

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

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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

База данных PUBMED

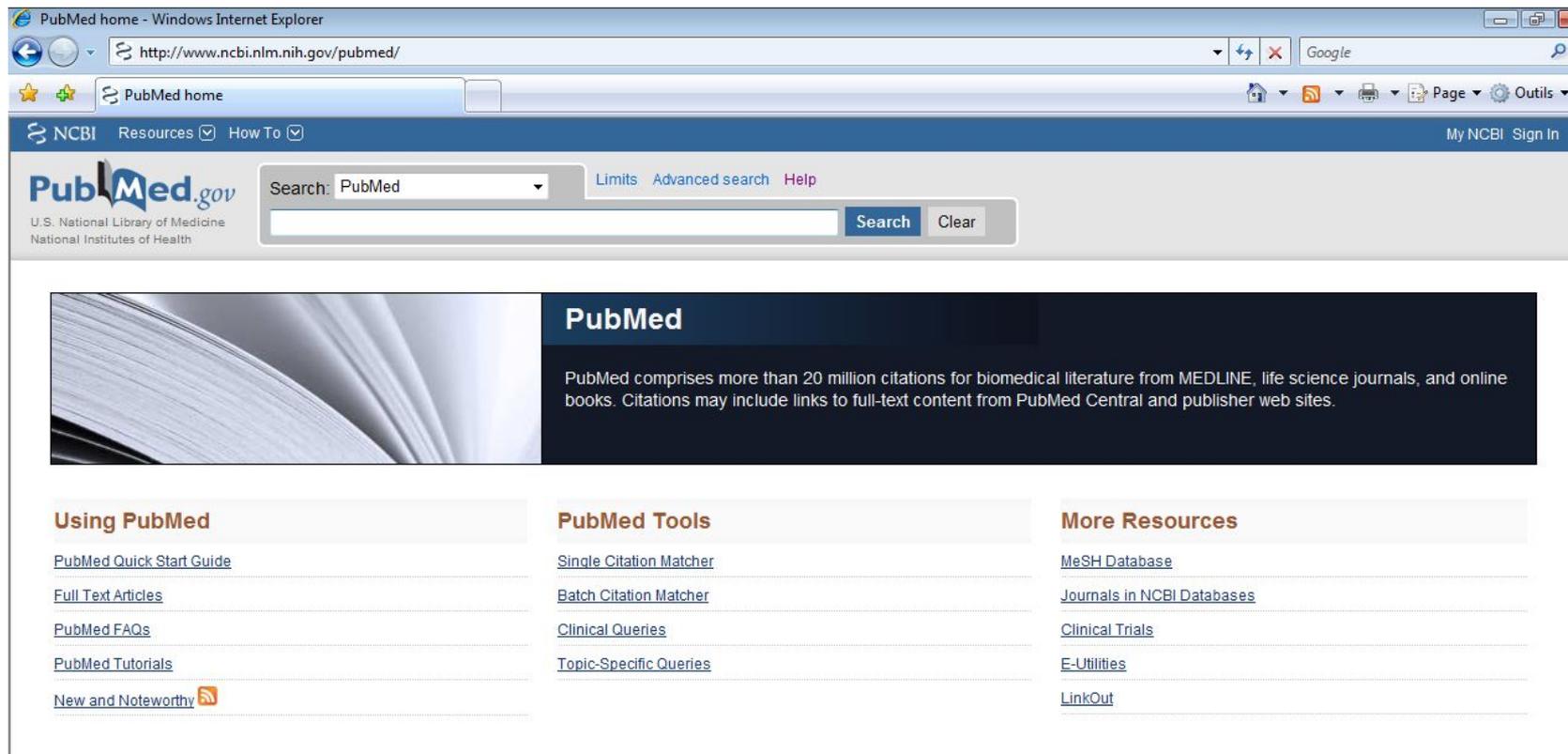
- PubMed это бесплатный источник, который разработан и обслуживается Национальным Центром Биотехнологической Информации (НЦБИ), в Национальной Библиотеке Медицины США (НБМ), расположенной в Национальном Институте Здравоохранения (НИЗ)

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 website interface. At the top, the browser title is "PubMed home - Windows Internet Explorer" and the address bar shows "http://www.ncbi.nlm.nih.gov/pubmed/". The page features a search bar with "PubMed" entered, and buttons for "Search" and "Clear". Below the search bar, there is a banner for "PubMed" with a description: "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](#)
 - [New and Noteworthy](#)
- PubMed Tools**
 - [Single Citation Matcher](#)
 - [Batch Citation Matcher](#)
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 - [Topic-Specific Queries](#)
- More Resources**
 - [MeSH Database](#)
 - [Journals in NCBI Databases](#)
 - [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 >>".

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

NCBI Resources How To My NCBI Sign In

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Search: PubMed
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Search Clear

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

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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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]

See more...

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

NCBI Resources How To My NCBI Sign In

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RSS Save search Limits Advanced search Help

prostate cancer brachytherapy high dose rate complication Search Clear

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

Results: 16

Filter your results:
All (16)
[Free Full Text \(1\)](#)
[Review \(1\)](#)
[Manage Filters](#)

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...

Recent activity
Turn Off Clear

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 \(42\)](#)
[Manage Filters](#)

Titles with your search terms
Report of L. G. Noel Memorial Foundation. [J Tenn State Dent Assoc. 1969]
[See more...](#)

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]
[See all \(63\)...](#)

Find related data
Database:

Search details
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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Results: 1 to 20 of 103

<< First < Prev Page 1 of 6 Next > Last >>

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]

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:

Search details

(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.

PMID: 20797888 [PubMed - indexed for MEDLINE]

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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.

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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[Retrospective Comparison of](#)

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Родственные статьи,
статьи на одну тему

Публикацию можно
купить, получить
бесплатно

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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.

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.

