more...

94 free full-text articles in PubMed Central

20

# Поиск по ключевым словам

- Ограничивает область поиска

prostate cancer brachytherapy high dose rate - PubMed result - Windows Internet Explorer

http://www.ncbi.nlm.nih.gov/pubmed/?term=prostate%20cancer%20brachytherapy%20high%20dose%20rate

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Display Settings: Summary, 20 per page, Sorted by Recently Added

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Results: 1 to 20 of 457

All (457)  
Free Full Text (32)  
Review (64)

Manage Filters

**Titles with your search terms**

High-dose-rate prostate brachytherapy: an excellent accelerated-hy [Am J Clin Oncol. 2010]

Monotherapeutic High-Dose-Rate Brachythera [Int J Radiat Oncol Biol Phys. 2010]

Health-Related Quality of Life After Single-Fraction High [Int J Radiat Oncol Biol Phys. 2010]

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**13 free full-text articles in PubMed Central**

MRS-guided HDR brachytherapy boost to the dominant intraprostatic lesi [BMC Cancer. 2010]

Dosimetric analysis and comparison of IMRT and HDR brachytherapy in ti [J Med Phys. 2010]

Use of transrectal ultrasound for high dose rate interstitial brachytherap [J Gynecol Oncol. 2010]

1. [A critical analysis of the long-term impact of brachytherapy for prostate cancer: a review of the recent literature.](#)  
Bowes D, Crook J.  
Curr Opin Urol. 2011 Feb 9. [Epub ahead of print]  
PMID: 21311335 [PubMed - as supplied by publisher]  
[Related citations](#)
2. [High-Dose-Rate Monotherapy: Safe and Effective Brachytherapy for Patients with Localized Prostate Cancer.](#)  
Demanes DJ, Martinez AA, Ghilezan M, Hill DR, Schour L, Brandt D, Gustafson G.  
Int J Radiat Oncol Biol Phys. 2011 Feb 9. [Epub ahead of print]  
PMID: 21310546 [PubMed - as supplied by publisher]  
[Related citations](#)
3. [High-dose-rate brachytherapy boost to the dominant intra-prostatic tumor region: Hemi-irradiation of prostate cancer.](#)  
Schick U, Popowski Y, Nouet P, Bieri S, Rouzaud M, Khan H, Weber DC, Miralbell R.  
Prostate. 2011 Feb 9. doi: 10.1002/pros.21347. [Epub ahead of print]  
PMID: 21308714 [PubMed - as supplied by publisher]  
[Related citations](#)
4. [Results of high dose-rate brachytherapy boost before 2D or 3D external beam irradiation for prostate cancer.](#)  
Neviani CB, Miziara MA, de Andrade Carvalho H.  
Radiother Oncol. 2011 Feb 4. [Epub ahead of print]  
PMID: 21296444 [PubMed - as supplied by publisher]  
[Related citations](#)
5. [HDR monotherapy for prostate cancer: A simulation study to determine the effect of catheter displacement on target coverage and normal tissue irradiation.](#)

# Поиск по ключевым словам

- Включает поиск

prostate cancer brachytherapy high dose rate complication - PubMed result - Windows Internet Explorer

http://www.ncbi.nlm.nih.gov/pubmed/?term=prostate%20cancer%20brachytherapy%20high%20dose%20rate%20complication

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**Find related data**

Database: Select

Find items

**Search details**

("prostatic neoplasms"[MeSH Terms] OR ("prostatic"[All Fields] AND "neoplasms"[All Fields]) OR "prostatic neoplasms"[All Fields]) OR

Search See more...

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1. [Dose escalation improves cancer-related events at 10 years for intermediate- and high-risk prostate cancer patients treated with hypofractionated high-dose-rate boost and external beam radiotherapy.](#)  
Martinez AA, Gonzalez J, Ye H, Ghilezan M, Shetty S, Kernen K, Gustafson G, Krauss D, Vicini F, Kestin L.  
Int J Radiat Oncol Biol Phys. 2011 Feb 1;79(2):363-70.  
PMID: 21195875 [PubMed - indexed for MEDLINE]  
[Related citations](#)

2. [Assessment of normal tissue complications following prostate cancer irradiation: comparison of radiation treatment modalities using NTCP models.](#)  
Takam R, Bezak E, Yeoh EE, Marcu L.  
Med Phys. 2010 Sep;37(9):5126-37.  
PMID: 20964232 [PubMed - indexed for MEDLINE]  
[Related citations](#)

3. [High dose rate and external beam radiotherapy in locally advanced prostate cancer.](#)  
Viani GA, Pellizzon AC, Guimarães FS, Jacinto AA, dos Santos Novaes PE, Salvajoli JV.  
Am J Clin Oncol. 2009 Apr;32(2):187-90.  
PMID: 19307949 [PubMed - indexed for MEDLINE]  
[Related citations](#)

4. [Transperineal injection of hyaluronic acid in anterior perirectal fat to decrease rectal toxicity from radiation delivered with intensity modulated brachytherapy or EBRT for prostate cancer patients.](#)  
Prada PJ, Fernández J, Martínez AA, de la Rúa A, González JM, Fernández JM, Juan G.  
Int J Radiat Oncol Biol Phys. 2007 Sep 1;69(1):95-102.  
PMID: 17707267 [PubMed - indexed for MEDLINE]  
[Related citations](#)

# Авторский поиск

- **Потому что вы хотите сделать свой собственный список публикаций**
- **Потому что вы хотите показать будущим коллегам, что писать статьи это нужно**
- **Потому что автор – это ссылка!**

# Авторский поиск

## • Слишком обширный ?

U.S. National Library of Medicine  
National Institutes of Health

noel G

[Display Settings:](#)  Summary, 20 per page, Sorted by Recently Added [Send to:](#)

**Results: 1 to 20 of 452** << First < Prev Page 1 of 23 Next > Last >>

[Bilateral macular ischemia and severe visual loss following trastuzumab therapy.](#) **yes**

1. Saleh M, Bourcier T, Noel G, Speeg-Schatz C, Gaucher D. Acta Oncol. 2011 Feb 8. [Epub ahead of print] No abstract available. PMID: 21303229 [PubMed - as supplied by publisher] [Related citations](#)

[Retrospective Comparison of Chemoradiotherapy Followed by Adjuvant Chemotherapy, With or Without Prior Gliadel Implantation \(Carmustine\) After Initial Surgery in Patients With Newly Diagnosed High-Grade Gliomas.](#) **yes**

2. Noël G, Schott R, Froelich S, Gaub MP, Boyer P, Fischer-Lokou D, Dufour P, Kehrl P, Maitrot D. Int J Radiat Oncol Biol Phys. 2011 Feb 5. [Epub ahead of print] PMID: 21300471 [PubMed - as supplied by publisher] [Related citations](#)

[Radiobiological Characterization of Two Therapeutic Proton Beams with Different Initial Energy Spectra Used at the Institut Curie Proton Therapy Center in Orsay.](#) **yes**

3. Calugaru V, Nauraye C, Noël G, Giocanti N, Favaudon V, Mégnin-Chanet F. Int J Radiat Oncol Biol Phys. 2010 Nov 13. [Epub ahead of print] PMID: 21075549 [PubMed - as supplied by publisher] [Related citations](#)

[\[Reirradiation in primary or secondary brain tumors\].](#) **yes**

4. Noël G, Mazon JJ. Cancer Radiother. 2010 Oct;14(6-7):421-37. Epub 2010 Aug 24. Review. French. PMID: 20797888 [PubMed - indexed for MEDLINE] [Related citations](#)

[\[Systematic review of stereotactic radiotherapy for high-grade gliomas\].](#) **yes**

5. Clavier JB, Voirin J, Kehrl P, Noël G. Cancer Radiother. 2010 Dec;14(8):739-54. Epub 2010 Aug 17. Review. French. PMID: 20724193 [PubMed - indexed for MEDLINE] [Related citations](#)

[\[Leishmaniasis treatment\].](#) **Probably not**

6. Minodier P, Jurquet AL, Noël G, Uters M, Laporte R, Garnier JM. Arch Pediatr. 2010 Jun;17(6):838-9. Review. French. No abstract available. PMID: 20654919 [PubMed - indexed for MEDLINE]

**Filter your results:**  
All (452)  
[Free Full Text \(89\)](#)  
[Review \(42\)](#)  
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**Titles with your search terms**  
Report of L. G. Noel Memorial Foundation. [J Tenn State Dent Assoc. 1969]  
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**63 free full-text articles in PubMed Central**  
Pharmacometrics-based dose selection of levofloxacin [Antimicrob Agents Chemother. 2010]  
Pharmacodynamic profiling of ceftobiprole for treatment [Antimicrob Agents Chemother. 2009]  
Interdependence of laminin-mediated clustering of lipid rafts and the dystropl [J Biol Chem. 2009]  
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noel G[Author] OR noel G [Investigator]



# Авторский поиск

## • ограничен?

U.S. National Library of Medicine  
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noel G, radiotherapy

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[Review \(27\)](#)

[Retrospective Comparison of Chemoradiotherapy Followed by Adjuvant Chemotherapy With or Without Prior Gliadel Implantation \(Carmustine\)](#)

1. [After Initial Surgery in Patients With Newly Diagnosed High-Grade Gliomas.](#)

Noël G, Schott R, Froelich S, Gaub MP, Boyer P, Fischer-Lokou D, Dufour P, Kehrl P, Maitrot D.

Int J Radiat Oncol Biol Phys. 2011 Feb 5. [Epub ahead of print]

PMID: 21300471 [PubMed - as supplied by publisher]

[Related citations](#)

yes

[\[Reirradiation in primary or secondary brain tumors\].](#)

2. Noël G, Mazon JJ.

Cancer Radiother. 2010 Oct;14(6-7):421-37. Epub 2010 Aug 24. Review. French.

PMID: 20797888 [PubMed - indexed for MEDLINE]

[Related citations](#)

yes

But one article disappears

[\[Systematic review of stereotactic radiotherapy for high-grade gliomas\].](#)

3. Clavier JB, Voirin J, Kehrl P, Noël G.

Cancer Radiother. 2010 Dec;14(8):739-54. Epub 2010 Aug 17. Review. French.

PMID: 20724193 [PubMed - indexed for MEDLINE]

[Related citations](#)

yes

[Pharmacological enhancement of autophagy induced in a hepatocellular carcinoma cell line by high-LET radiation.](#)

4. Altmeyer A, Jung AC, Ignat M, Benzina S, Denis JM, Gueulette J, Noël G, Mutter D, Bischoff P.

Anticancer Res. 2010 Feb;30(2):303-10.

PMID: 20332433 [PubMed - indexed for MEDLINE]

[Related citations](#)

yes

[\[Comparison of three dosimetric techniques for lung tumor irradiation\].](#)

5. Beneyton V, Billaud G, Niederst C, Meyer P, Bourhala K, Schumacher C, Karamanoukian D, Noël G.

Cancer Radiother. 2010 Jan;14(1):50-8. Epub 2009 Dec 16. French.

PMID: 20006531 [PubMed - indexed for MEDLINE]

[Related citations](#)

yes

[Combined proton and photon conformal radiotherapy for intracranial atypical and malignant meningioma.](#)

6. Boskos C, Feuvert L, Noel G, Habrand JL, Pommier P, Alapetite C, Mammari H, Ferrand R, Boisserie G, Mazon JJ.

Int J Radiat Oncol Biol Phys. 2009 Oct 1;75(2):399-406. Epub 2009 Feb 7.

