

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

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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**
- **Сравнивать 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

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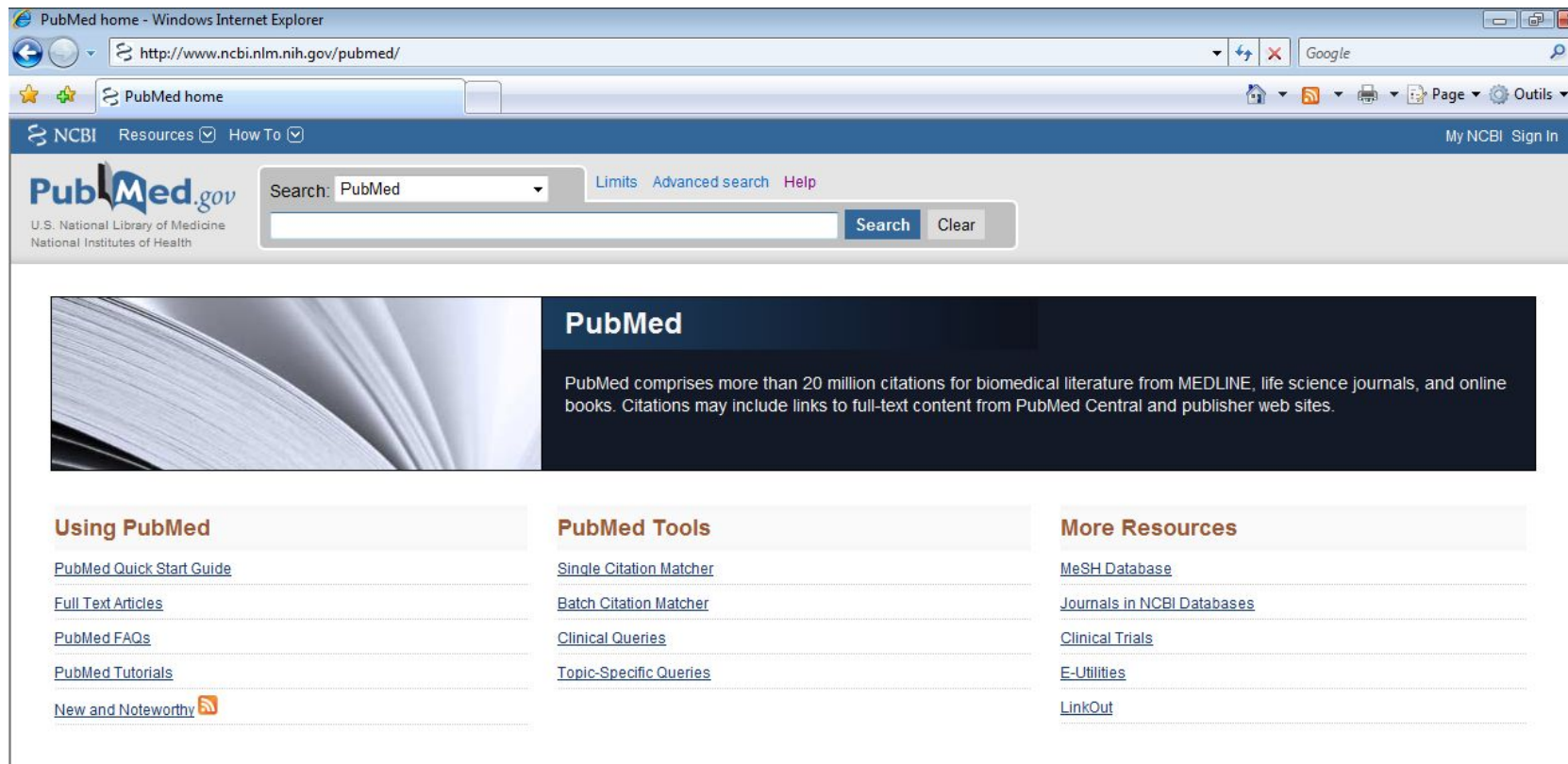
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Источники в базе данных pubmed

- Публикации с 1950го года по
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- $20 \cdot 10^6$ доступных статей

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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 links for "All (91717)", "Free Full Text (18069)", and "Review (13035)".

Page navigation controls are visible at the bottom of the results section, showing "Page 1 of 4586".

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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Search: PubMed
prostate cancer brachytherapy

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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]

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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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Search: PubMed

prostate cancer brachytherapy high dose rate Search Clear

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

Send to: Filter your results:

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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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]

- [A critical analysis of the long-term impact of brachytherapy for prostate cancer: a review of the recent literature.](#)
1. Bowes D, Crook J.
Curr Opin Urol. 2011 Feb 9. [Epub ahead of print]
PMID: 21311335 [PubMed - as supplied by publisher]
[Related citations](#)
- [High-Dose-Rate Monotherapy: Safe and Effective Brachytherapy for Patients with Localized Prostate Cancer.](#)
2. 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](#)
- [High-dose-rate brachytherapy boost to the dominant intra-prostatic tumor region: Hemi-irradiation of prostate cancer.](#)
3. 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](#)
- [Results of high dose-rate brachytherapy boost before 2D or 3D external beam irradiation for prostate cancer.](#)
4. 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](#)
- [HDR monotherapy for prostate cancer: A simulation study to determine the effect of catheter displacement on target coverage and normal tissue irradiation.](#)
5.

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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Results: 16

Filter your results:

- All (16)
- Free Full Text (1)
- Review (1)

Manage Filters

Find related data

Database: Select

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Search details

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

Search See more...

Recent activity

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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
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noel G

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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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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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Database:

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noel G[Author] OR noel G [Investigator]

Авторский поиск

• ограничен?

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

noel G, radiotherapy

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All (103)

[Free Full Text \(11\)](#)

[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]

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[Related citations](#)

yes

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

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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]

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

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noel G (452)

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rate complication (16)

prostate cancer brachytherap
rate (457)

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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]

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

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.

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

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Review The effectiveness and cost-effectiveness of ([Health Technol Assess. 2007]

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

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

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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.

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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

Georges Noël M.D., Ph.D.[†],
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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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INSERM U 612, Institut Curie-Recherche, Laboratoires 110-112, Centre Universitaire, 91405 Orsay Cedex, France.

Abstract

Radiosensitization caused by the poly(ADP-ribose) polymerase (PARP) inhibitor 4-amino-1,8-naphthalimide (ANI) was investigated in 10 asynchronously growing rodent (V79, CHO-Xrs6, CHO-K1, PARP-1+/+ 3T3, and PARP-1-/- 3T3) or human (HeLa, MRC5VI, IMR90, M059J, and M059K) cell lines, either repair proficient or defective in DNA-PK (CHO-Xrs6 and M059J) or PARP-1 (PARP-1-/- 3T3). Pulse exposure to ANI (1-hour contact) potentiated radiation response in rodent cells except in PARP-1(-/-) 3T3 fibroblasts. In contrast, ANI did not significantly enhance radiation susceptibility in asynchronously dividing human cells; yet, single-strand break rejoining was lengthened by ca. 7-fold in all but mouse PARP-1-/- 3T3s. Circumstantial evidence suggested that radiosensitization by ANI occurs in rapidly dividing cells only. Experiments using synchronized HeLa cells consistently showed that ANI-induced radiosensitization is specific of the S phase of the cell cycle and involves stalled replication forks. Under these conditions, prolonged contact with ANI ended in the formation of de novo DNA double-strand breaks hours after irradiation, evoking collision with uncontrolled replication forks of DNA lesions whose repair was impaired by inhibition of the PARP catalytic activity. The data suggest that increased response to radiotherapy by PARP inhibitors may be achieved only in rapidly growing tumors with a high S-phase content.