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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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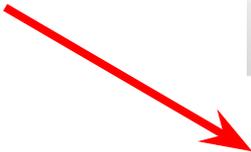
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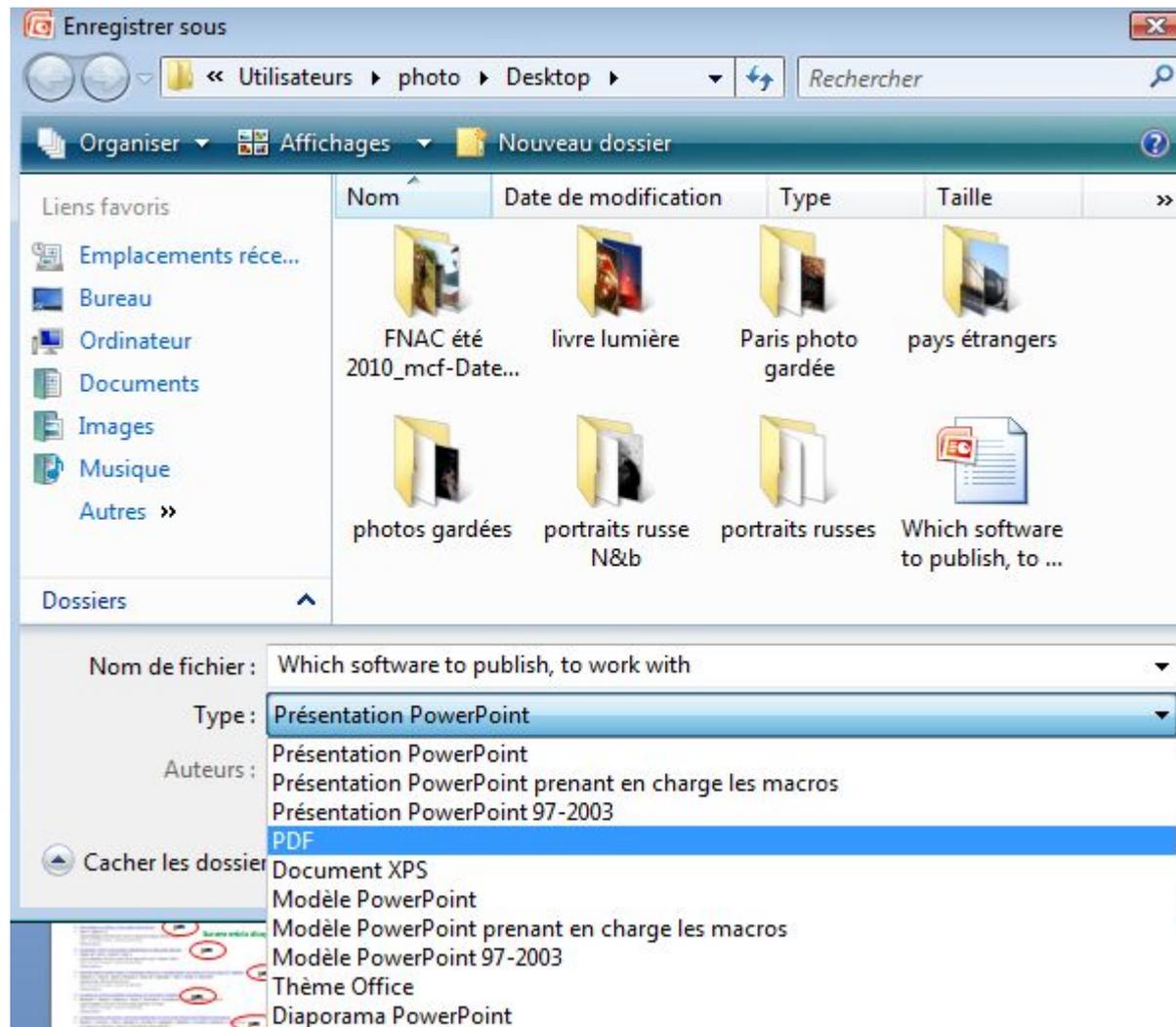
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Introduction

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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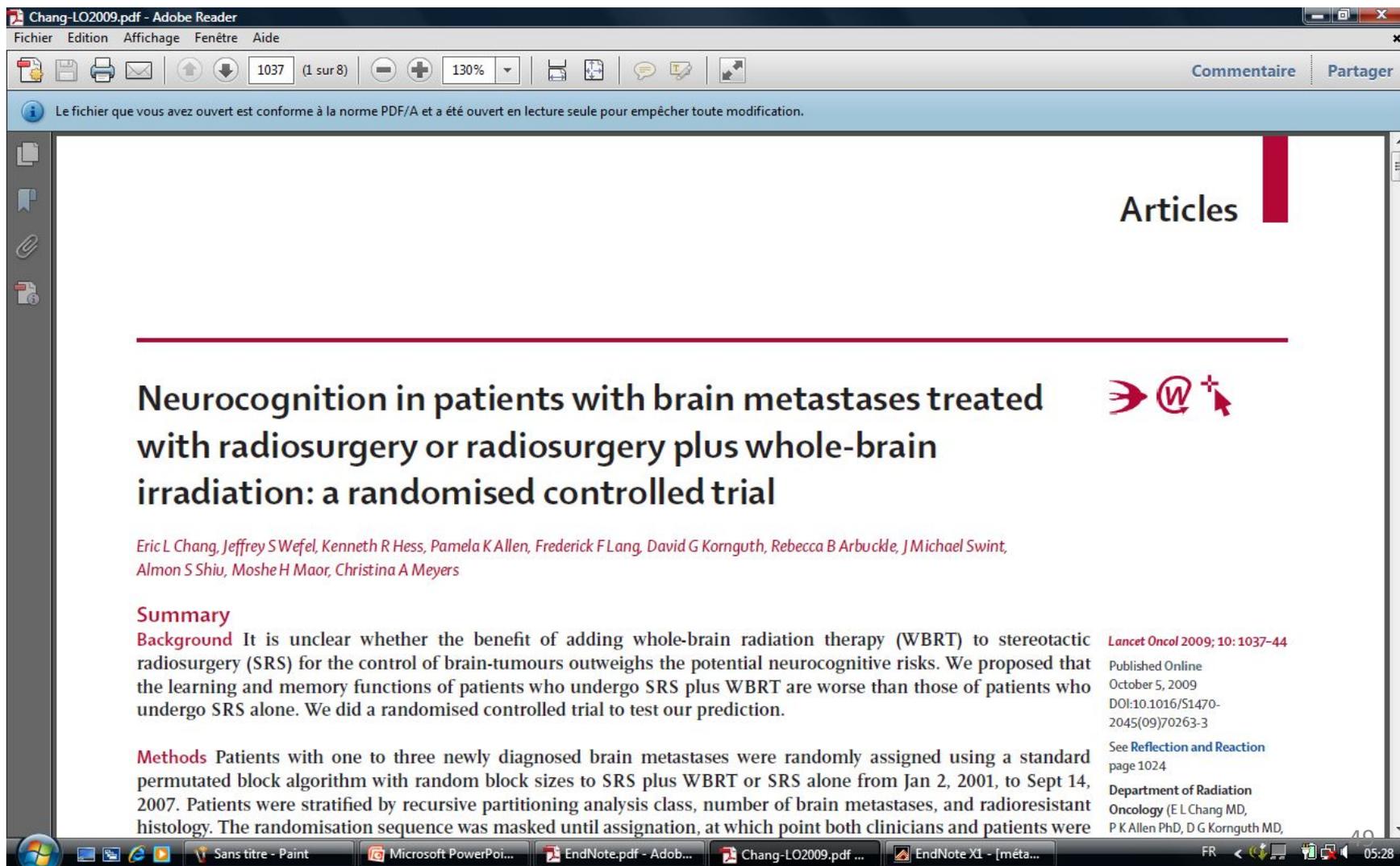
PURPOSE: To determine how the omission of whole brain radiotherapy (WBRT) affects the neurocognitive function of patients with one to four brain metastases who have been treated with stereotactic radiosurgery (SRS). **METHODS AND MATERIALS:** In a prospective randomized trial between WBRT+SRS and SRS 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.