PMID: 19203844 [PubMed - indexed for MEDLINE]

yes

**Find related data**

Database:

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(noel G[Author] OR noe  
[Investigator]) AND  
("radiotherapy"[Subhea  
OR "radiotherapy"[All  
OR "radiotherapy"[MeSH

**Recent activity**

noel G, radiotherapy (103)

noel G (452)

prostate cancer brachytherap  
rate complication (16)

prostate cancer brachytherap  
rate (457)

# Что мы приобретаем с базой данных pubmed

## Минимум: краткий обзор

1. [Retrospective Comparison of Chemoradiotherapy Followed by Adjuvant Chemotherapy, With or Without Prior Gliadel Implantation \(Carmustine\) After Initial Surgery in Patients With Newly Diagnosed High-Grade Gliomas.](#)

Noël G, Schott R, Froelich S, Gaub MP, Boyer P, Fischer-Lokou D, Dufour P, Kehrl P, Maitrot D.

Int J Radiat Oncol Biol Phys. 2011 Feb 5. [Epub ahead of print]

PMID: 21300471 [PubMed - as supplied by publisher]

[Related citations](#)

2. [\[Reirradiation in primary or secondary brain tumors\].](#)

Noël G, Mazeron JJ.

Cancer Radiother. 2010 Oct;14(6-7):421-37. Epub 2010 Aug 24. Review. French.

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### Retrospective Comparison of Chemoradiotherapy Followed by Adjuvant Chemotherapy, With or Without Prior Gliadel Implantation (Carmustine) After Initial Surgery in Patients With Newly Diagnosed High-Grade Gliomas.

Noël G, Schott R, Froelich S, Gaub MP, Boyer P, Fischer-Lokou D, Dufour P, Kehrl P, Maitrot D.

Radiation Oncology Department, Centre de lutte contre le cancer Paul Strauss, Strasbourg, France.

#### Abstract

**PURPOSE:** Retrospective study of patients treated for high-grade glioma, with or without biodegradable carmustine wafers and according to the Stupp protocol.

**METHODS AND MATERIALS:** Between May 2007 and June 2008, 65 patients underwent surgery for high-grade glioma, 28 had implantation of Gliadel and 37 patients did not. Patients received radiotherapy with concomitant temozolomide followed by 5 consecutive days of temozolomide every month for 6 months.

**RESULTS:** Overall median follow-up was 17.1 months; the median relapse-free survival (RFS) was 14 months with a RFS of 54% at 12 months, and 38% at 24 months. For patient with and without Gliadel, median and 1-year RFS were 12.9 months and 52% vs. 14 months and 42%, respectively ( $p = 0.89$ ). According to pathology, Gliadel did not influence RFS of patients with Grade III or glioblastoma. However, for all patients, in multivariate analysis, non-methylated methylguanine methyltransferase (MGMT) was the only unfavorable prognostic factor of RFS ( $p = 0.017$ ; HR 2.8; CI [1.2-7]). Median overall survival (OS) was 20.8 months; the OS rate at 12 months was 78.5%, and at 24 months 35.4%. For patients treated with and without Gliadel, median and 1-year OS were 20.6 months and 78.6% vs. 20.8 months and 78.4%, respectively. According to pathology, Gliadel did not influence OS of patients with Grade III or glioblastoma. For all patients, in multivariate analysis, unfavorable prognosticators for OS were non-methylated MGMT ( $p = 0.001$ ; HR: 6.5; CI [2-20]) and irradiation dose  $<60$  Gy ( $p = 0.02$ ; HR: 6.3; CI [2-20]). With carmustine wafers, before irradiation, median gross tumor volume plus edema was 84 mL (27-229), whereas it was 68 mL (10-362) without carmustine ( $p =$  nonsignificant). Four cases of Grade 3 thrombopenia occurred, all in the carmustine wafer group.

**CONCLUSION:** In patients with high-grade gliomas, adding Gliadel before performing a Stupp protocol did not improve survival.

#### Related citations

[Review](#) The effectiveness and cost-effectiveness of  $\epsilon$  [Health Technol Assess. 2007]

Gliadel (BCNU) wafer plus concomitant temozolomide therapy after [J Neurosurg. 2009]

Clinical course and pathologic findings after Gliadel and radiotherapy for [Cancer Invest. 2004]

First-line treatment of malignant glioma with carmustine implants for [Neurosurg Rev. 2010]

[Review](#) [What type of adjuvant chemotherapy should be proposed for the i [Presse Med. 2007]

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## Retrospective Comparison of Chemoradiotherapy Followed by Adjuvant Chemotherapy, With or Without Prior Gliadel Implantation (Carmustine) After Initial Surgery in Patients With Newly Diagnosed High-Grade Gliomas.

Noël G, Schott R, Froelich S, Gaub MP, Boyer P, Fischer-Lokou D, Dufour P, Kehrl P, Maitrot D.

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**RESULTS:** Overall median follow-up was 17.1 months; the median relapse-free survival (RFS) was 14 months with a RFS of 54% at 12 months, and 38% at 24 months. For patient with and without Gliadel, median and 1-year RFS were 12.9 months and 52% vs. 14 months and 42%, respectively ( $p = 0.89$ ). According to pathology, Gliadel did not influence RFS of patients with Grade III or glioblastoma. However, for all patients, in multivariate analysis, non-methylated methylguanine methyltransferase (MGMT) was the only unfavorable prognostic factor of RFS ( $p = 0.017$ ; HR 2.8; CI [1.2-7]). Median overall survival (OS) was 20.8 months; the OS rate at 12 months was 78.5%, and at 24 months 35.4%. For patients treated with and without Gliadel, median and 1-year OS were 20.6 months and 78.6% vs. 20.8 months and 78.4%, respectively. According to pathology, Gliadel did not influence OS of patients with Grade III or glioblastoma. For all patients, in multivariate analysis, unfavorable prognosticators for OS were non-methylated MGMT ( $p = 0.001$ ; HR: 6.5; CI [2-20]) and irradiation dose  $<60$  Gy ( $p = 0.02$ ; HR: 6.3; CI [2-20]). With carmustine wafers, before irradiation, median gross tumor volume plus edema was 84 mL (27-229), whereas it was 68 mL (10-362) without carmustine ( $p =$  nonsignificant). Four cases of Grade 3 thrombopenia occurred, all in the carmustine wafer group.

**CONCLUSION:** In patients with high-grade gliomas, adding Gliadel before performing a Stupp protocol did not improve survival.

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[Noël G.](#) [Schott R.](#) [Froelich S.](#) [Gaub MP.](#) [Boyer P.](#) [Fischer-Lokou D.](#) [Dufour P.](#) [Kehrl P.](#) [Maitrot D.](#)

Radiation Oncology Department, Centre de lutte contre le cancer Paul Strauss, Strasbourg, France.

### Abstract

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Georges Noël M.D., Ph.D.†, ,   
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Georges Noël, Camille Godon, Marie Fernet, Nicole Giocanti, Frédérique Mégnin-Chanet and Vincent Favaudon

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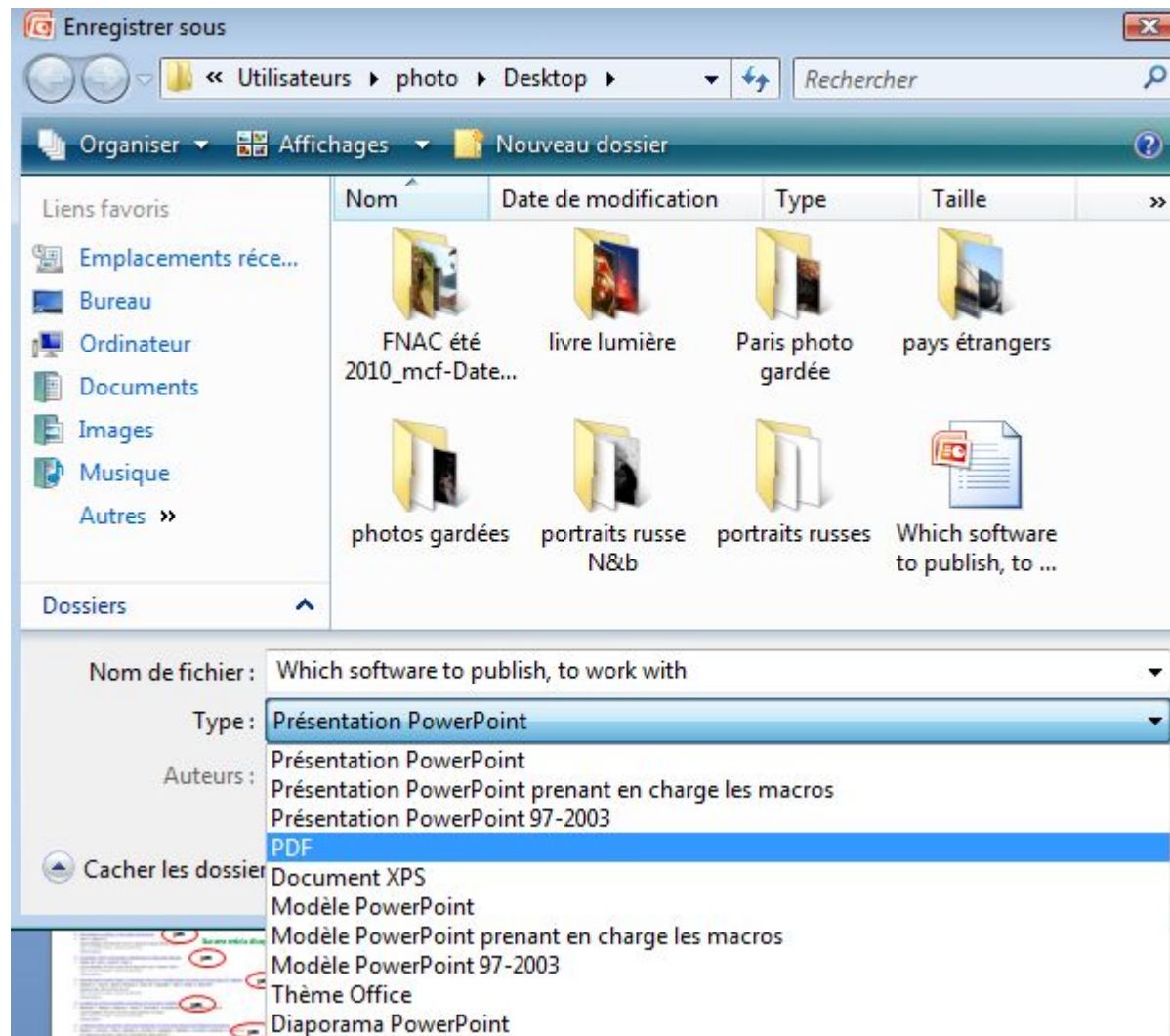
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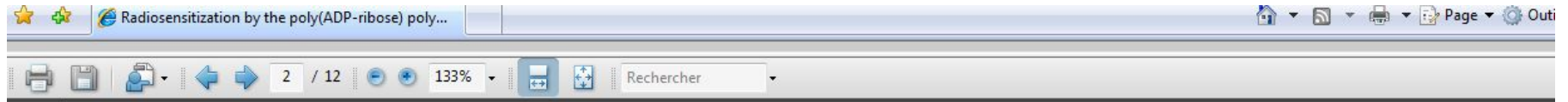
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## Radiosensitization by the poly(ADP-ribose) polymerase inhibitor 4-amino-1,8-naphthalimide is specific of the S phase of the cell cycle and involves arrest of DNA synthesis

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inhibitors may be achieved only in rapidly growing tumors with a high S-phase content. [Mol Cancer Ther 2006; 5(3):564 – 74]