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Georges Noël, Camille Godon, Marie Fernet, Nicole Giocanti, Frédérique Mégnin-Chanet and Vincent Favaudon

Author Affiliations

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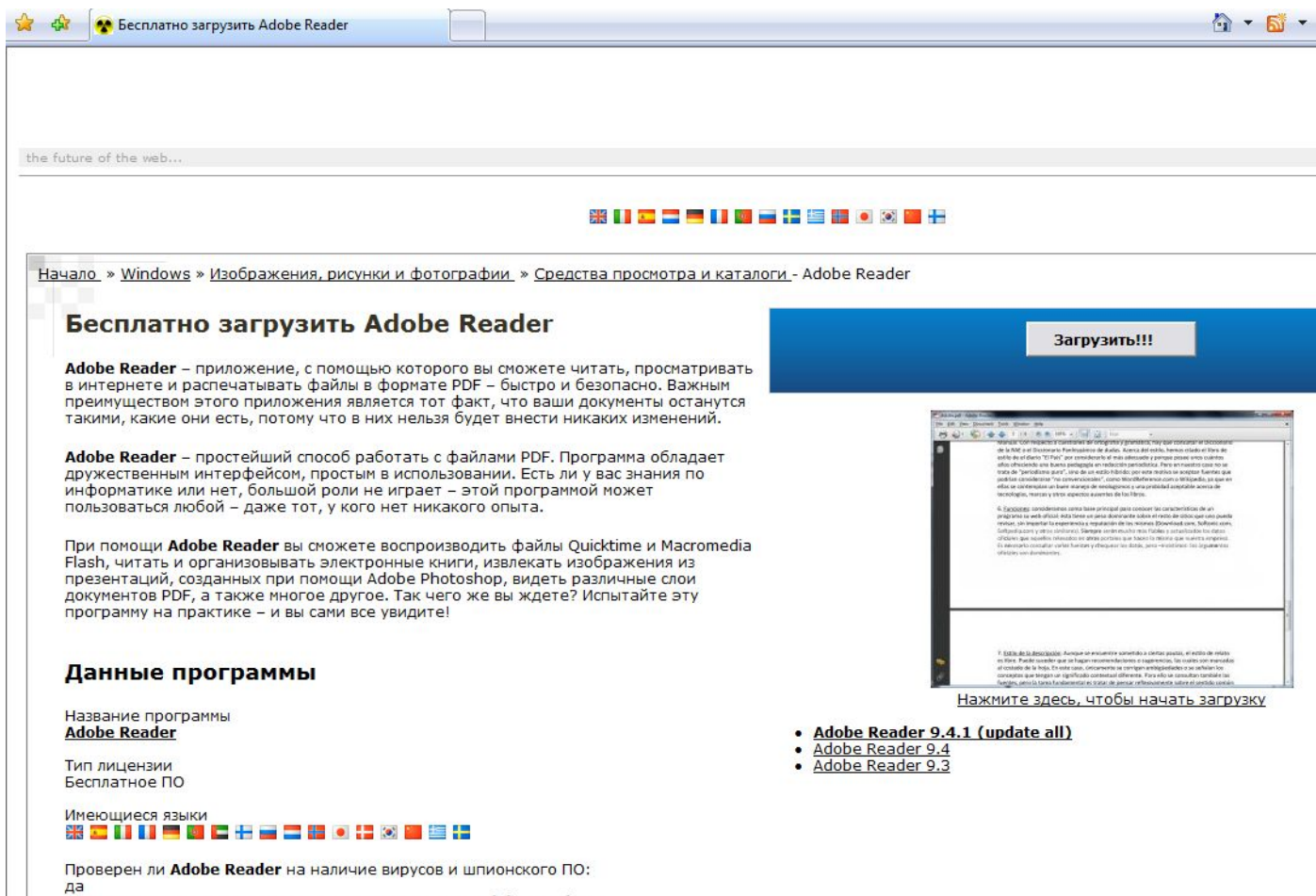
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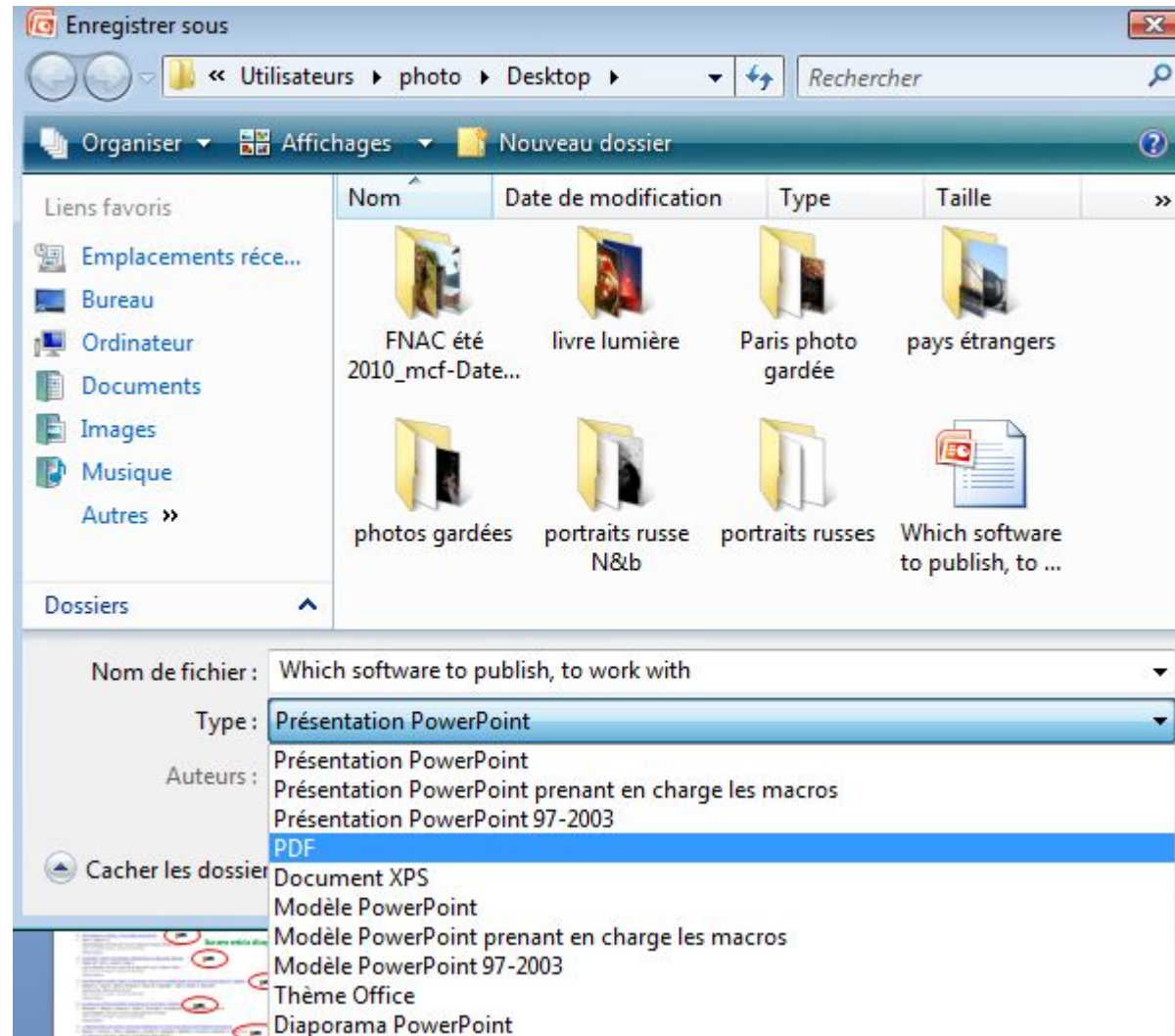
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Radiosensitization by the poly(ADP-ribose) polymerase inhibitor 4-amino-1,8-naphthalimide is specific of the S phase of the cell cycle and involves arrest of DNA synthesis

