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

Pr G. Noël
University Radiation Department (URD)
Strasbourg

Конфликты интересов

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

ВВЕДЕНИЕ

Цель

- **Как работать и анализировать самостоятельно, без чьей-либо помощи**

- **Другими словами вы совсем один в Сибири зимой! И вы хотите опубликоваться**

Зачем анализировать?

- **Потому что вы лучший, но никто этого не знает… пока!**

- **Потому что вы хотите сравнить ваши результаты с результатами соперников**
- **Потому что критика рецензента помогает вам стать лучше**
- **Потому что это будущее вашей работы**
- **Потому что пациенты хотят знать о наших достижениях**
- **Чтобы получить грант (напр. НАСА)**

Анализ – это философия подчинения

Что нужно анализировать?

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

Как анализировать?

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

Время между идеей и анализом/публикацией

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

Зачем использовать программные средства?

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

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- Публикации с 1950го года по сегодняшний день
- Около 5000 жуналов
- 70 языков
- 20.10^6 доступных статей

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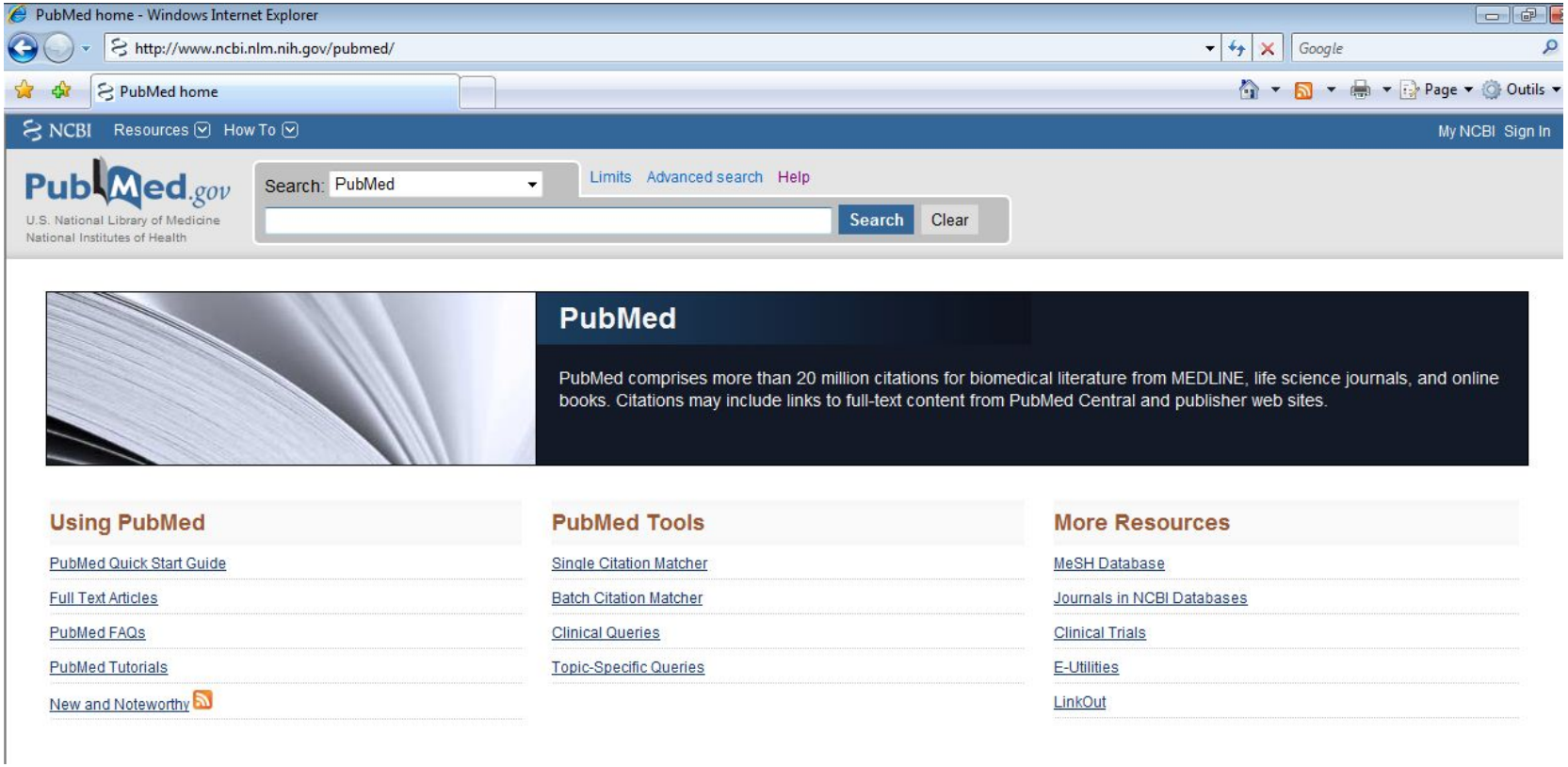