### Introduction

Poly(ADP-ribose) polymerases (PARP) are present in higher eukaryotes only (for a review, see ref. 1). PARP-1, the founding family member, has been the most extensively studied. PARP-1 is a nuclear 113-kDa enzyme that detects and binds DNA single-strand breaks (SSB) through a zinc-finger domain located at its NH<sub>2</sub>-terminal end (2). PARP-1 is involved in many important cellular

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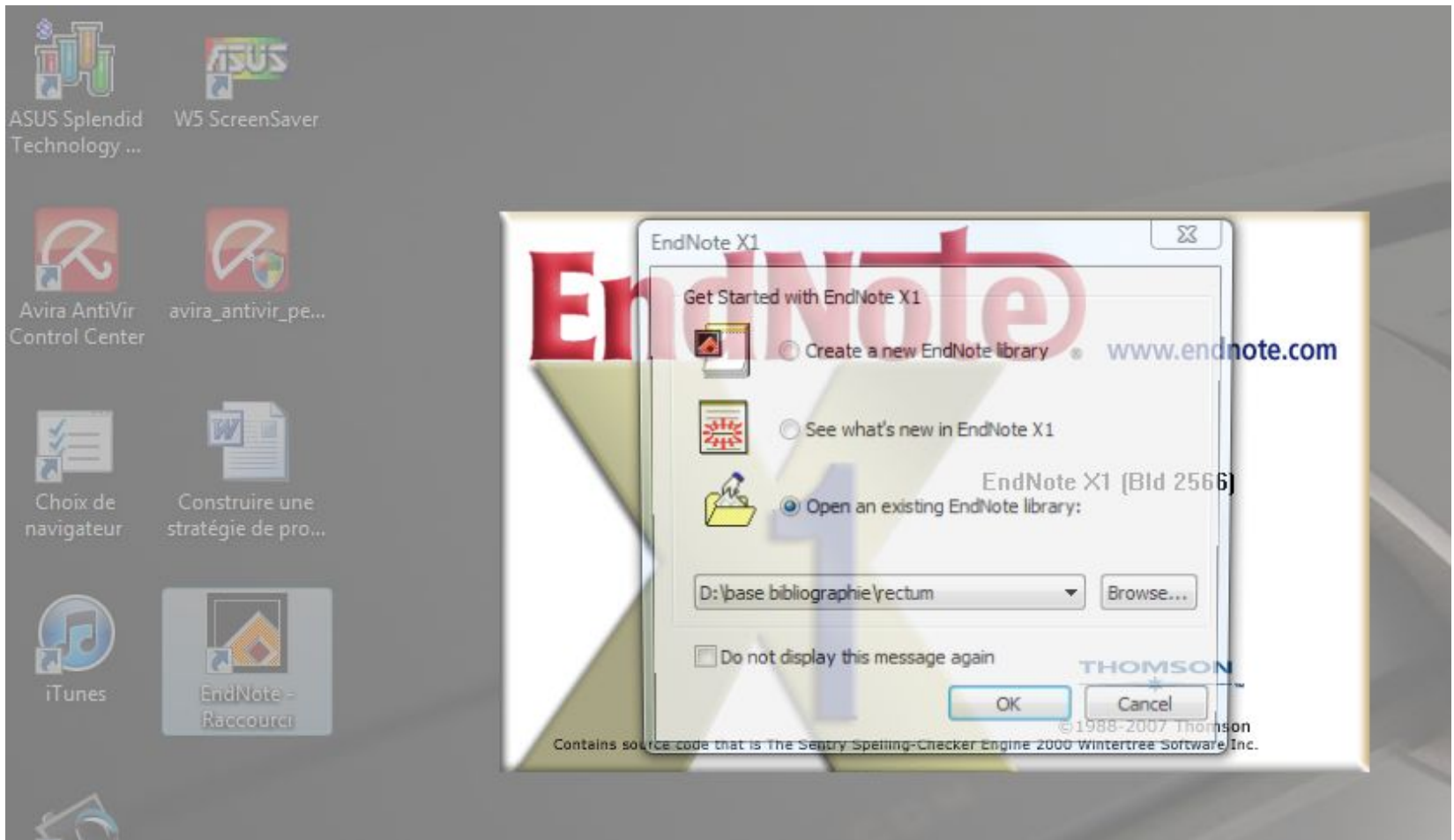


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		Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article	
		Chang	2010	Analysis of radiosurgical results in patients with brain m...	J Neurosurg	Journal Article	
		Chao	1954	Roentgen-ray therapy of cerebral metastases	Cancer	Journal Article	http://w
		Chatani	1994	Radiation therapy for brain metastases from lung carcin...	Strahlenther Onkol	Journal Article	http://w

Custom

# Читать абстракт

Middle Aged  
Prospective Studies  
Radiosurgery/\*methods

## Abstract

**PURPOSE:** To determine how the omission of whole brain radiotherapy (WBRT) affects the neurocognitive function of patients with one to four brain metastases who have been treated with stereotactic radiosurgery (SRS). **METHODS AND MATERIALS:** In a prospective randomized trial between WBRT+SRS and SRS alone for patients with one to four brain metastases, we assessed the neurocognitive function using the Mini-Mental State Examination (MMSE). Of the 132 enrolled patients, MMSE scores were available for 110. **RESULTS:** In the baseline MMSE analyses, statistically significant differences were observed for total tumor volume, extent of tumor edema, age, and Karnofsky performance status. Of the 92 patients who underwent the follow-up MMSE, 39 had a baseline MMSE score of  $\leq 27$  (17 in the WBRT+SRS group and 22 in the SRS-alone group). Improvements of  $\geq 3$  points in the MMSEs of 9 WBRT+SRS patients and 11 SRS-alone patients ( $p = 0.05$ ) were observed. Of the 82 patients with a baseline MMSE score of  $\geq 27$  or whose baseline MMSE score was  $\leq 26$  but had improved to  $\geq 27$  after the initial brain treatment, the 12-, 24- and 36-month actuarial free rate of the 3-point drop in the MMSE was 76.1%, 68.5%, and 14.7% in the WBRT+SRS group and 59.3%, 51.9%, and 51.9% in the SRS-alone group, respectively. The median duration until deterioration was 16.5 months in the WBRT+SRS group and 7.6 months in the SRS-alone group ( $p = 0.05$ ). **CONCLUSION:** The results of the present study have revealed that, for brain metastatic patients, control of the brain tumor is the most important factor for stabilizing neurocognitive function. However, the long-term adverse effects of WBRT on neurocognitive function may not be negligible.

# Открыть прикрепленный файл

The screenshot shows the EndNote X1 interface with a reference list. A context menu is open over the selected reference by Chang (2009), and the 'Open File' option is highlighted. The reference list contains the following entries:

Author	Year	Title	Journal	Ref Type
Ammirati	2010	The role of retreatment in the management of recurrent/...	J Neurooncol	Journal Article
		radiation therapy with or without stereotact...	Lancet	Journal Article
		domized trial of temozolomide and concurr...	J Clin Oncol	Journal Article
		radiosurgery plus whole-brain radiation the...	Jama	Journal Article
		ive function of patients with brain metastasi...	Int J Radiat Oncol Biol Phys	Journal Article
		ain atrophy after radiation therapy for malig...	Cancer	Journal Article
		cranial irradiation for patients with small-ce...	N Engl J Med	Journal Article
		cell-preserving external-beam radiotherapy...	Int. J. Radiation Oncology Biol. Phys.	Journal Article
		radiosurgery--an organized neurosurgery-s...	J Neurosurg	Journal Article
		-based substrate for target definition in radi...	Int J Radiat Oncol Biol Phys	Journal Article
		e la radiothérapie fractionnée en conditions ...	Cancer Radiother	Journal Article
		us radiosurgery in the treatment of brain me...	J Neurosurg	Journal Article
		a of brain metastases: final results of the first...	Int J Radiat Oncol Biol Phys	Journal Article
		high dose irradiation schedules for the palliat...	Int J Radiat Oncol Biol Phys	Journal Article
		nage-guided intracranial stereotactic radiosu...	Int J Radiat Oncol Biol Phys	Journal Article
		ons de...	Int J Radiat Oncol Biol Phys	Journal Article
		resistan...	Neurosurgery	Journal Article
Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article
Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article
Chang	2010	Analysis of radiosurgical results in patients with brain m...	J Neurosurg	Journal Article
Chao	1954	Roentgen-ray therapy of cerebral metastases	Cancer	Journal Article



# Получить pdf. статью

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1037 (1 sur 8) 130%

Commentaire Partager

Le fichier que vous avez ouvert est conforme à la norme PDF/A et a été ouvert en lecture seule pour empêcher toute modification.

## Articles

### Neurocognition in patients with brain metastases treated with radiosurgery or radiosurgery plus whole-brain irradiation: a randomised controlled trial

Eric L Chang, Jeffrey S Wefel, Kenneth R Hess, Pamela K Allen, Frederick F Lang, David G Kornguth, Rebecca B Arbuttle, J Michael Swint, Almon S Shiu, Moshe H Maor, Christina A Meyers

**Summary**  
**Background** It is unclear whether the benefit of adding whole-brain radiation therapy (WBRT) to stereotactic radiosurgery (SRS) for the control of brain-tumours outweighs the potential neurocognitive risks. We proposed that the learning and memory functions of patients who undergo SRS plus WBRT are worse than those of patients who undergo SRS alone. We did a randomised controlled trial to test our prediction.

**Methods** Patients with one to three newly diagnosed brain metastases were randomly assigned using a standard permuted block algorithm with random block sizes to SRS plus WBRT or SRS alone from Jan 2, 2001, to Sept 14, 2007. Patients were stratified by recursive partitioning analysis class, number of brain metastases, and radioresistant histology. The randomisation sequence was masked until assignment, at which point both clinicians and patients were

*Lancet Oncol* 2009; 10: 1037-44  
Published Online  
October 5, 2009  
DOI:10.1016/S1470-2045(09)70263-3  
See [Reflection and Reaction](#) page 1024  
Department of Radiation Oncology (E L Chang MD, P K Allen PhD, D G Kornguth MD)

FR 05:28

# Вставить ссылки

- С помощью online поиска: база данных pubmed
- Вставить вручную

# Вставить вручную

The screenshot shows the EndNote X1 interface with the 'References' menu open. The menu items are:

- New Reference (Ctrl+N)
- Edit References (Ctrl+E)
- Delete References (Ctrl+D)
- Add References To
- Search References... (Ctrl+F)
- Go To... (Ctrl+J)
- Next Reference (Ctrl+Page Down)
- Previous Reference (Ctrl+Page Up)
- Show All References (Ctrl+M)
- Show Selected References
- Hide Selected References
- Sort References...
- Change and Move Fields...
- Groups
- Find Duplicates
- Figure
- File Attachments
- URL

The reference list below the menu includes the following entries:

Title	Journal
The role of retreatment in the management of recurrent/...	J Neuroon
Whole brain radiation therapy with or without stereotact...	Lancet
Phase II randomized trial of temozolomide and concurr...	J Clin Onc
Stereotactic radiosurgery plus whole-brain radiation the...	Jama
Neurocognitive function of patients with brain metastasi...	Int J Radia
Subacute brain atrophy after radiation therapy for malig...	Cancer
Prophylactic cranial irradiation for patients with small-ce...	N Engl J M
Neural stem cell-preserving external-beam radiotherapy...	Int. J. Radi
Stereotactic radiosurgery in organized neurosurgery-s...	J Neurosur
A pathology-based substrate for target definition in radi...	Int J Radia
Évaluation de la radiothérapie fractionnée en conditions ...	Cancer Ra
Surgery versus radiosurgery in the treatment of brain me...	J Neurosur
The palliation of brain metastases: final results of the first...	Int J Radia
Ultra-rapid high dose irradiation schedules for the palliat...	Int J Radia
Frameless image-guided intracranial stereotactic radiosu...	Int J Radia
Adjuvant whole brain radiotherapy: strong emotions de...	Int J Radia
Stereotactic radiosurgery for patients with "radioresistan...	Neurosurg
Neurocognition in patients with brain metastases treated...	Lancet On
Neurocognition in patients with brain metastases treated...	Lancet On
Analysis of radiosurgical results in patients with brain m...	J Neurosur
Roentgen-ray therapy of cerebral metastases	Cancer