Открыть прикрепленный файл

The screenshot shows the EndNote X1 interface with a reference list. A context menu is open over a selected reference, showing options to attach or open files. The reference list includes 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 |
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| | | 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 | 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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The image shows a screenshot of the Adobe Reader application window. The title bar reads "Chang-LO2009.pdf - Adobe Reader". The menu bar includes "Fichier", "Edition", "Affichage", "Fenêtre", and "Aide". The toolbar shows various icons for file operations and viewing options, with the page number "1037 (1 sur 8)" and a zoom level of "130%". A status bar at the top indicates: "Le fichier que vous avez ouvert est conforme à la norme PDF/A et a été ouvert en lecture seule pour empêcher toute modification." The main content area displays the article title "Neurocognition in patients with brain metastases treated with radiosurgery or radiosurgery plus whole-brain irradiation: a randomised controlled trial" in a large, bold font. To the right of the title are three red icons: a right-pointing arrow, a circled 'W', and a mouse cursor. Below the title, the authors' names are listed in a smaller font: "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". A "Summary" section follows, with a "Background" paragraph stating: "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." A "Methods" paragraph follows, stating: "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". On the right side of the page, there is a vertical red bar with the word "Articles" in white. Below this, the journal information is displayed: "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", and "Department of Radiation Oncology (E L Chang MD, P K Allen PhD, D G Kornguth MD)". The Windows taskbar at the bottom shows several open applications: "Sans titre - Paint", "Microsoft PowerPoi...", "EndNote.pdf - Adob...", "Chang-LO2009.pdf ...", and "EndNote X1 - [méta...". The system tray on the right shows the time "05:28" and the language "FR".

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

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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,

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- **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 |

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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 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 'Choose A Connection' dialog box 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 |
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| 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... |
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| Chang | 2009 | Neurocognition in patients with brain metastases treated... |
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| 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

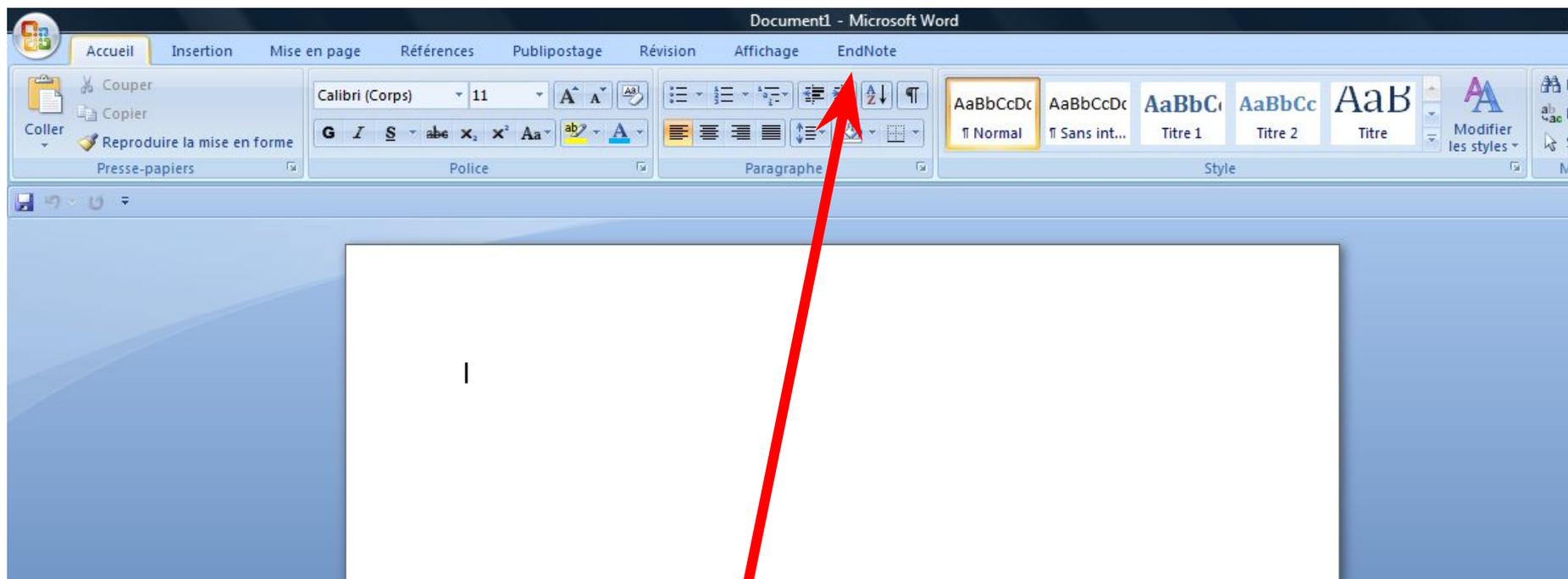
ВСТАВИТЬ В ТЕКСТ

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 various entries with columns for author, year, title, journal, reference type, and URL.