Книга для помощи

Скачайте ее: это бесплатно!

Фоновые знания

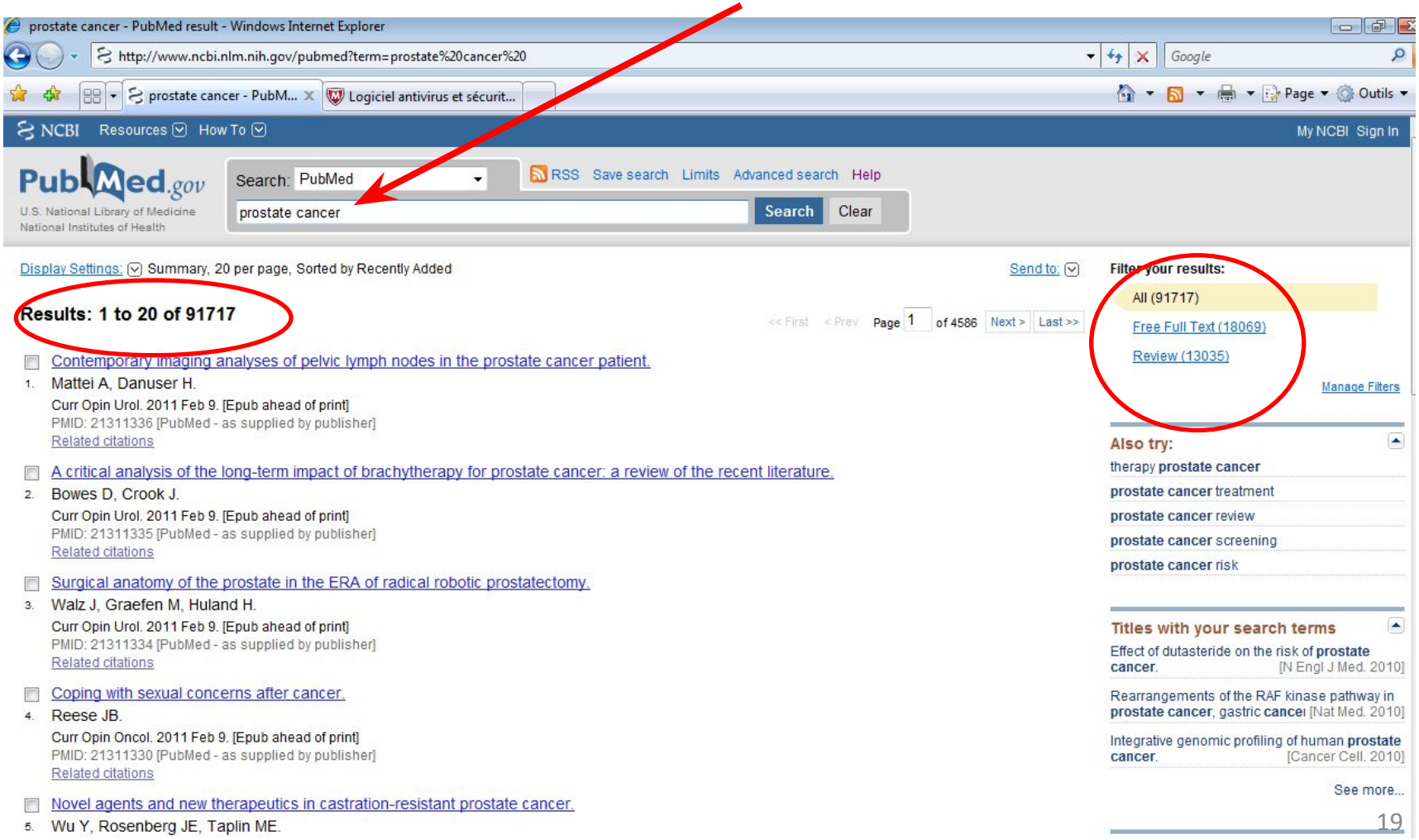
- **Они нужны, чтобы:**
  - **Избежать неадекватных исследований**
  - **Перечислить важные пункты исследования**
  - **Начать введение статьи**
  - **Обсуждать собственные достижения**