# Вставить вручную

EndNote X1 - [New Reference]

File Edit References Tools Window Help

Plain Font Plain Size B I U P A<sup>1</sup> A<sub>1</sub>

Reference Type: Journal Article

Author

Year

Title

Journal

Volume

Issue

Pages

Start Page

Epub Date

Date

Type of Article

**Для статей не включенных в базу данных pubmed, из-за отсутствия ссылки в журнале**

# 1 Научные референции

The screenshot shows the EndNote X1 interface with the 'References' menu open. The 'Online Search' option is selected, and a submenu is displayed with 'PubMed (NLM)' highlighted. A dialog box titled 'Choose A Connection' is open, showing a list of information providers with 'PubMed (NLM)' selected. Below the dialog, a list of references is visible, with the first entry highlighted. A taskbar at the bottom shows several open applications, including 'Sans titre - Paint', 'Microsoft PowerPoi...', 'EndNote.pdf - Adob...', 'Chang-LO2009.pdf ...', and 'EndNote X1 - [méta...'. The system tray shows the date 'FR' and time '05:30'.

Name	Information Provider
PsycFIRST (OCLC)	OCLC
PsycINFO (CSA)	CSA
PsycINFO (EBSCO)	EBSCO
PsycINFO (OCLC)	OCLC
PsycINFO (OVID)	Ovid
PsycINFO (SP)	SilverPlatter
PSYNDEXplus Lit AV (OVID)	Ovid
PSYNDEXplus Tests (OVID)	Ovid
Public Library Catalog (WW)	WilsonWeb
Public Library Catalog Arch (WW)	WilsonWeb
PubMed (NLM)	NLM
Purdue U	Library Catalogs
Purdue U Calumat	Library Catalogs

Author	Year	Title
Borgelt	1981	Ultra-rapid high dose irradiation schedules for the palliat...
Breneman	2009	Frameless image-guided intracranial stereotactic radios...
Brown	2008	Adjuvant whole brain radiotherapy: strong emotions de...
Brown	2002	Stereotactic radiosurgery for patients with "radioresistan...
Chang	2009	Neurocognition in patients with brain metastases treated...
Chang	2009	Neurocognition in patients with brain metastases treated...
Chang	2010	Analysis of radiosurgical results in patients with brain m...
Chao	1954	Roentgen-ray therapy of cerebral metastases
Chatani	1994	Radiation therapy for brain metastases from lung carcin...
Chatani	1985	Whole brain irradiation for metastases from lung carcino...
Chitapanarux	2003	Prospective study of stereotactic radiosurgery without ...

1- Chang, E.L., Wefel, J.S., Hess, K.R., Allen, P.K., Lang, F.F., Kornguth, D.G., et al. Neurocognition in patients with brain metastases treated with radiosurgery or radiosurgery plus whole-brain irradiation: a randomised controlled trial. *Lancet Oncol.* 2009; 10: 1037-44

# ВСТАВИТЬ В ТЕКСТ

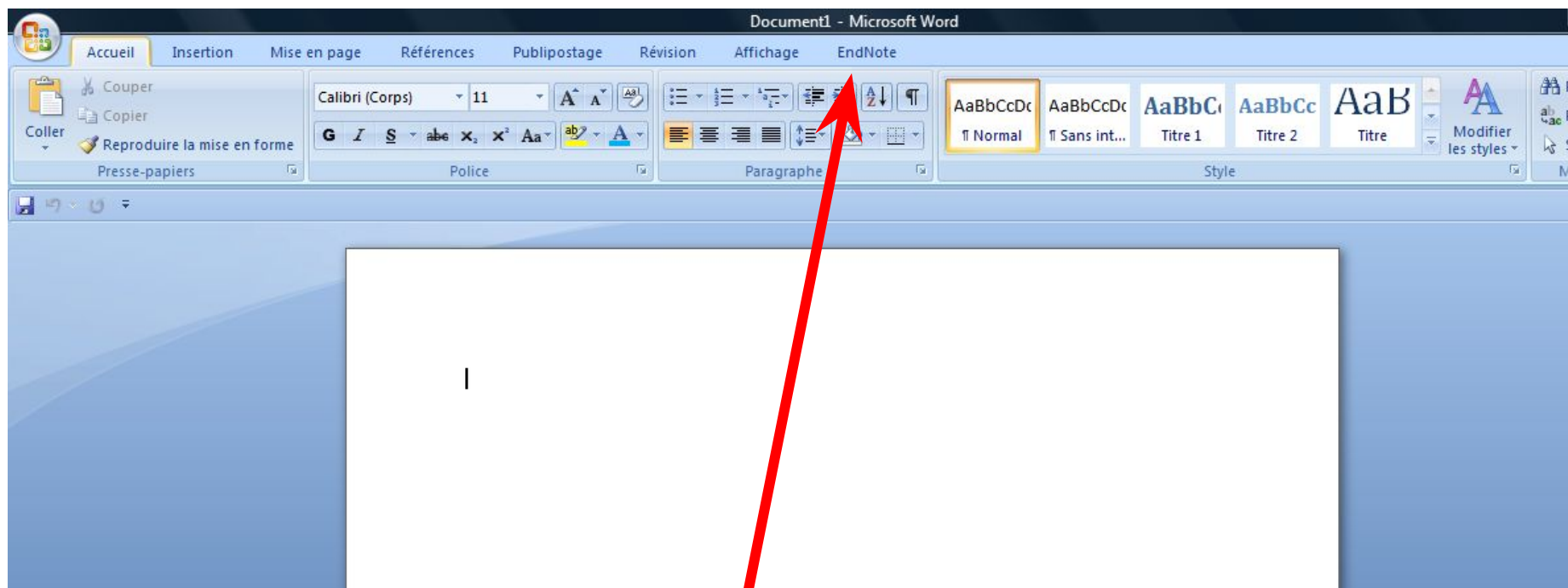
The screenshot shows the EndNote X1 interface with a reference list and a context menu open. The context menu is positioned over the first reference, which is highlighted in blue. The menu options include 'Return to Word', 'Insert Selected Citation(s)', 'Format Bibliography...', 'Import Traveling Library...', and 'CWYW Preferences...'. The reference list contains the following entries:

Author	Year	Title	Journal	Ref Type	URL
Borgelt	1981	Ultra-rapid high dose irradiation schedules for the palliat...	Int J Radiat Oncol Biol Phys	Journal Article	http://www.nct...
Breneman	2009	Frameless image-guided intracranial stereotactic radiosu...	Int J Radiat Oncol Biol Phys	Journal Article	http://www.nct...
Brown	2008	Adjuvant whole brain radiotherapy: strong emotions de...	Int J Radiat Oncol Biol Phys	Journal Article	http://www.nct...
Brown	2002	Stereotactic radiosurgery for patients with "radioresistan...	Neurosurgery	Journal Article	http://www.nct...
Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article	http://www.nct...
Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article	http://www.nct...
Chang	2010	Analysis of radiosurgical results in patients with brain m...	J Neurosurg	Journal Article	http://www.nct...
Chao	1954	Roentgen-ray therapy of cerebral metastases	Cancer	Journal Article	http://www.nct...
Chatani	1994	Radiation therapy for brain metastases from lung carcin...	Strahlenther Onkol	Journal Article	http://www.nct...
Chatani	1985	Whole brain irradiation for metastases from lung carcino...	Acta Radiol Oncol	Journal Article	http://www.nct...
Chitapanarux	2003	Prospective study of stereotactic radiosurgery without ...	J Neurooncol	Journal Article	http://www.nct...

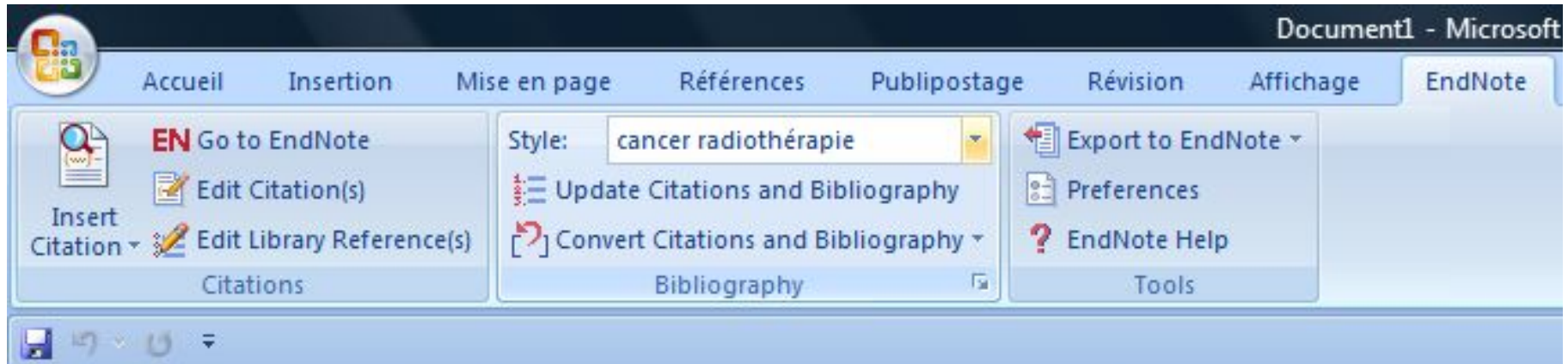
1- Borgelt, B., Gelber, R., Larson, M., Hendrickson, F., Griffin, T. and Roth, R. Ultra-rapid high dose irradiation schedules for the palliation of brain metastases: final results of the first two studies by the Radiation Therapy Oncology Group. Int J Radiat Oncol Biol Phys. 1981; 7: 1633-8

Showing 164 of 164 references. Hide Preview

# Вставить в программу word




# Выбрать стиль журнала



The screenshot shows the Microsoft Word interface with the EndNote ribbon active. The ribbon is divided into three groups: Citations, Bibliography, and Tools. The 'Style' dropdown in the Bibliography group is set to 'cancer radiothérapie'. Below the ribbon, a tooltip titled 'Output Style' provides instructions on how to format the document according to the selected style.