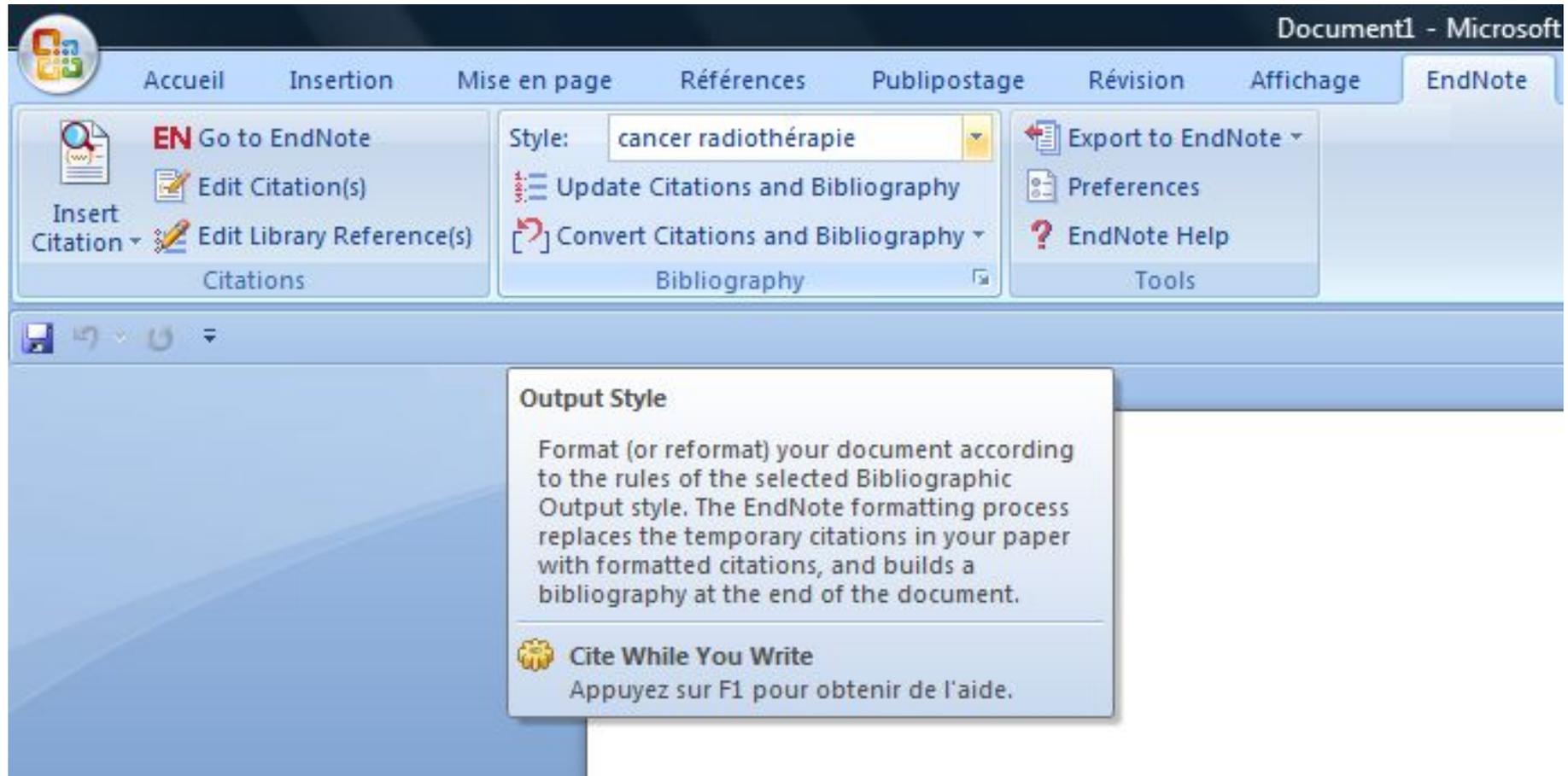
| Author | Year | Title | Journal | Ref Type | URL |
|--------------|------|--|------------------------------|-----------------|-------------------|
| Borgelt | 1981 | Ultra-rapid high dose irradiation schedules for the palliat... | Int J Radiat Oncol Biol Phys | Journal Article | http://www.nct... |
| 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

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Выбрать стиль журнала



The screenshot shows the Microsoft Word interface with the EndNote ribbon active. The ribbon has several groups: Citations, Bibliography, and Tools. The Bibliography group is selected, and the 'Output Style' button is highlighted. A tooltip is displayed over this button, providing instructions on how to use the feature.

Document1 - Microsoft

Accueil Insertion Mise en page Références Publipostage Révision Affichage EndNote

EN Go to EndNote

Insert Citation ▾ Edit Citation(s) Edit Library Reference(s)