Поиск

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

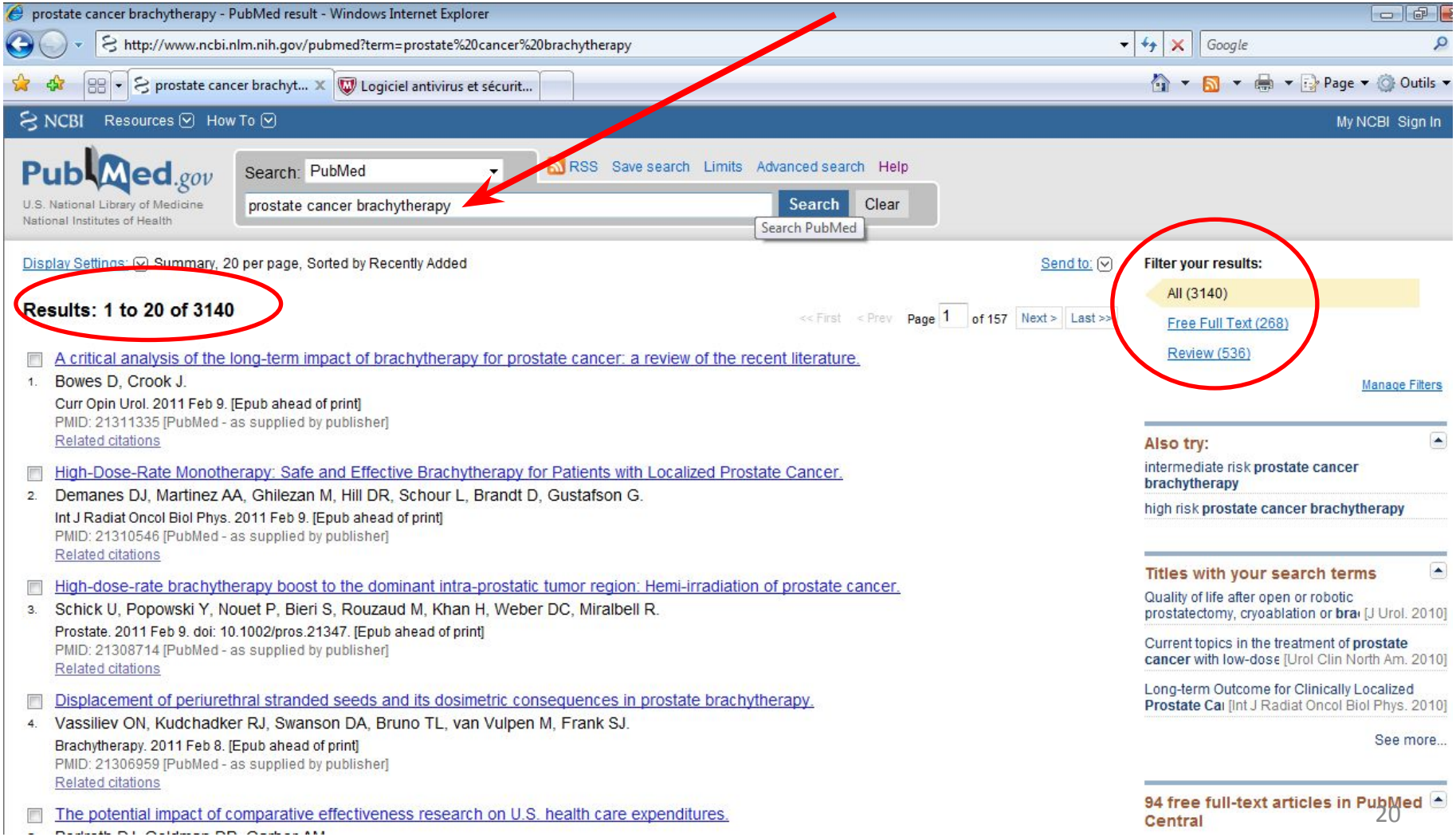
Поиск по ключевым словам