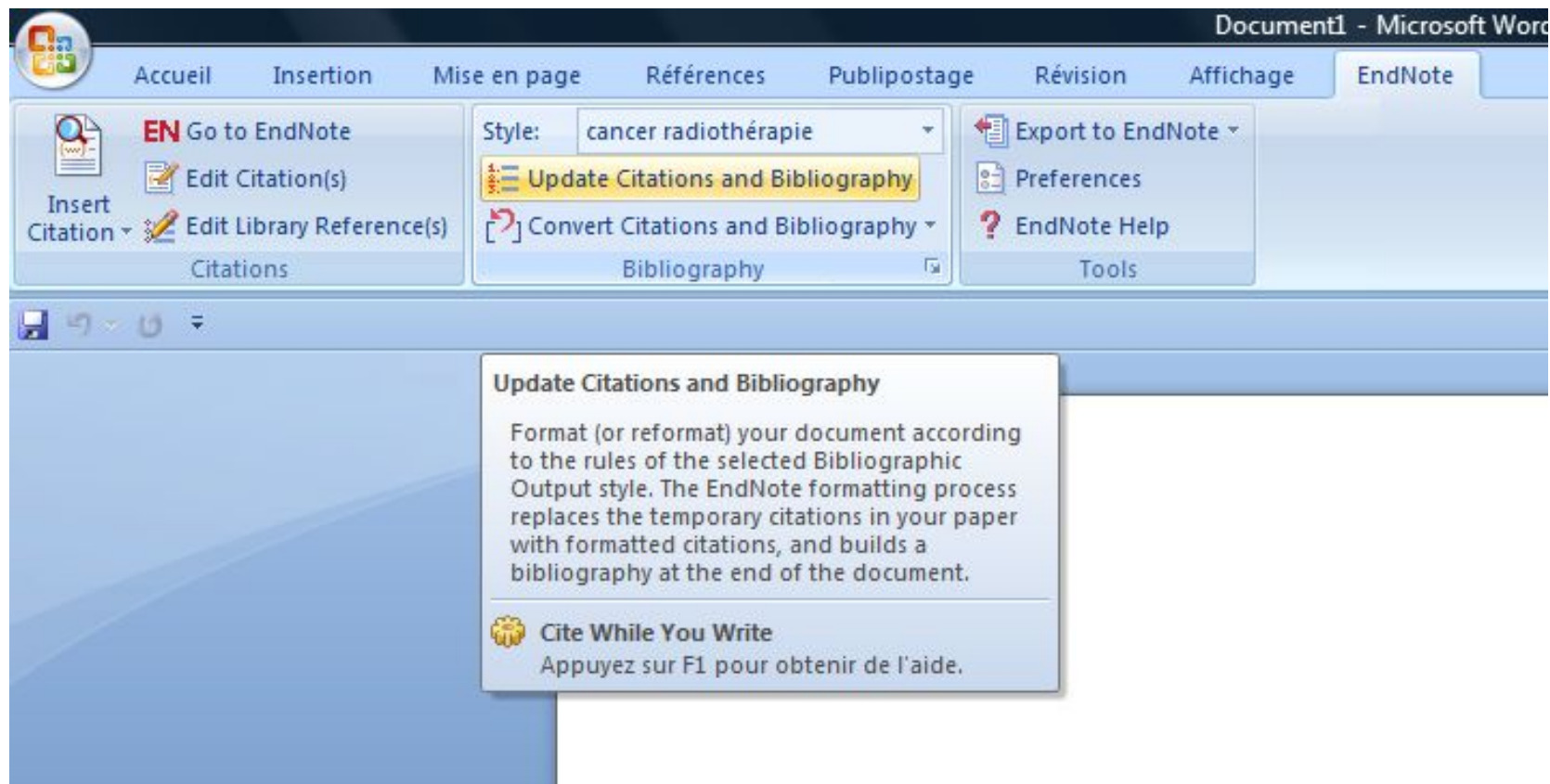
**Output Style**

Format (or reformat) your document according to the rules of the selected Bibliographic Output style. The EndNote formatting process replaces the temporary citations in your paper with formatted citations, and builds a bibliography at the end of the document.

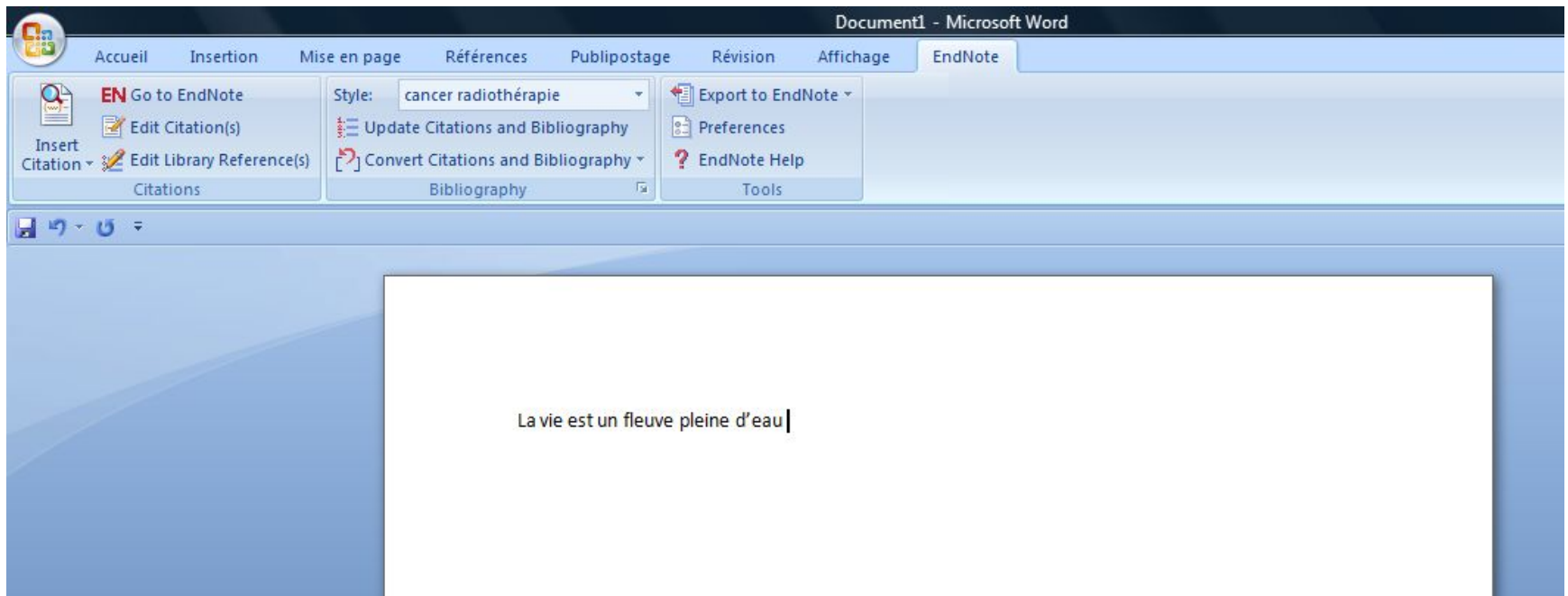
 **Cite While You Write**  
Appuyez sur F1 pour obtenir de l'aide.



# (от)форматировать текст



# Напечатать текст



# Выбрать ссылки

EndNote X1 - [métastases cérébrales]

File Edit References Tools Window Help

cancer radiothérapie Quick Search

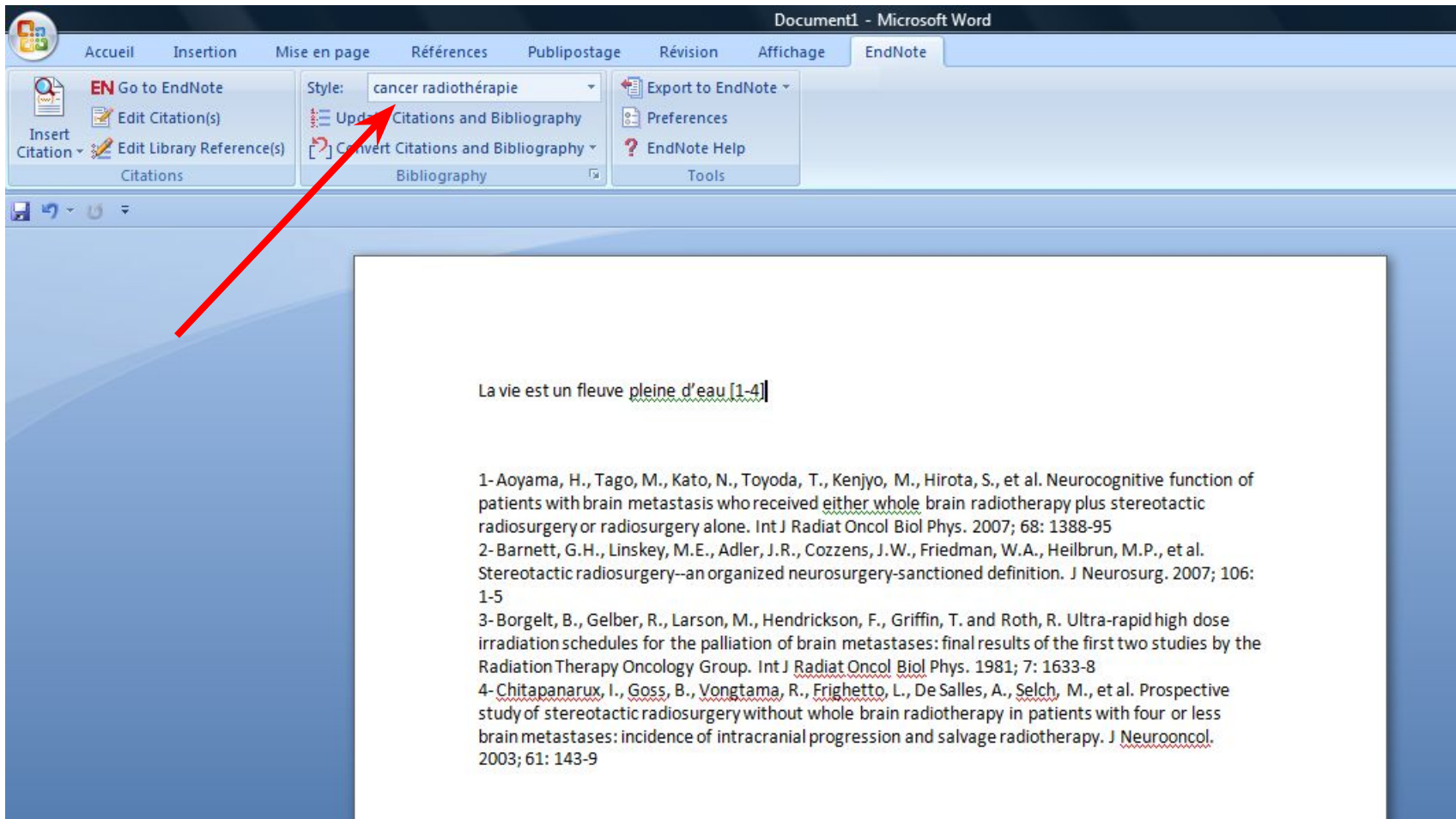
Groups	fig.	Author	Year	Title	Journal	Ref Type
All References		Ammirati	2010	The role of retreatment in the management of recurrent/...	J Neurooncol	Journal Article
		Andrews	2004	Whole brain radiation therapy with or without stereotact...	Lancet	Journal Article
		Antonadou	2002	Phase II randomized trial of temozolomide and concurr...	J Clin Oncol	Journal Article
Custom		Aoyama	2006	Stereotactic radiosurgery plus whole-brain radiation the...	Jama	Journal Article
		Aoyama	2007	Neurocognitive function of patients with brain metastasi...	Int J Radiat Oncol Biol Phys	Journal Article
		Asai	1989	Subacute brain atrophy after radiation therapy for malign...	Cancer	Journal Article
		Auperin	1999	Prophylactic cranial irradiation for patients with small-ce...	N Engl J Med	Journal Article
		Barani	2007	Neural stem cell-preserving external-beam radiotherapy...	Int. J. Radiation Oncology Biol. Phys.	Journal Article
		Barnett	2007	Stereotactic radiosurgery--an organized neurosurgery-s...	J Neurosurg	Journal Article
		Baumert	2006	A pathology-based substrate for target definition in radi...	Int J Radiat Oncol Biol Phys	Journal Article
		Bernier-Chast...	2008	Évaluation de la radiothérapie fractionnée en conditions ...	Cancer Radiother	Journal Article
		Bindal	1996	Surgery versus radiosurgery in the treatment of brain me...	J Neurosurg	Journal Article
		Borgelt	1980	The palliation of brain metastases: final results of the first...	Int J Radiat Oncol Biol Phys	Journal Article
		Borgelt	1981	Ultra-rapid high dose irradiation schedules for the palliat...	Int J Radiat Oncol Biol Phys	Journal Article
		Breneman	2009	Frameless image-guided intracranial stereotactic radiosu...	Int J Radiat Oncol Biol Phys	Journal Article
		Brown	2008	Adjuvant whole brain radiotherapy: strong emotions de...	Int J Radiat Oncol Biol Phys	Journal Article
		Brown	2002	Stereotactic radiosurgery for patients with "radioresistan...	Neurosurgery	Journal Article
		Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article
		Chang	2009	Neurocognition in patients with brain metastases treated...	Lancet Oncol	Journal Article

# Вставить выбранные ССЫЛКИ

The screenshot shows the EndNote X1 interface. The 'Tools' menu is open, and 'Insert Selected Citation(s)' is selected. The background displays a list of references in a table format.