Style: cancer radiothérapie

Update Citations and Bibliography

Convert Citations and Bibliography ▾

Export to EndNote ▾

Preferences

EndNote Help

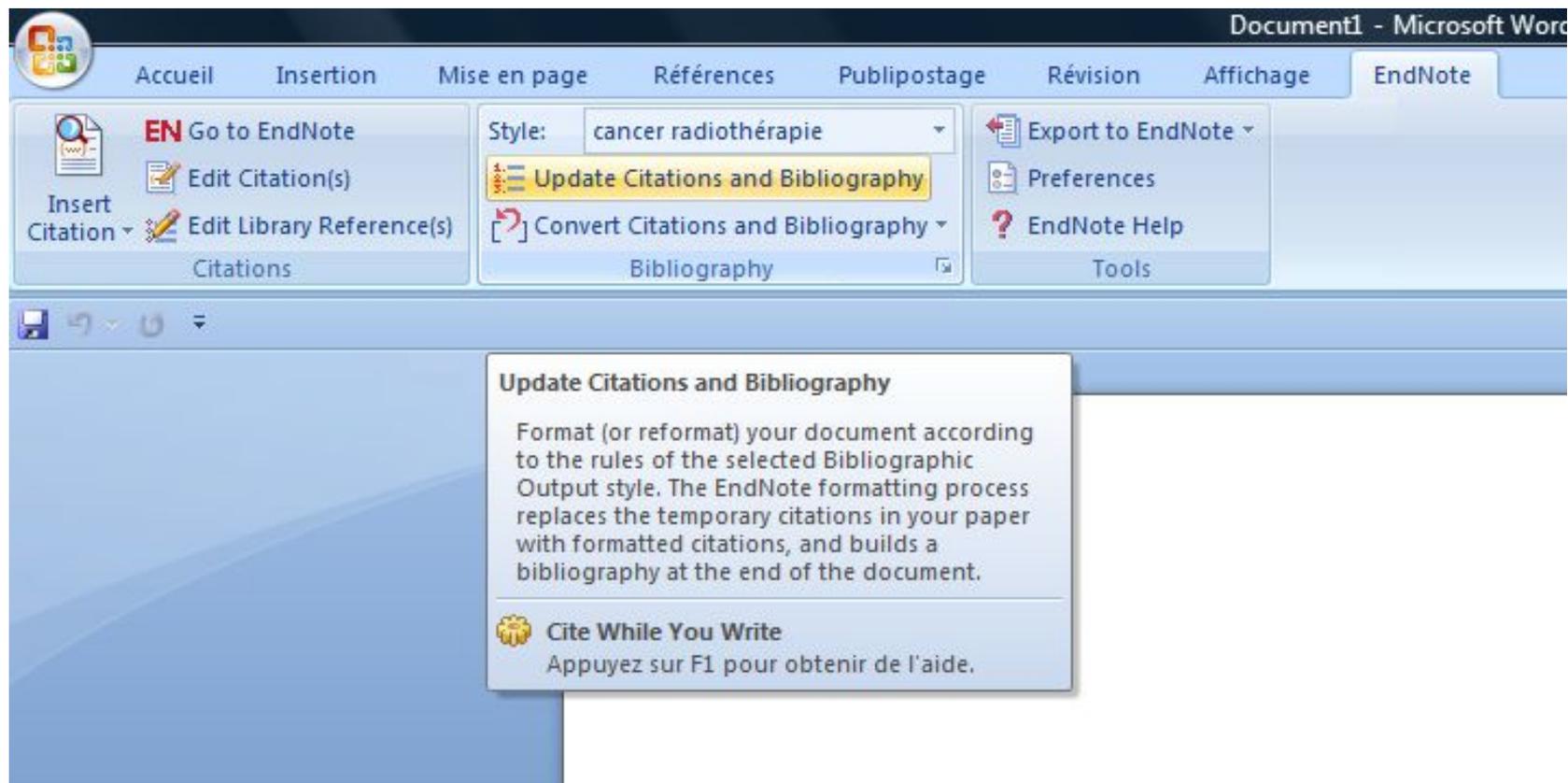
Citations Bibliography Tools

Output Style

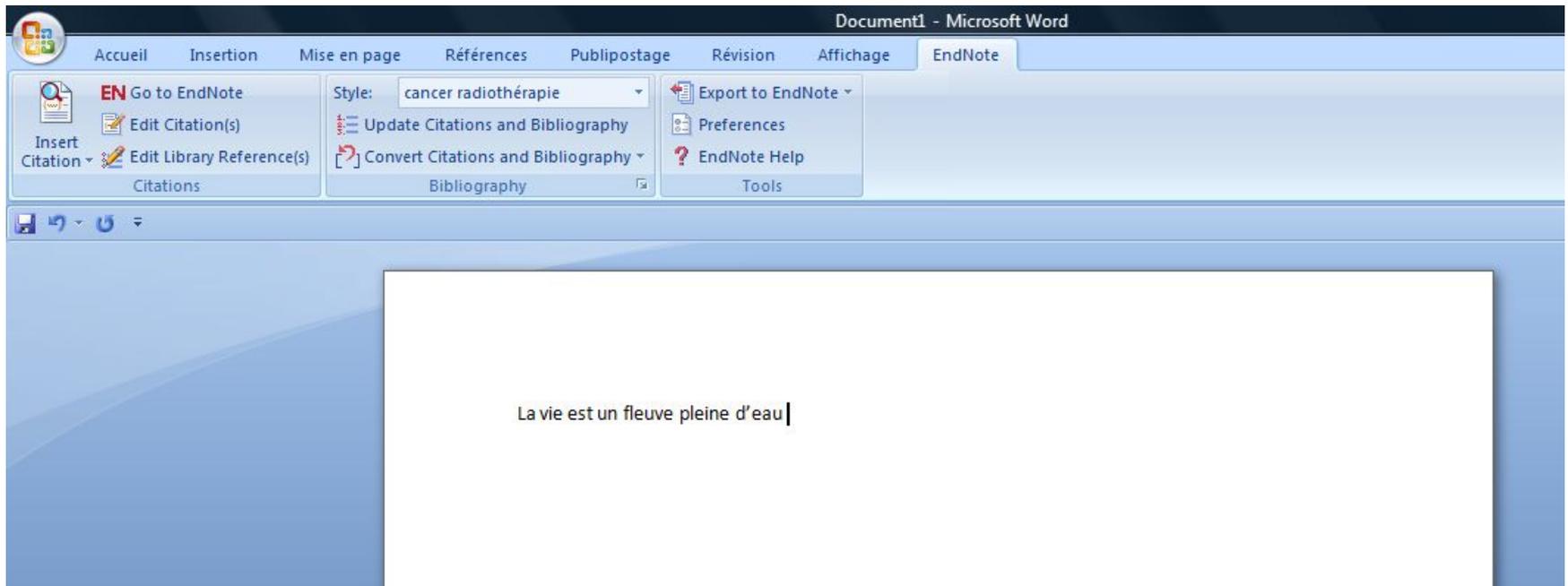
Format (or reformat) your document according to the rules of the selected Bibliographic Output style. The EndNote formatting process replaces the temporary citations in your paper with formatted citations, and builds a bibliography at the end of the document.