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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 NH₂-terminal end (2). PARP-1 is involved in many important cellular

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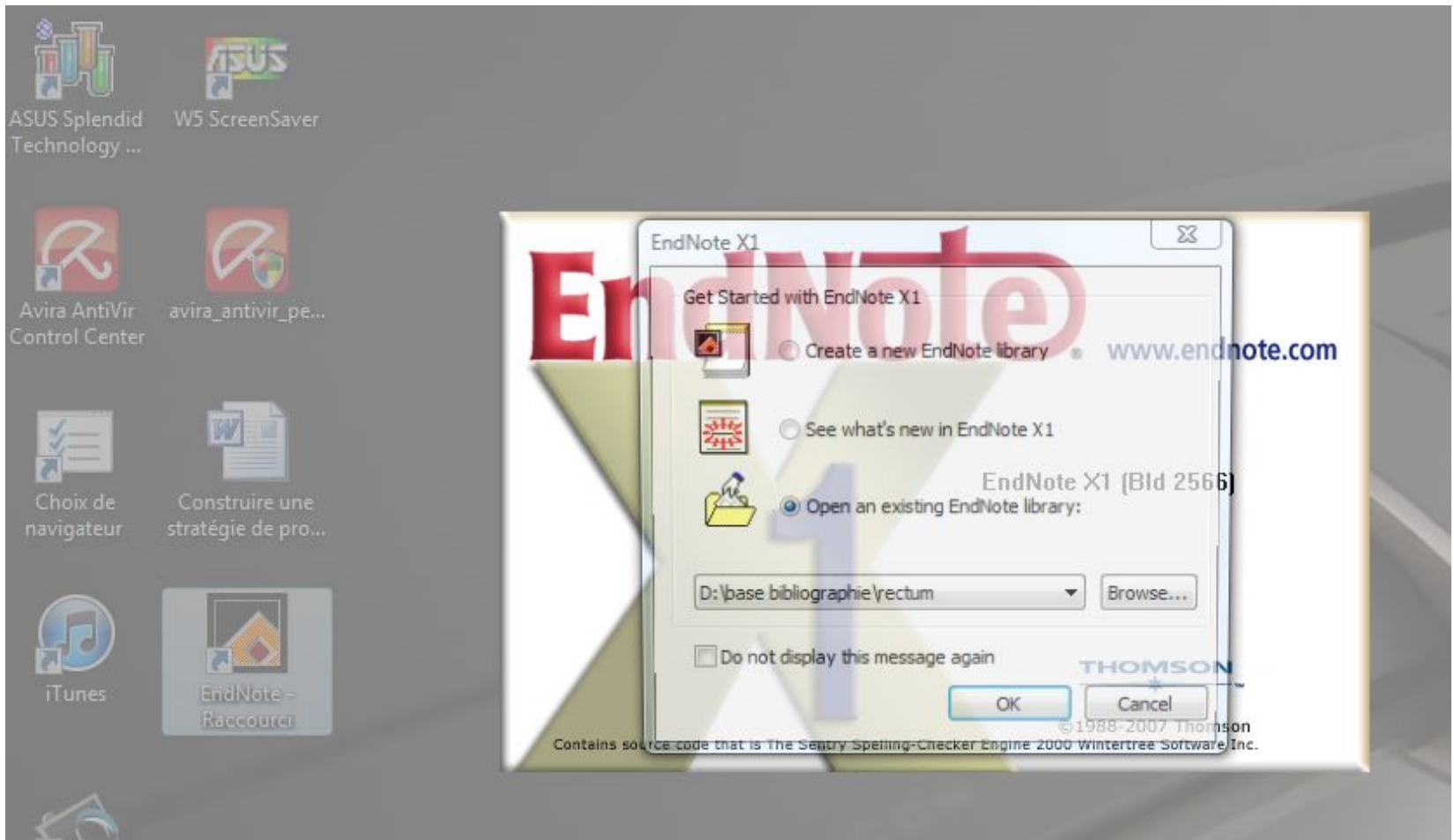
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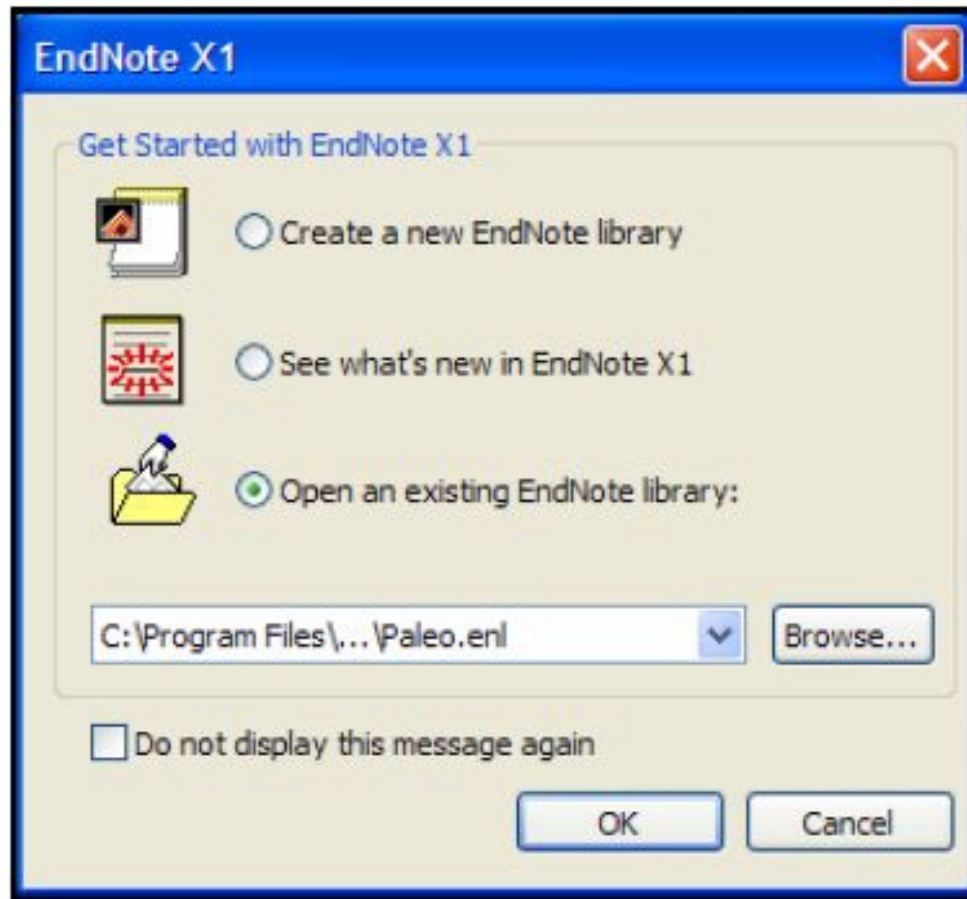
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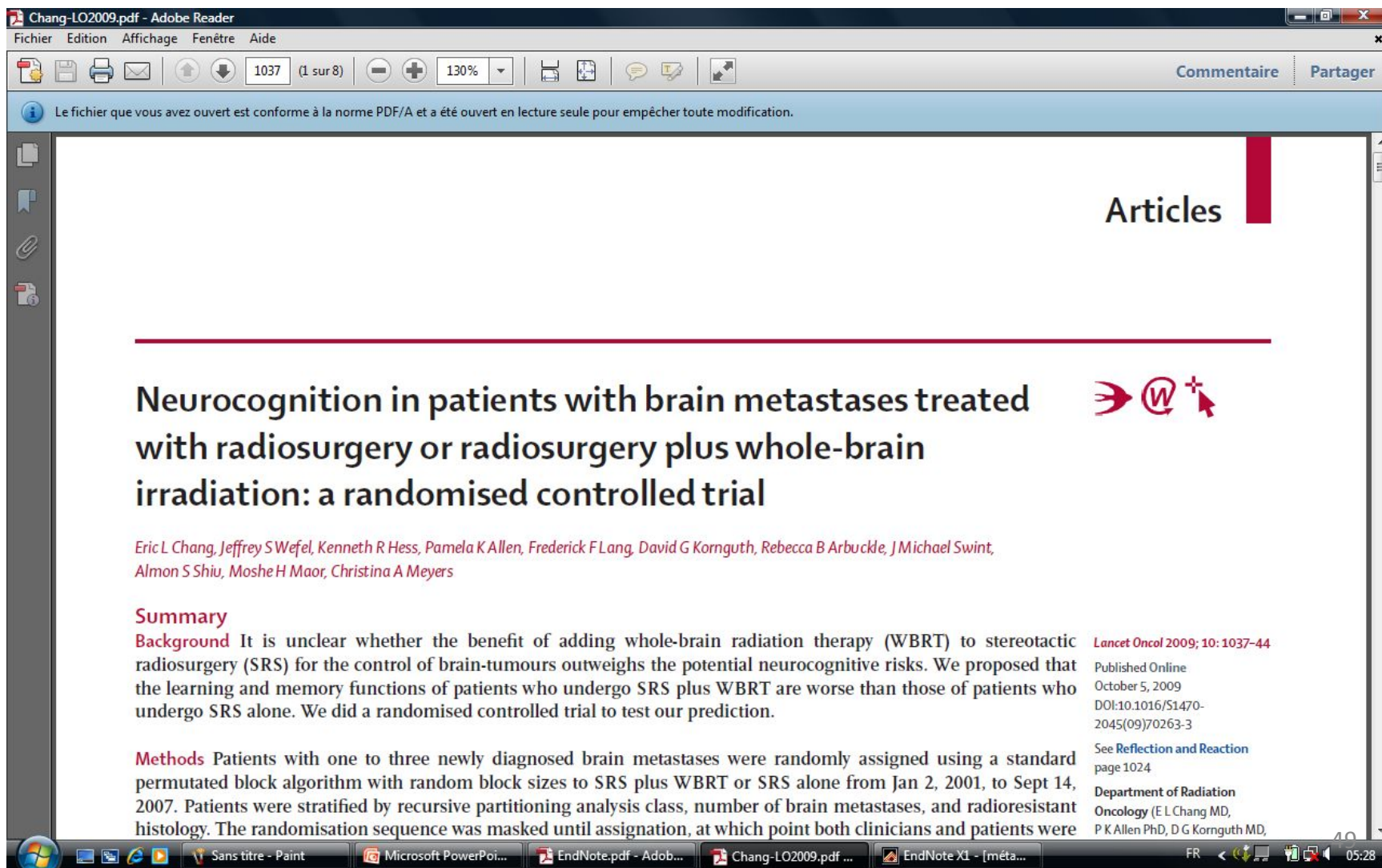
PURPOSE: To determine how the omission of whole brain radiotherapy (WBRT) affects the neurocognitive function of patients with one to four brain metastases who have been treated with stereotactic radiosurgery (SRS). **METHODS AND MATERIALS:** In a prospective randomized trial between WBRT+SRS and SRS 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 ≤ 27 (17 in the WBRT+SRS group and 22 in the SRS-alone group). Improvements of ≥ 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 ≥ 27 or whose baseline MMSE score was ≤ 26 but had improved to ≥ 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.