Borgelt	1981	Ultra-rapid high dose irradiation schedules for the palliat...	Int J Radiat Oncol Biol Phys
Breneman	2009	Frameless image-guided intracranial stereotactic radiosu...	Int J Radiat Oncol Biol Phys
Brown	2008	Adjuvant whole brain radiotherapy: strong emotions de...	Int J Radiat Oncol Biol Phys
Brown	2002	Stereotactic radiosurgery for patients with "radioresistan...	Neurosurgery

# Получаем



The screenshot shows the Microsoft Word interface with the EndNote ribbon active. The ribbon includes options like 'Go to EndNote', 'Edit Citation(s)', 'Insert Citation', 'Style: cancer radiothérapie', 'Update Citations and Bibliography', 'Convert Citations and Bibliography', 'Export to EndNote', 'Preferences', and 'EndNote Help'. A red arrow points to the 'Update Citations and Bibliography' button. The document content is as follows:

La vie est un fleuve pleine d'eau [1-4]

1-Aoyama, H., Tago, M., Kato, N., Toyoda, T., Kenjyo, M., Hirota, S., et al. Neurocognitive function of patients with brain metastasis who received either whole brain radiotherapy plus stereotactic radiosurgery or radiosurgery alone. Int J Radiat Oncol Biol Phys. 2007; 68: 1388-95

2-Barnett, G.H., Linskey, M.E., Adler, J.R., Cozzens, J.W., Friedman, W.A., Heilbrun, M.P., et al. Stereotactic radiosurgery—an organized neurosurgery-sanctioned definition. J Neurosurg. 2007; 106: 1-5

3-Borgelt, B., Gelber, R., Larson, M., Hendrickson, F., Griffin, T. and Roth, R. Ultra-rapid high dose irradiation schedules for the palliation of brain metastases: final results of the first two studies by the Radiation Therapy Oncology Group. Int J Radiat Oncol Biol Phys. 1981; 7: 1633-8

4-Chitapanarux, I., Goss, B., Vongtama, R., Frighetto, L., De Salles, A., Selch, M., et al. Prospective study of stereotactic radiosurgery without whole brain radiotherapy in patients with four or less brain metastases: incidence of intracranial progression and salvage radiotherapy. J Neurooncol. 2003; 61: 143-9

# Выберите ваш стиль или стиль журнала

The image shows a Microsoft Word window with the EndNote ribbon active. The ribbon includes sections for Citations, Bibliography, and Tools. The 'Style' dropdown is set to 'Cancer Science'. The 'EndNote X1 Styles' dialog box is open, displaying a list of styles. The 'Accounting and Bus Res' style is selected. The dialog box also shows the number of styles available: 2929.

Document1 - Microsoft Word

Accueil Insertion Mise en page Références Publipostage Révision Affichage EndNote

EN Go to EndNote  
Insert Citation  
Edit Citation(s)  
Edit Library Reference(s)  
Citations

Style: Cancer Science  
Update Citations and Bibliography  
Convert Citations and Bibliography  
Bibliography

Export to EndNote  
Preferences  
EndNote Help  
Tools

EndNote X1 Styles

Name	Category
Accounting and Bus Res	Accounting
Accounting Review	Accounting
Amer Accounting Assn	Accounting
Cont Accounting Res	Accounting
Intl J Accounting Info Sys	Accounting
Intl J Auditing	Accounting
J Accounting Auditing Fin	Accounting
J Accounting Public Policy	Accounting
J Accounting Res	Accounting

Showing 2929 styles from C:\Program Files\EndNote X1\Styles

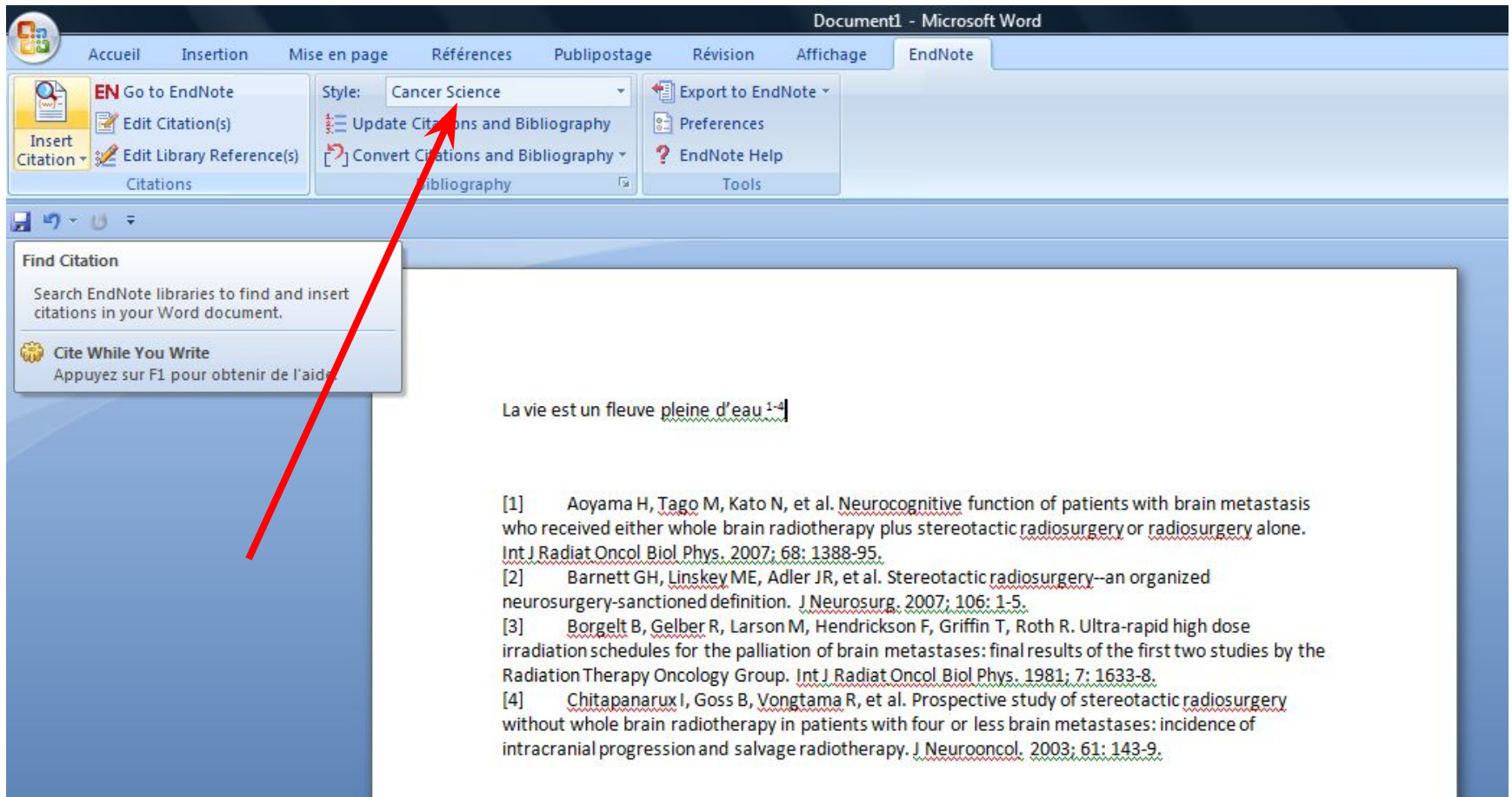
La vie est un fleuve  
[1] Aoyama H  
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Int J Radiat Oncol  
[2] Barnett G  
neurosurgery-san  
[3] Borgelt B,  
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[4] Chitapana  
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# Более чем 2900 стилей

Amer J Mat Child Nursing	Amer Meteorological Society	Ann Rev Anthropology	Annals Clin Micro Anti
Amer J Medical Genetics	Amer Mineralogist	Ann Rev Astronomy Astrophys	Annals Emergency Medicine
Amer J Medical Quality	Amer Naturalist	Ann Rev Biomed Engineering	Annals Entomol Society Amer
Amer J Medicine	Amer Political Sci Review	Ann Rev Cell Dev Biology	Annals Forest Science
Amer J Men's Health	Amer Politics Research	Ann Rev Earth Planetary Sci	Annals Gen Hosp Psych
Amer J Nephrology	Amer Psychologist	Ann Rev Ecology Systematics	Annals Human Genetics
Amer J Neuroradiology	Amer Quarterly	Ann Rev Energy Environment	Annals Internal Medicine
Amer J Ob Gyn	Amer Rev Public Admin	Ann Rev Entomology	Annals Neurology
Amer J Ophthalmology	Amer Sociological Assn	Ann Rev Fluid Mechanics	Annals Noninvas Electrocard
Amer J Orthodontics	Amer Sociological Review	Ann Rev Genetics	Annals Nutrition Metabolism
Amer J Pathology	Amer Speech	Ann Rev Immunology	Annals NY Acad Sci
Amer J Perinatology	Amer Statistical Assoc	Ann Rev Materials Science	Annals NYAS(Math-Phys)
Amer J Pharma Educ	American Art	Ann Rev Medicine	Annals of Oncology
Amer J Physical Anthro	American Scientist	Ann Rev Microbiology	Annals of Physics
Amer J Physics	Anaerobe	Ann Rev Neuroscience	Annals of Plastic Surgery
Amer J Physiology	Anaesthesia	Ann Rev Nuclear Part Sci	Annals of Science
Amer J Political Science	Analyst	Ann Rev Nutrition	Annals of Tourism Research
Amer J Prev Medicine	Analytica Chemica Acta	Ann Rev Pharmacology Toxicol	Annals Pharmacotherapy
Amer J Primatology	Analytical Biochem	Ann Rev Physical Chem	Annals Rheumatic Diseases
Amer J Psychiatry	Analytical Chem	Ann Rev Physiology	Annals Surgery
Amer J Public Health	Anat Sci Intl	Ann Rev Phytopathology	Annotated
Amer J Reproductive Immunol	Anatomical Record	Ann Rev Plant Physiology	ANQ
Amer J Resp Cell Mol Bio	Ancient Mesoamerica	Ann Rev Political Science	Antarctic Science
Amer J Resp Crit Care Med	Anesthesia Analgesia	Ann Rev Psychology	Anthropol
Amer J Roentgenology	Anesthesiology	Ann Rev Public Health	Antimicrobial Agents Chemo
Amer J Sci	Angewandte Chemie	Ann Rev Sociology	Antiviral Therapy
Amer J Sociology	Anglo-Saxon England	Annales Geophysicae	APA 5th
Amer J Sports Medicine	Animal Behaviour	Annals Amer Acad Pol Soc Sci	APLAR J Rheumatology
Amer J Surg Pathology	Animal Breed Genetics	Annals Applied Biology	Apoptosis
Amer J Transplantation	Animal Conserv	Annals Assn of Amer Geog	App Animal Behaviour Sci
Amer J Tropical Medicine	Animal Feed Sci and Tech	Annals Behavioral Med	App Bioinformatics
Amer J Veterinary Res	Animal Genetics		App Cognitive Psychology
Amer Literature	Animal Reproduction Sci		App Comp Harm Analysis
			App Health Eco Health
			App Phys Letters
			APPI
			Appl Psych Measurment
			Applied Catalysis A
			Applied Catalysis B
			Applied Clay Catalysis
			Applied Environ Micro
			Applied Optics
			Applied Psycholinguis
			Applied Spectroscopy
			Aquaculture
			Aquaculture Econ Mar
			Aquaculture Nutrition
			Aquatic Botany
			Aquatic Mammals
			Aquatic Microbial Ecol
			Arabic Sci and Philoso
			Arch Otolaryng Head N
			Arch Pharma Res
			Archives Biochem Bio
			Archives Dermatology
			Archives Facial Plastic
			Archives Family Med
			Archives Gen Psych
			Archives Insect Bio Phy
			Archives Internal Medi
			Archives Microbiology
			Archives Neurology
			Archives Ophthalmolo
			Archives Oral Biology
			Archives Pathology
			Archives Ped Adol Me