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

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EndNote X1 - [métastases cérébrales]

File Edit References Tools Window Help

cancer radiothérapie Quick Search

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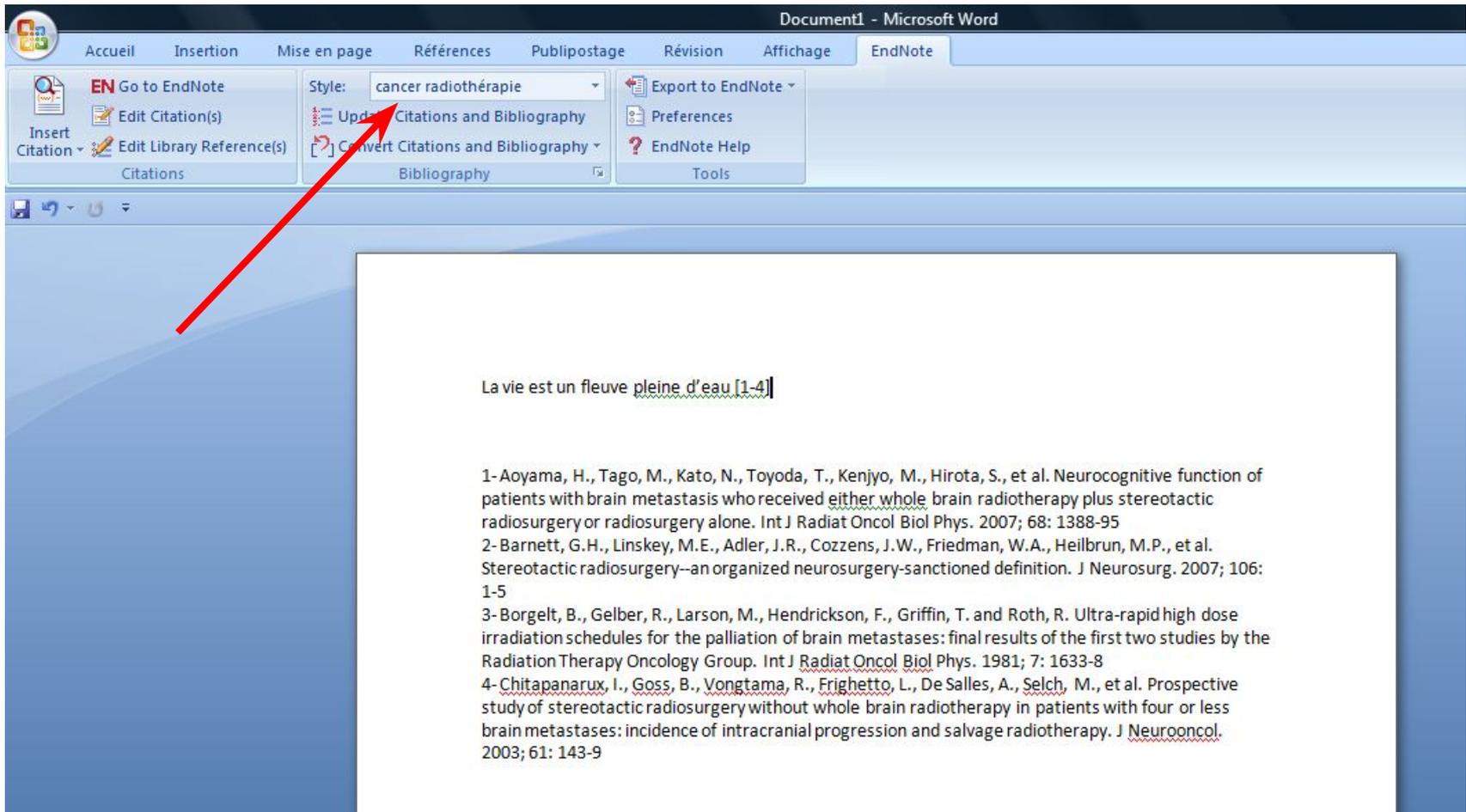
| Groups | fig. | Author | Year | Title | Journal | Ref Type |
|----------------|------|------------------|------|---|--|-----------------|
| All References | | Ammirati | 2010 | The role of retreatment in the management of recurrent/... | J Neurooncol | Journal Article |
| | | Andrews | 2004 | Whole 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 |
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| | | 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 |
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| | | stereotactic radiosurgery plus whole-brain radiation the... | Jama |
| | | urocognitive function of patients with brain metastasi... | Int J Radiat Oncol Biol Phys |
| | | pacute brain atrophy after radiation therapy for malig... | Cancer |
| | | ophylactic 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 |
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| 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

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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 |