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			-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
6	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

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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

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1

2

EndNote X1 - [métastases cérébrales]

File Edit References Tools Window Help

Plain Font

Custom

References menu:

- 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

Search: cancer radiothérapie

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

Bibliography table:

	Brown	2002	
0	Chang	2009	
0	Chang	2009	
	Chang	2010	
	Chao	1954	

Вставить вручную

EndNote X1 - [New Reference]

File Edit References Tools Window Help

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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 displays the EndNote X1 interface. The 'Tools' menu is open, with 'Online Search' selected. A submenu shows 'PubMed (NLM)' as the chosen option. In the main window, a list of references is shown, with the entry by Chang (2009) highlighted. A 'Choose A Connection' dialog box is open, showing a list of information providers with 'PubMed (NLM)' selected. The dialog box also displays file information and a comment: 'This is an HTTP-based connection file for the National Library of Medicine's PubMed'. The status bar at the bottom indicates 'Showing 164 of 164 references.'

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 Calumet	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

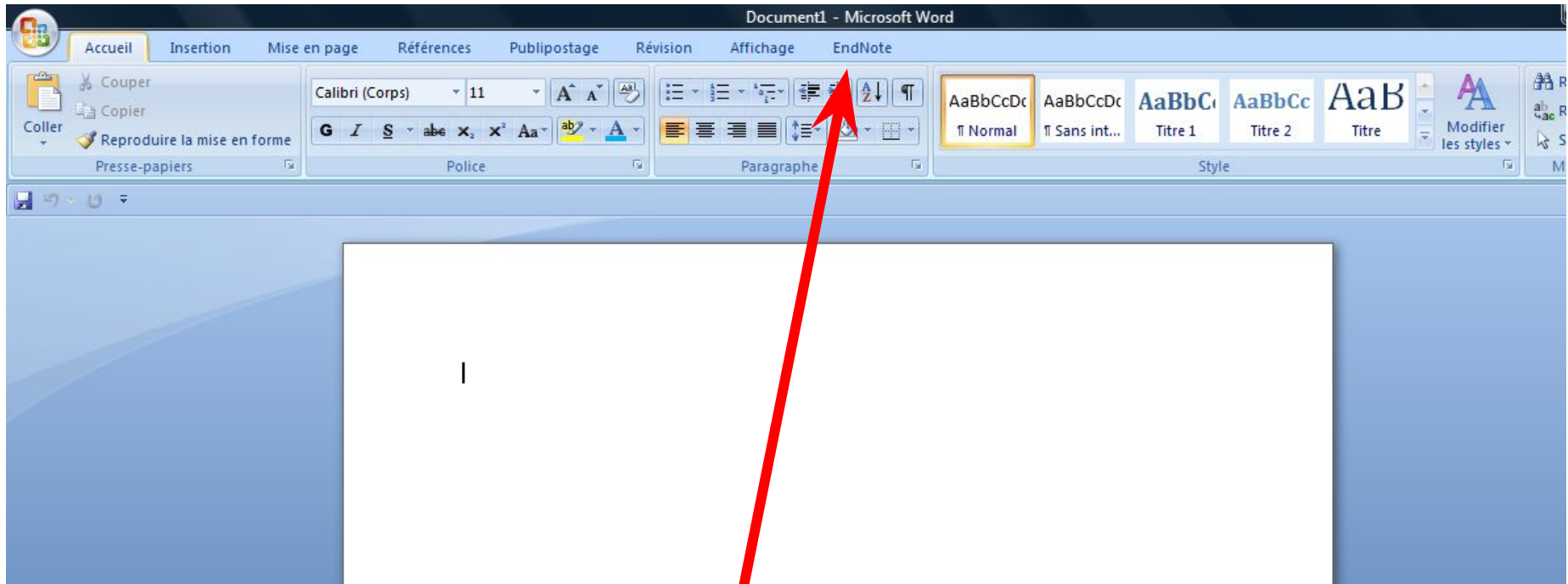
The screenshot shows the EndNote X1 interface with a reference list and a context menu open. The context menu is titled "radiothérapie" and includes options like "Return to Word", "Insert Selected Citation(s)", "Format Bibliography...", "Import Traveling Library...", and "CWYW Preferences...". The reference list below shows a table of bibliographic 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...

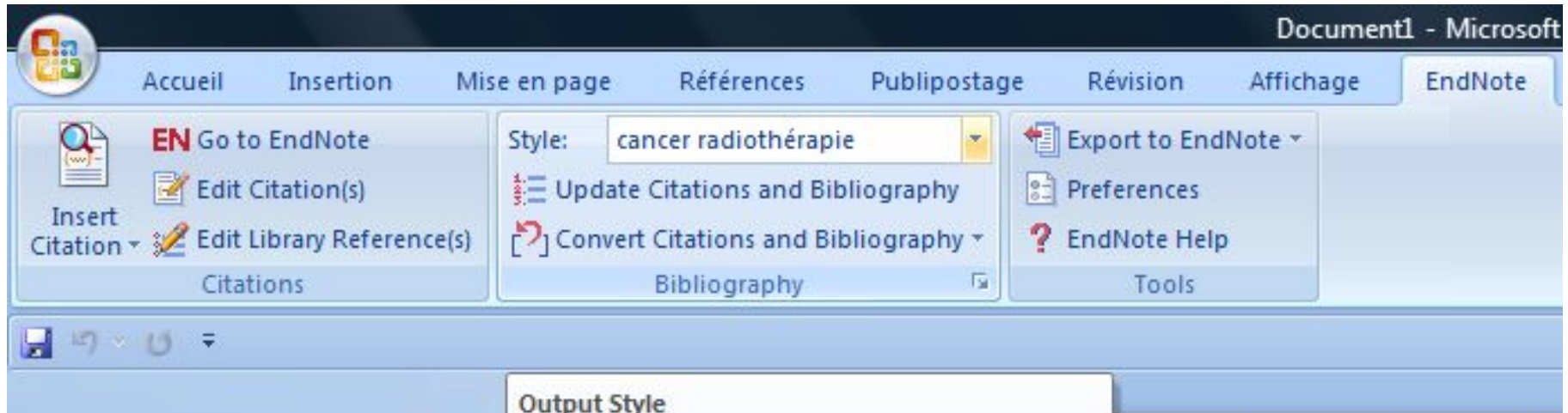
Showing 164 of 164 references. Hide Preview

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

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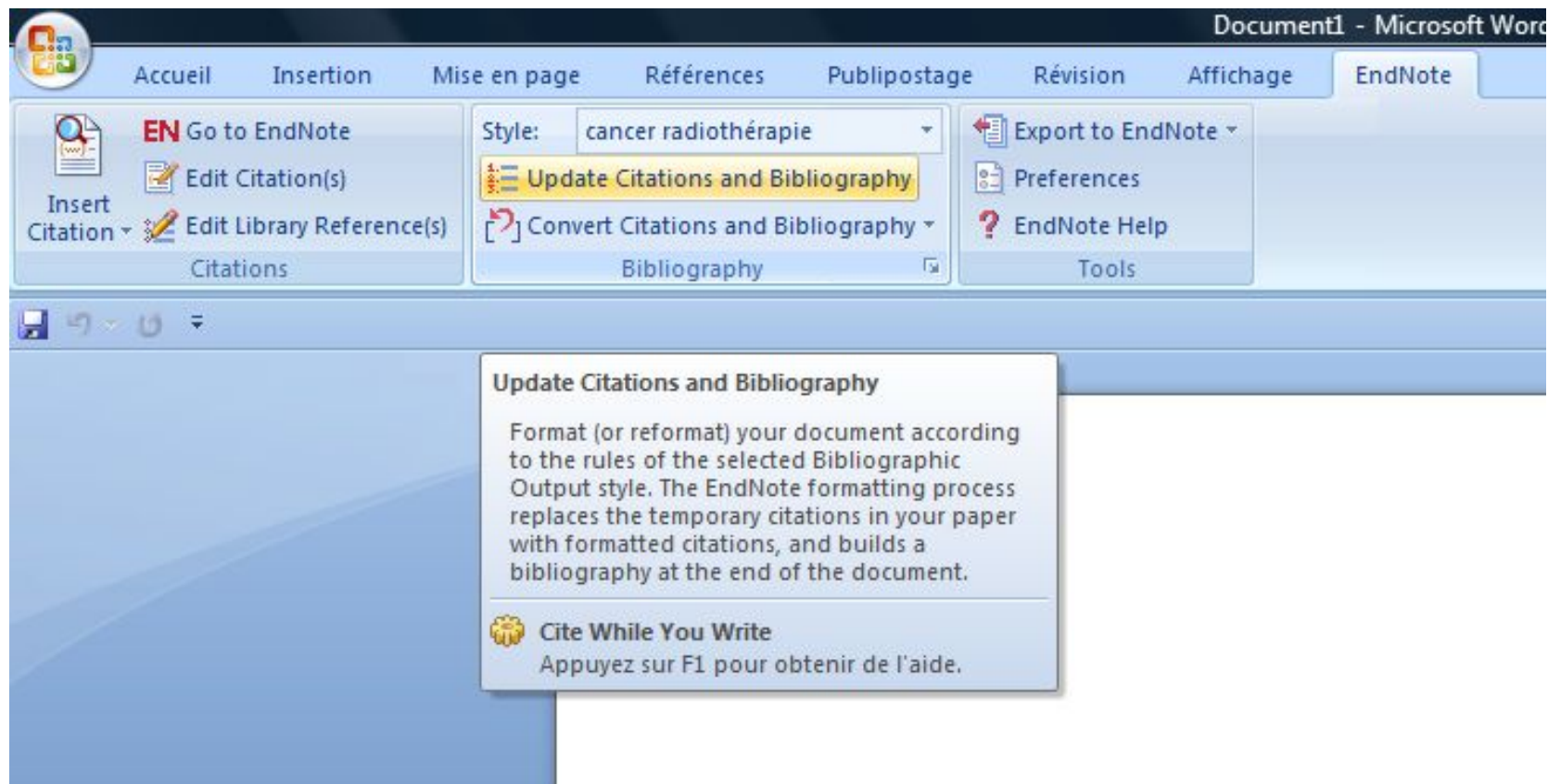
The screenshot shows the Microsoft Word interface with the EndNote ribbon selected. The ribbon is divided into three groups: Citations, Bibliography, and Tools. In the Bibliography group, the 'Style' dropdown menu is open, showing 'cancer radiothérapie' as the selected option. Other options in the dropdown include 'Update Citations and Bibliography' and 'Convert Citations and Bibliography'. The 'Tools' group contains 'Export to EndNote', 'Preferences', and 'EndNote Help'.