# Или!



The screenshot shows the Microsoft Word interface with the EndNote ribbon active. The ribbon includes tabs for Accueil, Insertion, Mise en page, Références, Publipostage, Révision, Affichage, and EndNote. The EndNote ribbon contains several groups: Citations (with buttons for Go to EndNote, Edit Citation(s), and Edit Library Reference(s)), Bibliography (with buttons for Update Citations and Bibliography and Convert Citations and Bibliography), and Tools (with buttons for Export to EndNote, Preferences, and EndNote Help). A red arrow points to the 'Style: Cancer Science' dropdown menu in the Bibliography group. Below the ribbon, a 'Find Citation' task pane is visible on the left, and the main document area contains the text 'La vie est un fleuve pleine d'eau<sup>1-4</sup>' followed by four numbered references.

Document1 - Microsoft Word

Accueil Insertion Mise en page Références Publipostage Révision Affichage EndNote

EN Go to EndNote  
Insert Citation Edit Citation(s) Edit Library Reference(s)  
Citations

Style: Cancer Science  
Update Citations and Bibliography  
Convert Citations and Bibliography  
Bibliography

Export to EndNote  
Preferences  
EndNote Help  
Tools

Find Citation  
Search EndNote libraries to find and insert citations in your Word document.  
Cite While You Write  
Appuyez sur F1 pour obtenir de l'aide

La vie est un fleuve pleine d'eau<sup>1-4</sup>

[1] Aoyama H, Tago M, Kato N, et al. Neurocognitive function of patients with brain metastasis who received either whole brain radiotherapy plus stereotactic radiosurgery or radiosurgery alone. *Int J Radiat Oncol Biol Phys.* 2007; 68: 1388-95.

[2] Barnett GH, Linskey ME, Adler JR, et al. Stereotactic radiosurgery--an organized neurosurgery-sanctioned definition. *J Neurosurg.* 2007; 106: 1-5.

[3] Borgelt B, Gelber R, Larson M, Hendrickson F, Griffin T, Roth R. Ultra-rapid high dose irradiation schedules for the palliation of brain metastases: final results of the first two studies by the Radiation Therapy Oncology Group. *Int J Radiat Oncol Biol Phys.* 1981; 7: 1633-8.

[4] Chitapanarux I, Goss B, Vongtama R, et al. Prospective study of stereotactic radiosurgery without whole brain radiotherapy in patients with four or less brain metastases: incidence of intracranial progression and salvage radiotherapy. *J Neurooncol.* 2003; 61: 143-9.



# **ΠΡΟΓΡΑΜΜΑ STATVIEW**

# Почему статистика?

- **Потому что это основа анализа!**
- **Список полезных статистических средств для публикации ограничен!**
  
- **1/ курсы статистики**
- **2/ компьютерная программа**
- **3/ их использование!**

# Статистика и статистика

- **Некоторые для профессионалов, статистиков**
- **А некоторые понятны для студентов и научных исследователей**

# Какой вид статистики?

- **Professional – randomized trials**

Adjuvant Whole-Brain Radiotherapy Versus Observation After Radiosurgery or Surgical Resection of One to Three Cerebral Metastases: Results of the EORTC 22952-26001 Study

*Martin Kocher, Riccardo Soffietti, Ufuk Abacioglu, Salvador Villà, Francois Fauchon, Brigitta G. Baumert, Laura Fariselli, Tzahala Tzuk-Shina, Rolf-Dieter Kortmann, Christian Carrie, Mohamed Ben Hassel, Mauri Kouri, Egils Valeinis, Dirk van den Berge, Sandra Collette, Laurence Collette, and Rolf-Peter Mueller*

**Clinical neurological outcome and quality of life among patients with limited small-cell cancer treated with two different doses of prophylactic cranial irradiation in the intergroup phase III trial (PCI99-01, EORTC 22003-08004, RTOG 0212 and IFCT 99-01)**

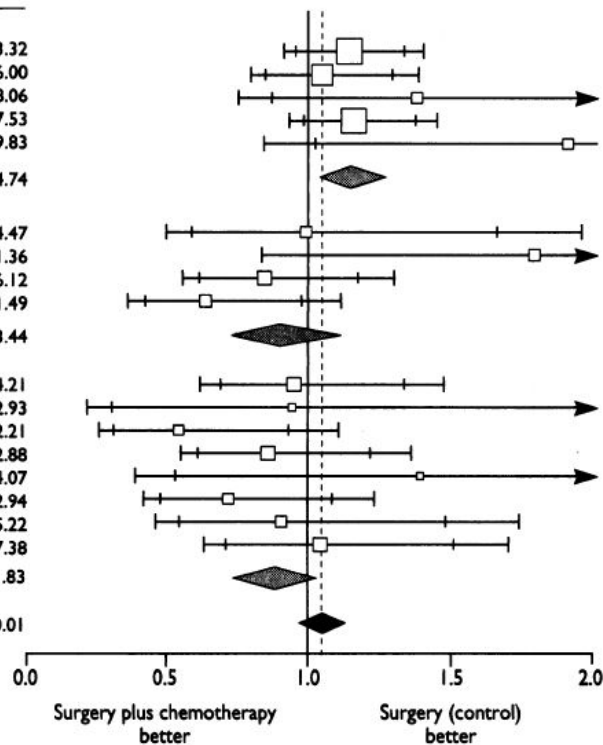
C. Le Péchoux<sup>1\*</sup>, A. Laplanche<sup>2</sup>, C. Faivre-Finn<sup>3</sup>, T. Ciuleanu<sup>4</sup>, R. Wanders<sup>5</sup>, D. Lerouge<sup>6</sup>, R. Keus<sup>7</sup>, M. Hatton<sup>8</sup>, G.M. Videtic<sup>9</sup>, S. Senan<sup>10</sup>, A. Wolfson<sup>11</sup>, R. Jones<sup>12</sup>, R. Arriagada<sup>13</sup>, E. Quoix<sup>14</sup> & A. Dunant<sup>2</sup> on behalf of the Prophylactic Cranial Irradiation (PCI) Collaborative Group<sup>†</sup>

# Какой вид статистики?

## Chemotherapy in non-small cell lung cancer: a meta-analysis using updated data on individual patients from 52 randomised clinical trials

Non-small Cell Lung Cancer Collaborative Group

Trial	No of events/ No of patients entered		Observed - expected deaths	Variance
	Surgery plus chemotherapy	Surgery		
<b>Long term alkylating agents:</b>				
MRC LUO2	415/428	209/215	18.22	143.32
VASAG	251/291	128/152	4.50	86.00
EORTC 08741	38/71	36/75	5.82	18.06
VASOG 5	292/424	261/417	20.63	137.53
WPL 7351	25/36	15/36	6.36	9.83
Subtotal	1021/1250	649/895	55.53	394.74
<b>Other drugs:</b>				
OLCSG 1a	30/163	28/158	-0.09	14.47
OLCSG 1b	27/41	21/42	6.59	11.36
SGAACL ACTLC 1	70/154	75/152	-6.10	36.12
WJSG 2 (2 and 3)	38/108	49/100	-9.79	21.49
Subtotal	165/466	173/452	-9.39	83.44
<b>Cisplatin based:</b>				
LCSG 801	66/140	71/143	-1.81	34.21
OLCSG 1c	5/12	7/16	-0.19	2.93
FLCSG 1	20/54	30/56	-7.79	12.21
SGAACL ACTLC2	64/165	68/167	-4.80	32.88
IPCR Chiba	11/15	7/14	1.33	4.07
WJSG 2 (1 and 3)	44/115	49/100	-7.66	22.94
LCSG 853	29/94	32/94	-1.65	15.22
JLCSG	59/111	52/98	0.98	27.38
Subtotal	298/706	316/688	-21.58	151.83
<b>Total</b>	<b>1484/2422</b>	<b>1138/2035</b>	<b>24.57</b>	<b>630.01</b>



# Ретроспективное обучение

Actuarial data for axillary control, disease-free, distant metastasis-free, overall, and edema-free survivals were calculated using the Kaplan–Meier method (11) and tests of significance were based on the log–rank statistic. The completion of radiotherapy was used as time zero. The significance of differences between proportions was tested with the chi-square statistic or with Fisher’s exact test, as appropriate (12). Multivariate analysis was done with the proportional hazards model, using the log-linear relative hazard function of Cox (11). The expected survival curve for the

# Цели

- **Выучить не статистиков!**
- **А научить студентов медицинских вузов пользоваться статистикой**
  - У статистиков нет времени, чтобы проводить «незначительные» ретроспективные исследования
  - Некоторые больницы и клиники не открывают кафедры статистики

# Организация данных

- **Простые правила**
  - Один вид данных на колонку
  - Один вид данных о пациенте или болезни
- **классификация**
  - данные
  - промежуток/интервал
  - категории
  - нумерация .../...



# Программа Statview



Данные в любом  
виде

Список  
данных

The screenshot displays the StatView software interface. The main window shows a data table with columns: RT, dose RT, dose par fract..., CH concomitante, protocole concomitant, chimioadjuvante, protocole adju..., nombre de cu..., état DDN, and etat r. The table contains 40 rows of data. A red arrow points from the text 'Данные в любом виде' to the data table. Another red arrow points from 'Список данных' to the 'Variables' list on the right. An 'Aide' (Help) dialog box is open in the center, displaying a welcome message: 'Welcome to the StatView dataset. New columns and rows are automatically created as you add data. Control each column's format, type, and class and view descriptive statistics using the Column Attribute pane at the top of the data window. Open the Attribute pane using the control at the top of the right hand scroll bar. For more information on the dataset, see your manual.'