- ясно
- Не слишком много



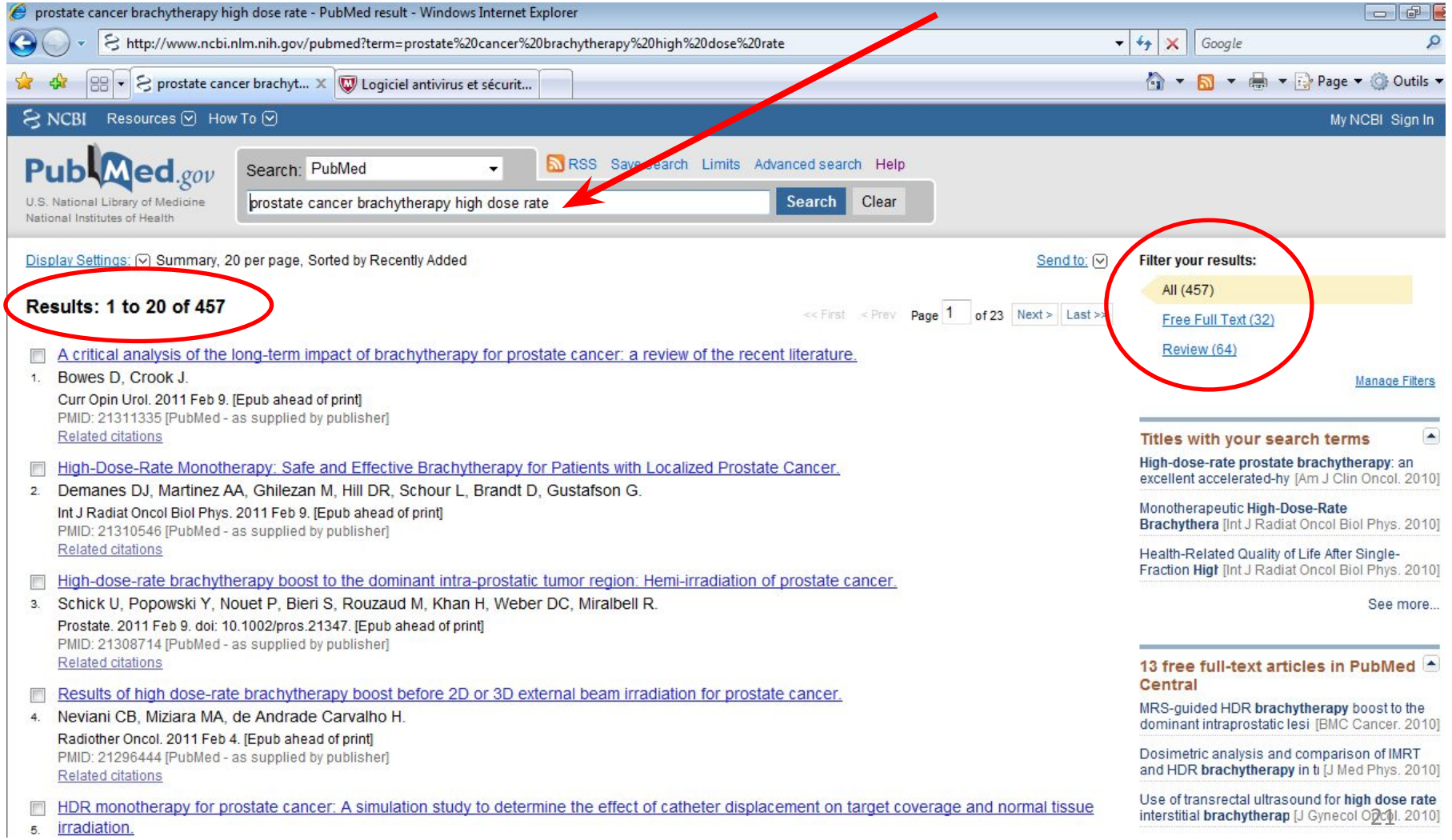
Поиск по ключевым словам

- **Сокращает область поиска**