Output Style

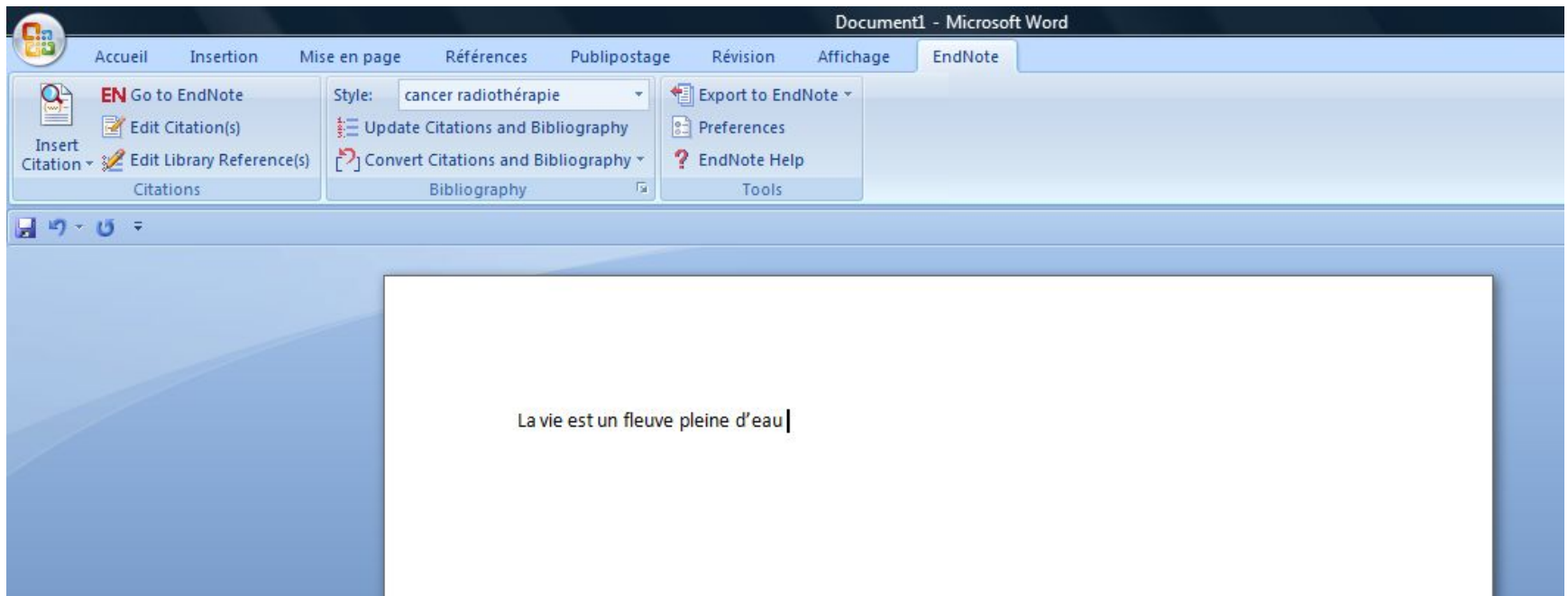
Format (or reformat) your document according to the rules of the selected Bibliographic Output style. The EndNote formatting process replaces the temporary citations in your paper with formatted citations, and builds a bibliography at the end of the document.

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EndNote X1 - [métastases cérébrales]

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cancer radiothérapie Quick Search