	RT	dose RT	dose par fract...	CH concomitante	protocole concomitant	chimioadjuvante	protocole adju...	nombre de cu...	état DDN	etat r
369	2	59,40	1,80	1	1	1	1	9,00	1	
370	2	52,00	2,00	1	1	1	1	2,00	2	
371	2	60,00	2,00	1	1	1	3	3,00	1	
372	2	40,00	3,00	2	*	2	*	*	1	
373	2	60,00	2,00	1	1	1	1	7,00	1	
374	2	65,00	*	1	1	1	1	6,00	2	
375	2	60,00	2,00	1	1	2	*	*	1	
376	2	60,00	2,00	1	1	1	1	2,00	2	
377	2	60,00	2,00	1	1	1	1		2	
378	2	42,00	3,00	2	*	1			1	
379	2	59,40	1,80	1	1	1			3	
380	2	60,00	3,00	2	*	1			1	
381	2	60,00	2,00	2	*	1			2	
382	1	60,00	2,00	2	*	1			1	
383	2	60,00	2,00	1	1	1			2	
384	2	*	*	*	*	2			1	
385	2	59,40	1,80	2	*	1			3	
386	1	54,00	2,00	1	2	1			1	
387	2	51,00	3,00	1	1	1			1	
388	2	60,00	2,00	2	*	2	*	*	1	
389	2	60,00	2,00	1	1	1	1	1,00	1	
390	1	61,00	1,85	1	1	1	1	3,00	3	
391	2	59,40	1,80	1	1	1	1	19,00	1	
392	2	60,00	2,00	1	1	1	1	*	1	
393	2	60,00	2,00	1	1	1	1	4,00	2	
394	1	60,00	2,00	1	1	1	1	*	1	
395	1	60,00	2,00	1	3	1	*	4,00	1	
396	2	42,00	3,00	2	*	2	*	*	1	
397	1	34,00	2,00	2	*	2	*	*	2	
398	1	49,00	2,23	1	1	1	1	16,00	2	
399	1	60,00	2,00	1	1	2	*	*	1	
400	2	*	*	2	*	2	*	*	1	

Variables list (from top to bottom): sexe, age, type chirurgie, gliadel, chimio preRT, dose RT, dose par fraction, CH concomitante, protocole concomitant, chimioadjuvante, protocole adjuvant, nombre de cure adjuvant, état DDN, etat récidive, delai 1er signe-RT, délai 1er signe-RT classe, delai chir-RT, délai chir-RT classe, delai anapat-RT, délai anapat-RT classe, delai RCP-RT, délai sim-RT classe, delai sim-RT.

# НОВЫЙ ВИД

The screenshot displays the StatView software interface. The 'Nouvelle vue' (New View) menu is open, showing options like 'Mise à jour liste des canevas', 'Pour commencer', 'Analyse de survie', 'Analyse factorielle', 'ANOVA & test t', 'Contrôle qualité', 'Corrélations', 'Graphes', 'Non paramétriques', 'Régression', and 'Statistiques descriptives'. A red arrow points from the text 'НОВЫЙ ВИД' to the 'Nouvelle vue' menu item. The main data window shows a table with columns: 'concomitant', 'chimioadjuvante', 'protocole adju...', 'nombre de cu...', 'état DDN', and 'etat r'. An 'Aide' (Help) dialog box is open in the center, displaying a welcome message. On the right, the 'Variables' panel is visible, listing various variables such as 'sexe', 'age', 'type chirurgie', 'gladel', 'chimio preRT', 'dose RT', 'dose par fraction', 'CH concomitante', 'protocole concomitant', 'chimioadjuvante', 'protocole adjuvant', 'nombre de cure adjuvant', 'état DDN', 'etat récidive', 'délai 1er signe-RT', 'délai 1er signe-RT classe', 'délai chir-RT', 'délai chir-RT classe', 'délai anap-RT', 'délai anapat-RT classe', 'délai RCP-RT', 'délai sim-RT classe', and 'délai sim-RT'. The status bar at the bottom indicates '63,00 | neur-onzé s... | 220,00 | dx'.

	concomitant	chimioadjuvante	protocole adju...	nombre de cu...	état DDN	etat r
369	2			9,00	1	
370	2			2,00	2	
371	2			3,00	1	
372	2			*	1	
373	2			7,00	1	
374	2			6,00	2	
375	2			*	1	
376	2			2,00	2	
377	2			*	1	
378	2			*	2	
379	2			*	1	
380	2	3,00	2	*	1	
381	2	2,00	2	*	1	
382	1	2,00	2	*	2	
383	2	2,00	1	*	2	
384	2	*	*	*	2	
385	2	1,80	2	*	3	
386	1	2,00	1	*	1	
387	2	3,00	1	*	1	
388	2	2,00	2	*	1	
389	2	2,00	1	1	1,00	1
390	1	1,85	1	1	3,00	3
391	2	1,80	1	1	19,00	1
392	2	2,00	1	1	*	1
393	2	2,00	1	1	4,00	2
394	1	2,00	1	1	*	1
395	1	2,00	3	1	4,00	1
396	2	3,00	2	*	*	1
397	1	2,00	2	*	*	2
398	1	2,23	1	1	16,00	2
399	1	2,00	1	2	*	1
400	2	*	2	*	*	1

# Тип анализа: Не параметриальное выживание

The screenshot displays the StatView software interface. The main window is titled "Vue sans titre #1" and contains a "Créer analyse" (Create analysis) section. Under "Afficher:" (Show), the "Analyse de survie" (Survival analysis) option is selected. Under "Ordre:" (Order), "Défaut" (Default) is selected. The "Créer analyse" section lists two categories: "Survie : Méthodes Non Param..." (Survival: Non-parametric methods) and "Survie : Modèles de Regression" (Survival: Regression models). A red arrow points from the text "Non paramétriale" in the main heading to the "Survie : Méthodes Non Param..." option in the software interface.

An "Aide" (Help) dialog box is open in the center, providing instructions on how to choose from different views of available analyses. The text in the dialog box reads: "To choose from different views of the available analyses, click here. All Analyses shows all analyses available; Basic Statistics shows a subset of the most basic statistical analyses; Graphs Only shows only the graphs--none of the tabular results available. Survival Tools shows only the Survival: Nonparametric and Survival: Regression analyses. Quality Control shows only the QC and Pareto analyses. In Basic Statistics and..."

On the right side, a "Variables" dialog box is open, showing a list of variables available for analysis. The variables listed are: sexe, age, type chirurgie, gliadel, chimio preRT, dose RT, dose par fraction, CH concomitante, protocole concomitant, chimioadjuvante, protocole adjuvant, nombre de cure adjuvant, état DDN, etat récidive, delai 1er signe-RT, délai 1er signe-RT classe, delai chir-RT, délai chir-RT classe, delai anapt-RT, délai anapat-RT classe, delai RCP-RT, délai sim-RT classe, and delai sim-RT.

The Windows taskbar at the bottom shows the following applications: Microsoft PowerPoint, iTunes, ballo IROBP 2002.p..., Sans titre - Paint, and StatView. The system tray on the right shows the time as 15:35 and the language as FR.

**Mentel-Cox**

**ТЕКСТ**

**Kaplan-Meier**

**МЕТОД**

The screenshot shows the StatView software interface with two dialog boxes open. The 'Tests de Rank' dialog box has 'Logrank (Mantel-Cox)' selected. The 'Survie : Méthodes Non Paramétriques' dialog box has 'Méthode de Kaplan-Meier' selected. A 'Variables' list is visible on the right side of the main window.

**Tests de Rank**

Test(s) à calculer :

- Logrank (Mantel-Cox)
- Breslow-Gehan-Wilcoxon
- Tarone-Ware
- Peto-Peto-Wilcoxon
- Harrington-Fleming : rho : 5
- Calculer les tendances
- Utiliser des valeurs numériques
- Contributions des cellules

**Survie : Méthodes Non Paramétriques**

Méth. d'estimat. :

- Méthode de Kaplan-Meier
- Méthode Actuarielle

Interval. : nombre : largeur : 10

Graphes de Survie :

- Délai Survie
- Tps de cens.

**Variables**

Variable	Type
Temps	fix
Censure	fix
Grouper	fix
Strates	fix
Supprimer	fix
Eclater	fix
Données :	Données délai statview version 2 art
Ordre :	Données
sexe	NI
age	NI
type chirurgie	NI
gliadel	NI
chimio preRT	NI
dose RT	NI
dose par fraction	NI
CH concomitante	NI
protocole concomitant	NI
chimioadjuvante	NI
protocole adjuvant	NI
nombre de cure adjuvant	NI
état DDN	NI
etat récidive	NI
délai 1er signe-RT	NI
délai 1er signe-RT classe	NI
délai chir-RT	NI
délai chir-RT classe	NI
délai anapt-RT	NI

### Tableau de Survie résumé pour delai DDN

Variable censure : dernière nouvelle

Facteur : type chirurgie

	# Obs.	# Evénements	# Censurée	% Censurée	# Manquant	# Non Valide
1	164	101	63	38,415	0	0
2	143	104	39	27,273	0	0
3	90	67	23	25,556	0	0
Total	397	272	125	31,486	3	0

Le nombre total de # manquants (es) n'est pas en accord avec ceux qui figurent pour chaque strates/groupes du fait que certaines valeurs manquent pour les variables strates/groupes.

## Распределение на классы

### Kaplan-Meier Statistiques de Survie pour delai DDN

Variable censure : dernière nouvelle

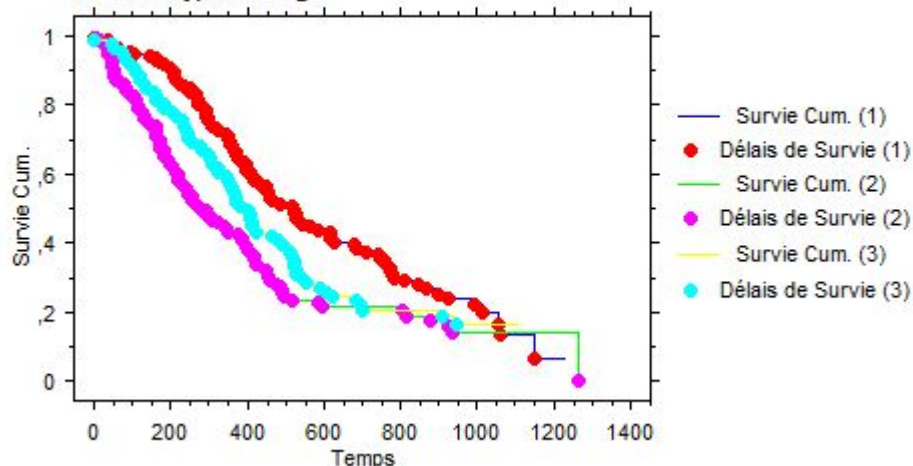
Facteur : type chirurgie

	Estimation	Erreur Standard
1: 25%	308,000	28,060
1: 50%	522,000	15,622
1: 75%	924,000	113,315
1: Moyenne	598,548	30,526
2: 25%	148,000	60,412
2: 50%	291,000	46,797
2: 75%	498,000	53,089
2: Moyenne	432,709	36,873
3: 25%	234,000	23,516
3: 50%	404,000	57,955
3: 75%	624,000	149,151
3: Moyenne	459,646	32,354

### Kaplan-Meier Graphe de Survie Cum. pour delai DDN

Variable censure : dernière nouvelle

Facteur : type chirurgie



## Схема ВЫЖИВАНИЯ

## Продолжительность ВЫЖИВАНИЯ

### Logrank (Mantel-Cox) Test pour delai DDN

Variable censure : dernière nouvelle

Facteur : type chirurgie

Chi-2	DDL	P
15,481	2	,0004

## Статистические обозначения

# Заключения

- **Основные программные средства необходимы, чтобы улучшать знания**
- **Хотя средств не так много, чтобы не научиться пользоваться, тем не менее преподаватели и будущие пользователи слабо владеют ими**