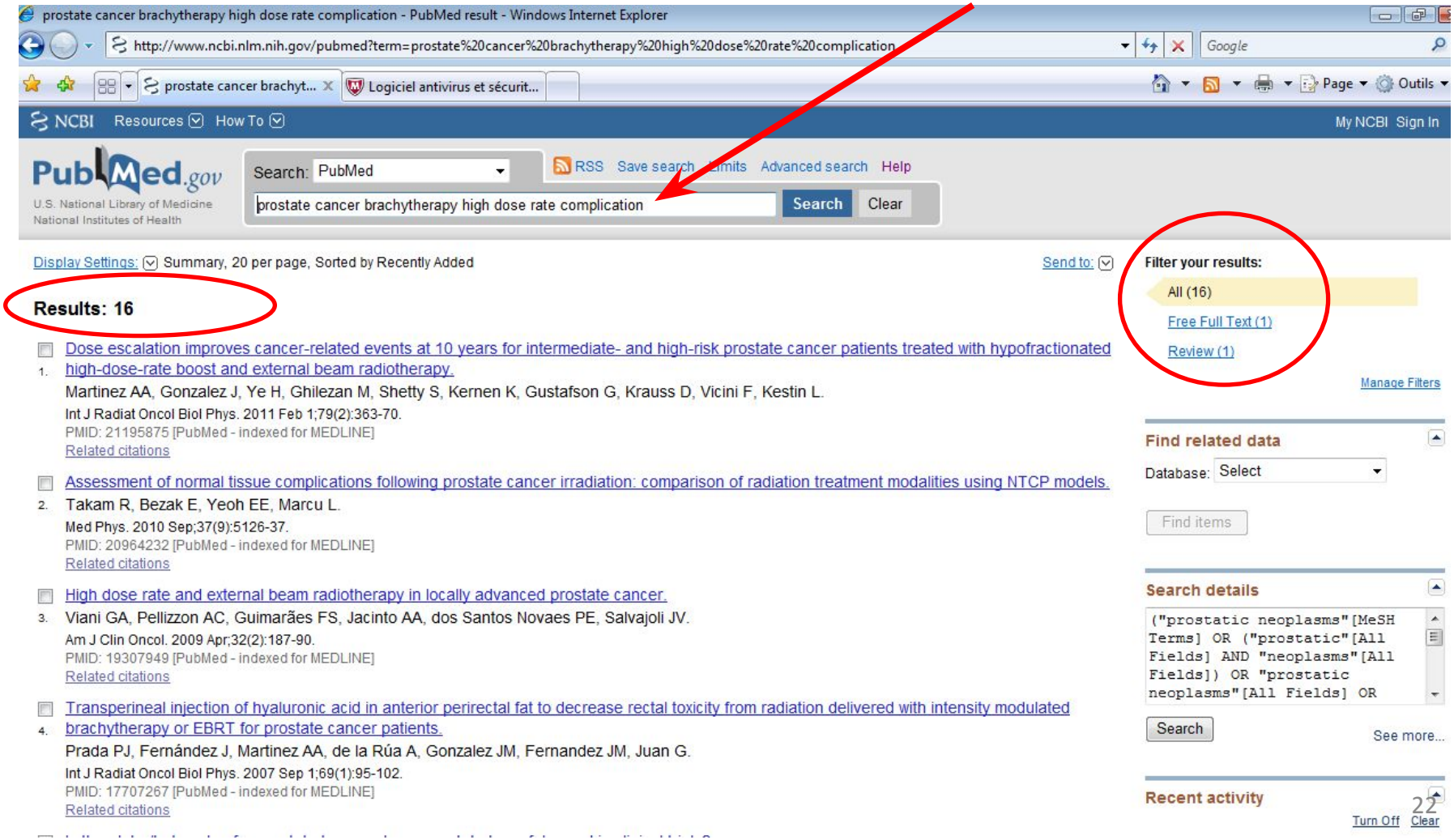
Поиск по ключевым словам

- Ограничивает область поиска



Поиск по ключевым словам

- **Включает поиск**