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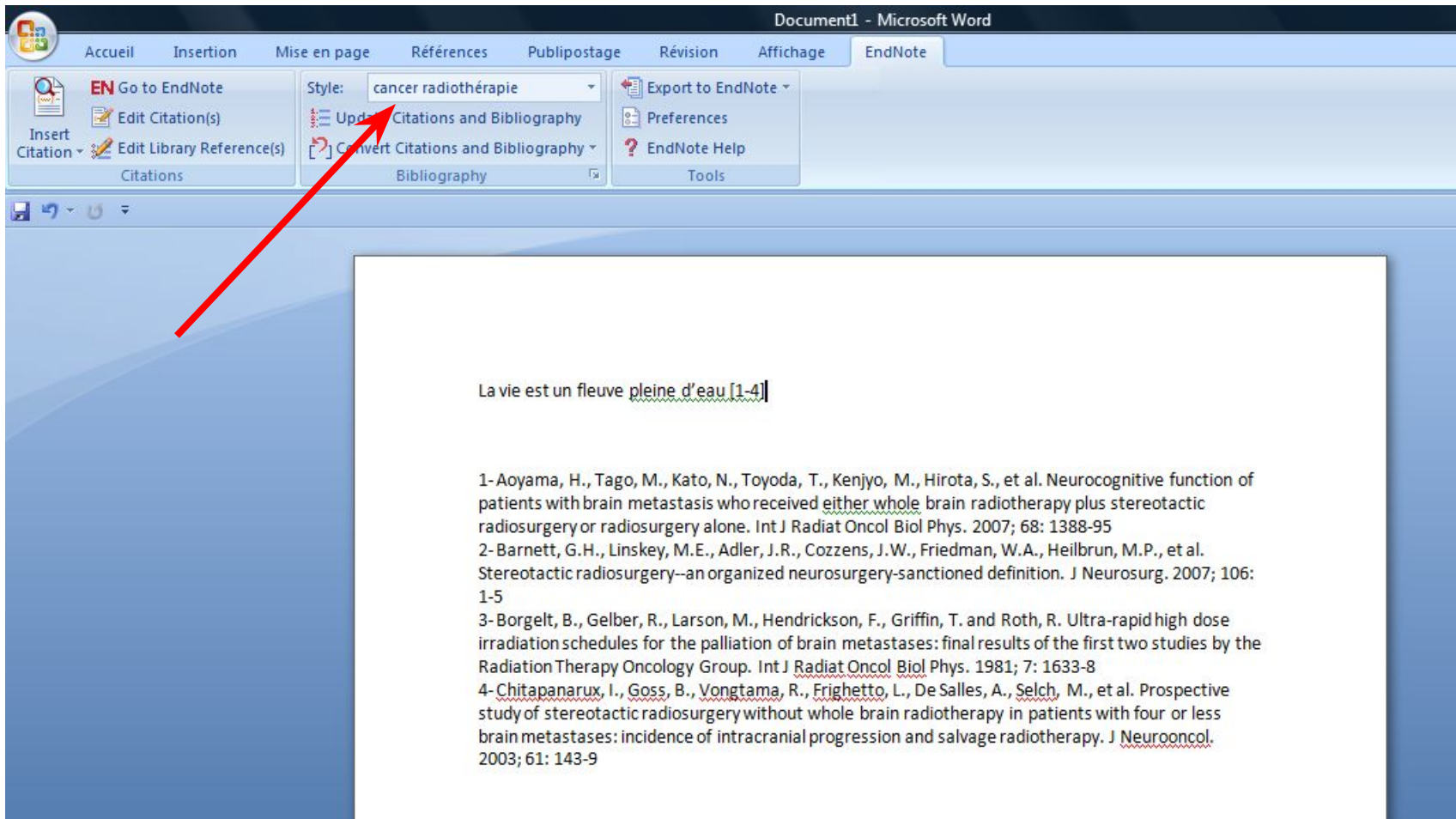
Groups	fig.	Author	Year	Title	Journal	Ref Type
All References		Ammirati	2010	The role of retreatment in the management of recurrent/...	J Neurooncol	Journal Article
		Andrews	2004	Whole brain radiation therapy with or without stereotact...	Lancet	Journal Article
		Antonadou	2002	Phase II randomized trial 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.

			Journal
		recurrent/...	J Neurooncol
		stereotact...	Lancet
		d concurr...	J Clin Oncol
		stereotactic radiosurgery plus whole-brain radiation the...	Jama
		urocognitive function of patients with brain metastasi...	Int J Radiat Oncol Biol Phys
		acute brain atrophy after radiation therapy for malign...	Cancer
		rophylactic cranial irradiation for patients with small-ce...	N Engl J Med
		atural stem cell-preserving external-beam radiotherapy...	Int. J. Radiation Oncology Biol. Phys.
		stereotactic radiosurgery--an organized neurosurgery-s...	J Neurosurg
		athology-based substrate for target definition in radi...	Int J Radiat Oncol Biol Phys
		valuation de la radiothérapie fractionnée en conditions ...	Cancer Radiother
		rgery versus radiosurgery in the treatment of brain me...	J Neurosurg
		e palliation of brain metastases: final results of the first...	Int J Radiat Oncol Biol Phys
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 the following groups: Citations (with buttons for 'EN Go to EndNote', 'Edit Citation(s)', 'Insert Citation', and 'Edit Library Reference(s)'), Bibliography (with a 'Style' dropdown set to 'cancer radiothérapie', 'Update Citations and Bibliography', and 'Convert Citations and Bibliography'), and Tools (with 'Export to EndNote', 'Preferences', and 'EndNote Help'). A red arrow points from the 'Update Citations and Bibliography' button to the citation in the document. The document text 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

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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

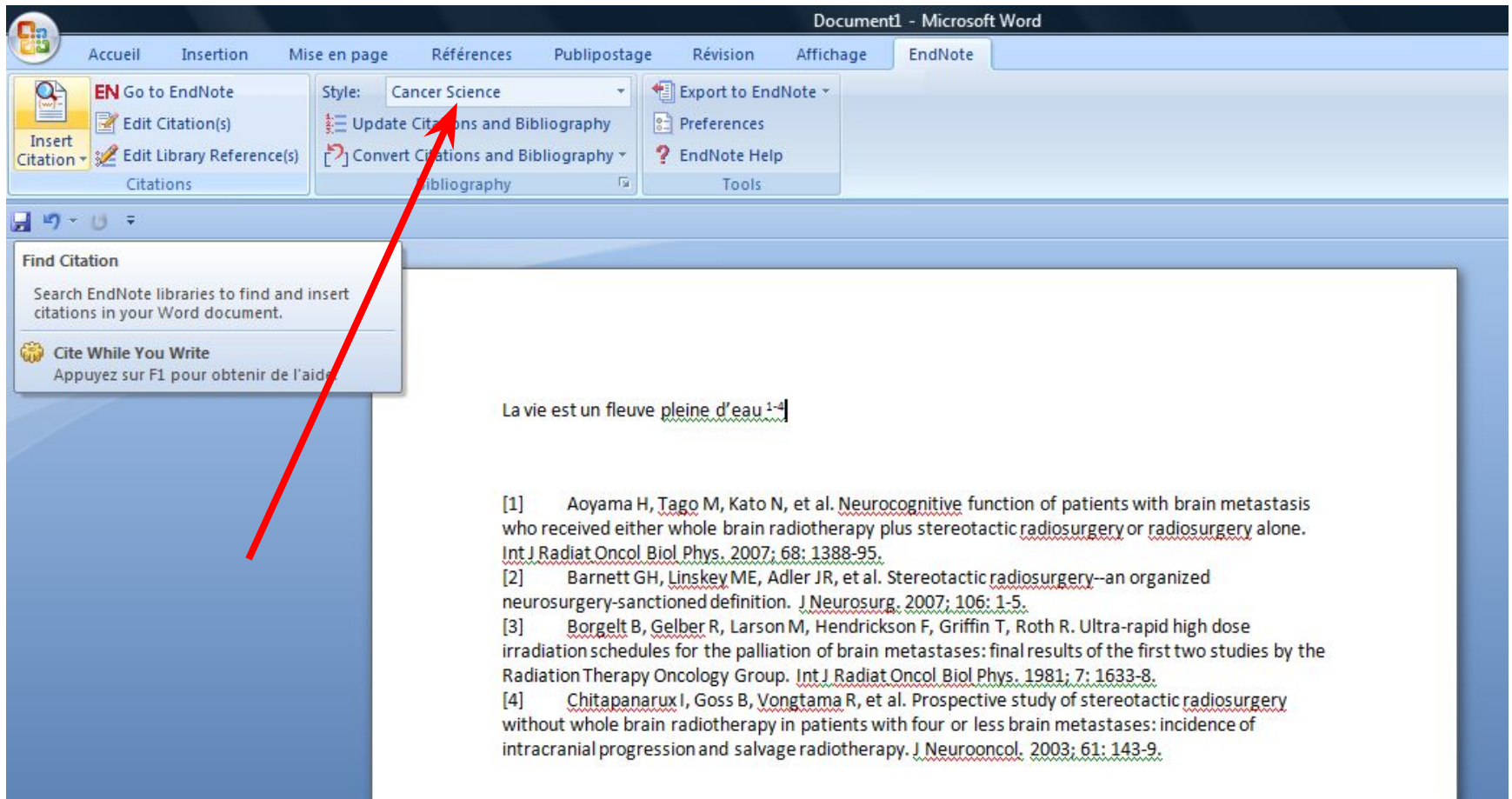
[1] Aoyama H, who received either
[2] Barnett G, neurosurgery-sar
[3] Borgelt B, irradiation schedu
[4] Chitapana without whole bra
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Amer J Medical Genetics	Amer Mineralogist	Ann Rev Astronomy Astrophys	Annals Emergency Medicine
Amer J Medical Quality	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
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			Aquaculture Econ Mar
			Aquaculture Nutrition
			Aquatic Botany
			Aquatic Mammals
			Aquatic Microbial Ecol
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			Arch Otolaryng Head N
			Arch Pharma Res
			Archives Biochem Bio
			Archives Dermatology
			Archives Facial Plastic
			Archives Family Med
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			Archives Insect Bio Phy
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			Archives Microbiology
			Archives Neurology
			Archives Ophthalmolo
			Archives Oral Biology
			Archives Pathology
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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'eau¹⁻⁴' followed by a list of four 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'eau¹⁻⁴