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La vie est un fleuve

[1] Aoyama H
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[2] Barnett G
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[3] Borgelt B,
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[4] Chitapana
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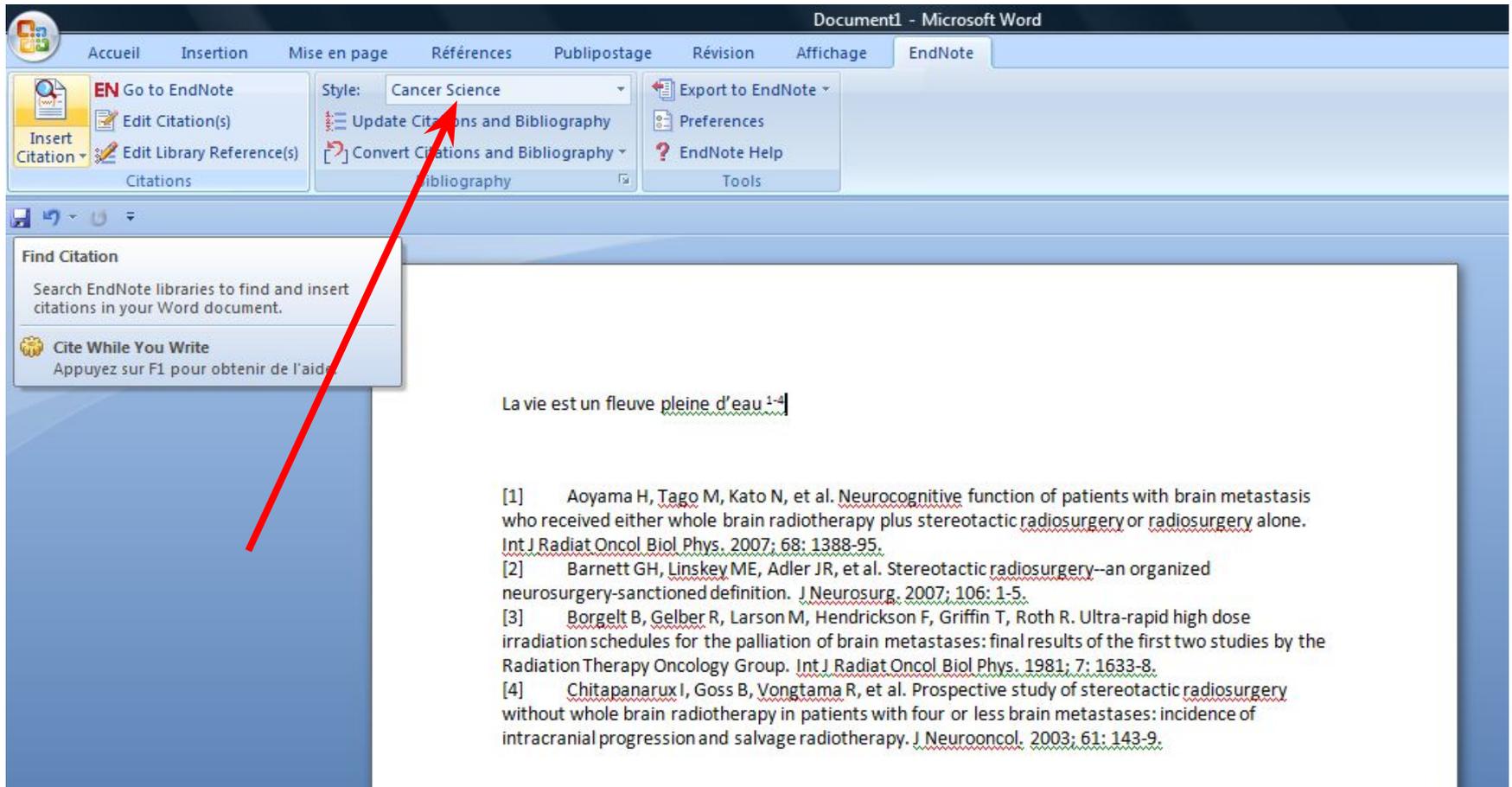
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| Amer J Mat Child Nursing | Amer Meteorological Society | Ann Rev Anthropology | Annals Clin Micro Anti |
| Amer J Medical Genetics | Amer Mineralogist | Ann Rev Astronomy Astrophys | Annals Emergency Medicine |
| Amer J Medical Quality | Amer Naturalist | Ann Rev Biomed Engineering | Annals Entomol Society Amer |
| Amer J Medicine | Amer Political Sci Review | Ann Rev Biophys Biomolec | Annals Forest Science |
| Amer J Men's Health | Amer Politics Research | Ann Rev Cell Dev Biology | Annals Gen Hosp Psych |
| Amer J Nephrology | Amer Psychologist | Ann Rev Earth Planetary Sci | Annals Human Genetics |
| Amer J Neuroradiology | Amer Quarterly | Ann Rev Ecology Systematics | Annals Internal Medicine |
| Amer J Ob Gyn | Amer Rev Public Admin | Ann Rev Energy Environment | Annals Neurology |
| Amer J Ophthalmology | Amer Sociological Assn | Ann Rev Entomology | Annals Noninvas Electrocard |
| Amer J Orthodontics | Amer Sociological Review | Ann Rev Fluid Mechanics | Annals Nutrition Metabolism |
| Amer J Pathology | Amer Speech | Ann Rev Genetics | Annals NY Acad Sci |
| Amer J Perinatology | Amer Statistical Assoc | Ann Rev Immunology | Annals NYAS(Math-Phys) |
| Amer J Pharma Educ | American Art | Ann Rev Materials Science | Annals of Oncology |
| Amer J Physical Anthro | American Scientist | Ann Rev Medicine | Annals of Physics |
| Amer J Physics | Anaerobe | Ann Rev Microbiology | Annals of Plastic Surgery |
| Amer J Physiology | Anaesthesia | Ann Rev Neuroscience | Annals of Science |
| Amer J Political Science | Analyst | Ann Rev Nuclear Part Sci | Annals of Tourism Research |
| Amer J Prev Medicine | Analytica Chemica Acta | Ann Rev Nutrition | Annals Pharmacotherapy |
| Amer J Primatology | Analytical Biochem | Ann Rev Pharmacology Toxicol | Annals Rheumatic Diseases |
| Amer J Psychiatry | Analytical Chem | Ann Rev Physical Chem | Annals Surgery |
| Amer J Public Health | Anat Sci Intl | Ann Rev Physiology | Annotated |
| Amer J Reproductive Immunol | Anatomical Record | Ann Rev Phytopathology | ANQ |
| Amer J Resp Cell Mol Bio | Ancient Mesoamerica | Ann Rev Plant Physiology | Antarctic Science |
| Amer J Resp Crit Care Med | Anesthesia Analgesia | Ann Rev Political Science | Anthropol |
| Amer J Roentgenology | Anesthesiology | Ann Rev Psychology | Antimicrobial Agents Chemo |
| Amer J Sci | Angewandte Chemie | Ann Rev Public Health | Antiviral Therapy |
| Amer J Sociology | Anglo-Saxon England | Ann Rev Sociology | APA 5th |
| Amer J Sports Medicine | Animal Behaviour | Annales Geophysicae | APLAR J Rheumatology |
| Amer J Surg Pathology | Animal Breed Genetics | Annals Amer Acad Pol Soc Sci | Apoptosis |
| Amer J Transplantation | Animal Conserv | Annals Applied Biology | App Animal Behaviour Sci |
| Amer J Tropical Medicine | Animal Feed Sci and Tech | Annals Assn of Amer Geog | App Bioinformatics |
| Amer J Veterinary Res | Animal Genetics | Annals Behavioral Med | 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'eau¹⁻⁴' 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'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