[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

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Статистика и статистика

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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)

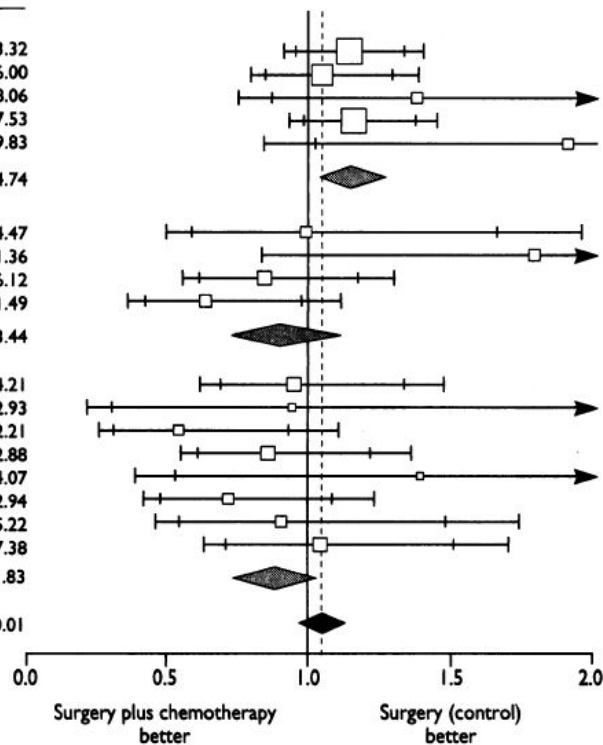
C. Le Péchoux^{1*}, A. Laplanche², C. Faivre-Finn³, T. Ciuleanu⁴, R. Wanders⁵, D. Lerouge⁶, R. Keus⁷, M. Hatton⁸, G.M. Videtic⁹, S. Senan¹⁰, A. Wolfson¹¹, R. Jones¹², R. Arriagada¹³, E. Quoix¹⁴ & A. Dunant² on behalf of the Prophylactic Cranial Irradiation (PCI) Collaborative Group[†]

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		
Long term alkylating agents:				
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
Other drugs:				
OLCSG 1a	30/163	28/158	-0.09	14.47
OLCSG 1b	27/41	21/42	6.59	11.36
SGAFLC 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
Cisplatin based:				
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
SGAFLC 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
Total	1484/2422	1138/2035	24.57	630.01



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	2	
378	2	42,00	3,00	2	*	1	1	1,00	1	
379	2	59,40	1,80	1	1	1	1	3,00	3	
380	2	60,00	3,00	2	*	2	*	19,00	1	
381	2	60,00	2,00	2	*	1	1	4,00	2	
382	1	60,00	2,00	2	*	2	*	*	1	
383	2	60,00	2,00	1	1	1	1	4,00	1	
384	2	*	*	*	*	2	*	*	1	
385	2	59,40	1,80	2	*	2	*	*	1	
386	1	54,00	2,00	1	2	1	1	1,00	1	
387	2	51,00	3,00	1	1	1	1	3,00	3	
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	

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	1,00	1	
390	1	1,85	1	3,00	3	
391	2	1,80	1	19,00	1	
392	2	2,00	1	*	1	
393	2	2,00	1	4,00	2	
394	1	2,00	1	*	1	
395	1	2,00	3	4,00	1	
396	2	3,00	2	*	1	
397	1	2,00	2	*	2	
398	1	2,23	1	16,00	2	
399	1	2,00	1	*	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 "Не параметриальное выживание" to the "Survie : Méthodes Non Param..." option.

An "Aide" (Help) window is open in the center, providing instructions on how to choose from different views of available analyses. The text in the help window 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

The "Variables" window on the right lists the following variables:

- 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
- delai sim-RT

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	fix
age	fix
type chirurgie	fix
gliadel	fix
chimio preRT	fix
dose RT	fix
dose par fraction	fix
CH concomitante	fix
protocole concomitant	fix
chimioadjuvante	fix
protocole adjuvant	fix
nombre de cure adjuvant	fix
état DDN	fix
état récidive	fix
délai 1er signe-RT	fix
délai 1er signe-RT classe	fix
délai chir-RT	fix
délai chir-RT classe	fix
délai anapt-RT	fix

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

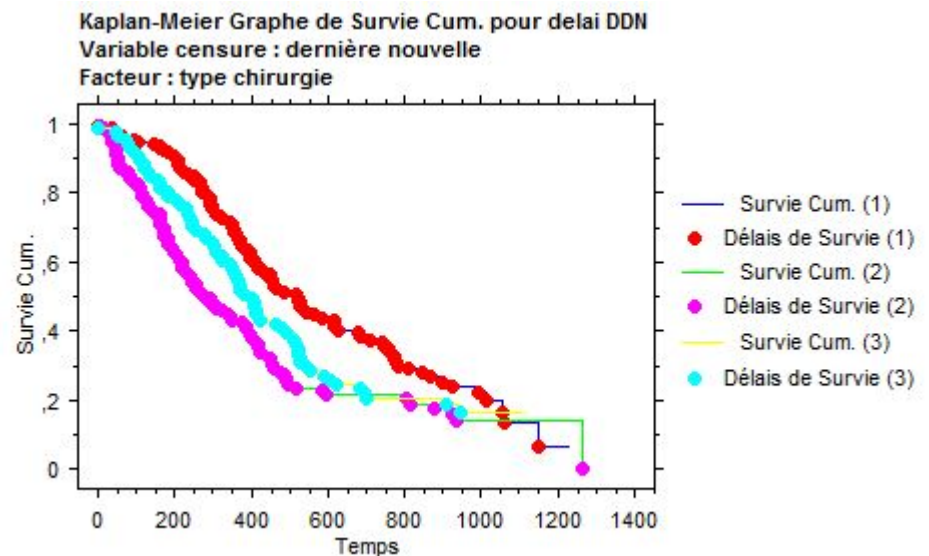


Схема ВЫЖИВАНИЯ

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**