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)

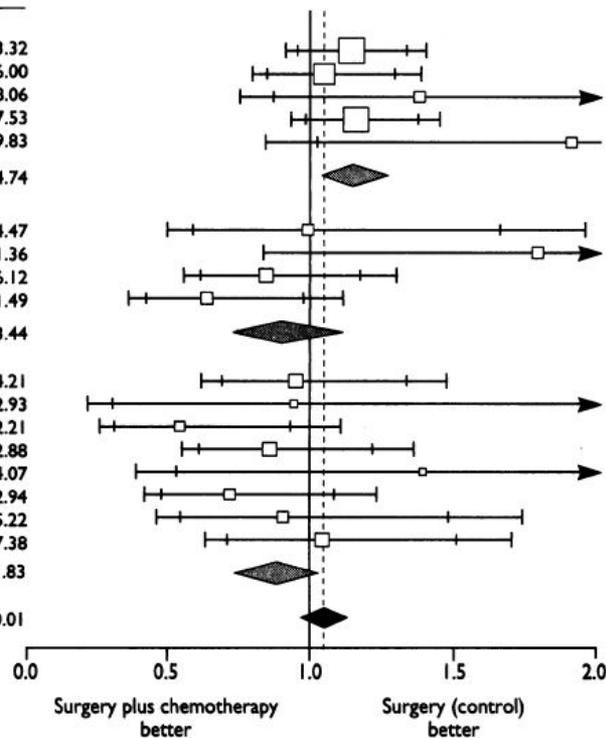
C. Le Péchoux^{1*}, A. Laplanche², C. Faivre-Finn³, T. Ciuleanu⁴, R. Wanders⁵, D. Lerouge⁶, R. Keus⁷, M. Hatton⁸, G.M. Videtic⁹, S. Senan¹⁰, A. Wolfson¹¹, R. Jones¹², R. Arriagada¹³, E. Quoix¹⁴ & A. Dunant² on behalf of the Prophylactic Cranial Irradiation (PCI) Collaborative Group[†]

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 |
| 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 |
| 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 |
| 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 |
| 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 | |
| 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 | * | 1 | 1 | 19,00 | 1 | |
| 381 | 2 | 60,00 | 2,00 | 2 | * | 1 | 1 | * | 1 | |
| 382 | 1 | 60,00 | 2,00 | 2 | * | 2 | * | * | 2 | |
| 383 | 2 | 60,00 | 2,00 | 1 | 1 | 1 | 1 | 4,00 | 1 | |
| 384 | 2 | * | * | * | * | 2 | * | * | 2 | |
| 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 | 19,00 | 1 | |
| 390 | 1 | 61,00 | 1,85 | 1 | 1 | 1 | 1 | 4,00 | 2 | |
| 391 | 2 | 59,40 | 1,80 | 1 | 1 | 1 | 1 | * | 1 | |
| 392 | 2 | 60,00 | 2,00 | 1 | 1 | 1 | 1 | 4,00 | 1 | |
| 393 | 2 | 60,00 | 2,00 | 1 | 1 | 1 | 1 | * | 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
delai 1er signe-RT classe
delai chir-RT
delai chir-RT classe
delai anapat-RT
delai anapat-RT classe
delai RCP-RT
delai sim-RT classe
delai sim-RT

Тип анализа: Не параметриальное выживание

The screenshot shows the StatView software interface. The main window is titled "StatView" and has a menu bar with "Fichier", "Edition", "Vue", "Texte", "Analyse", "Présentation", "Gestion", "Fenêtre", and "Aide". Below the menu bar is a toolbar with various icons. The main workspace is titled "Vue sans titre #1" and contains a "Créer analyse" section with buttons for "Recalculer", "Editer analyse", and "Editer affichage". Below these are dropdown menus for "Afficher:" (set to "Analyse de survie") and "Ordre:" (set to "Défaut"). A tree view on the left shows "Survie : Méthodes Non Param..." and "Survie : Modèles de Regression". A "Variables" dialog box is open on the right, showing a list of variables with checkboxes. An "Aide" dialog box is also open in the center, providing instructions on how to choose from different views of available analyses.

Variables

Ajouter
Supprimer
Eclater

Données : Données délai statview version 2 art
Ordre : Données

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
délai 1er signe-RT
délai 1er signe-RT classe
délai chir-RT
délai chir-RT classe
délai anapt-RT
délai anapat-RT classe
délai RCP-RT
délai sim-RT classe
délai sim-RT

Aide

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

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 |

Kaplan-Meier Graphe de Survie Cum. pour delai DDN

Variable censure : dernière nouvelle

Facteur : type chirurgie

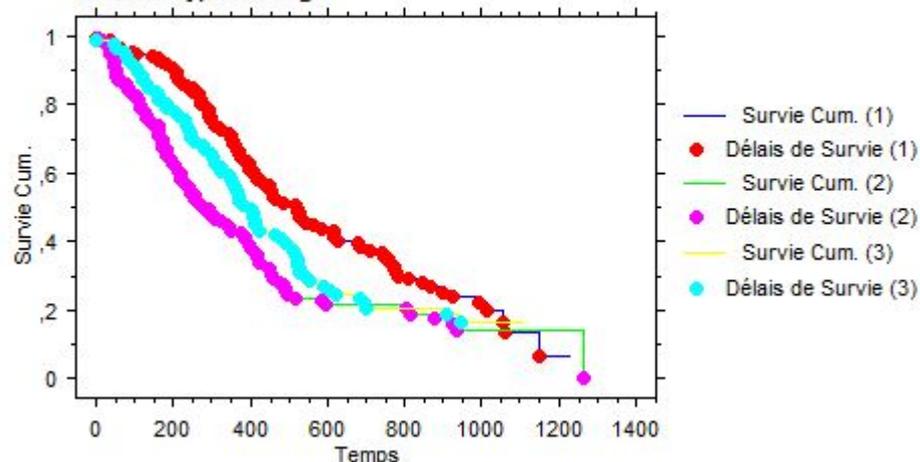


Схема ВЫЖИВАНИЯ

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**