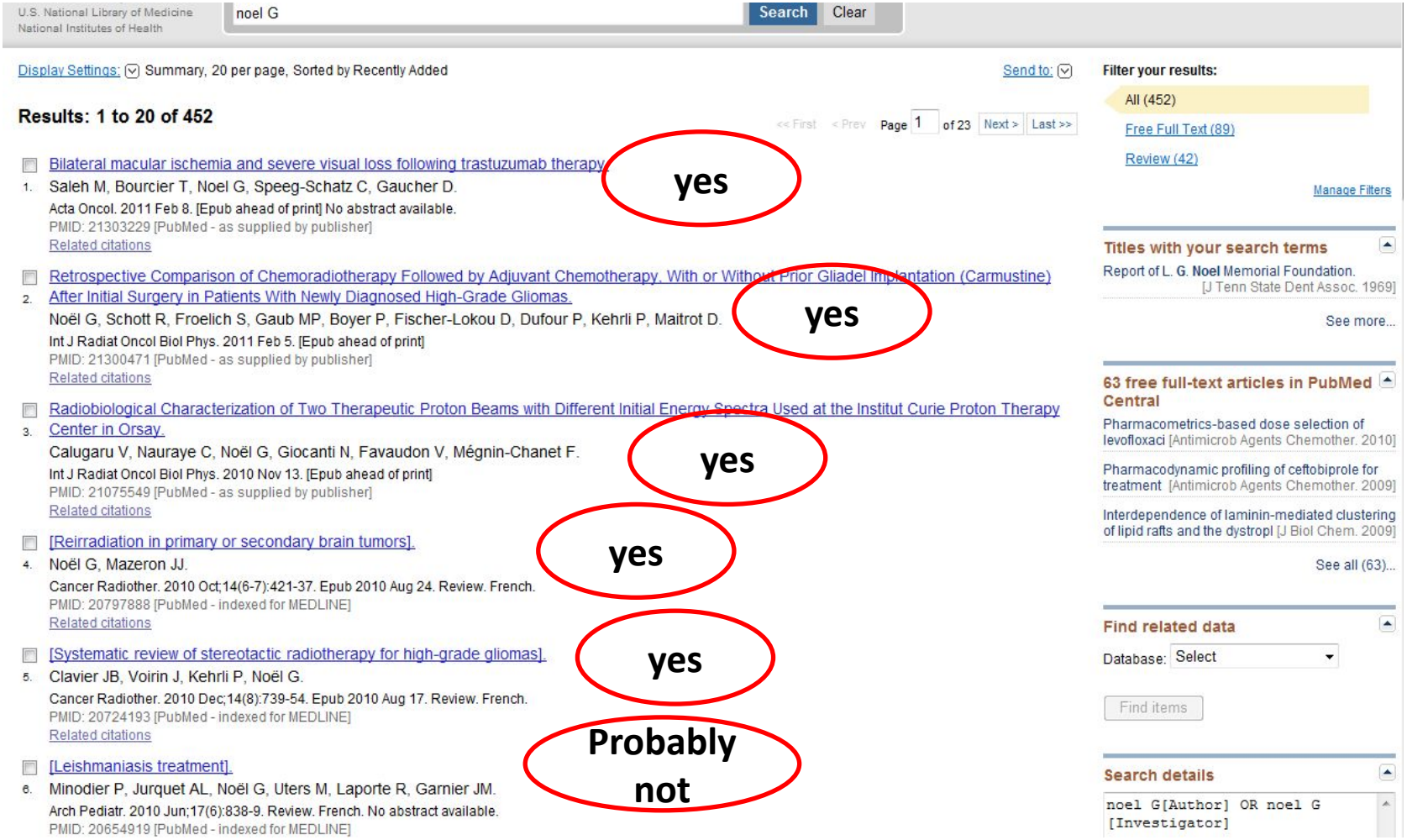


Авторский поиск

- **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!**

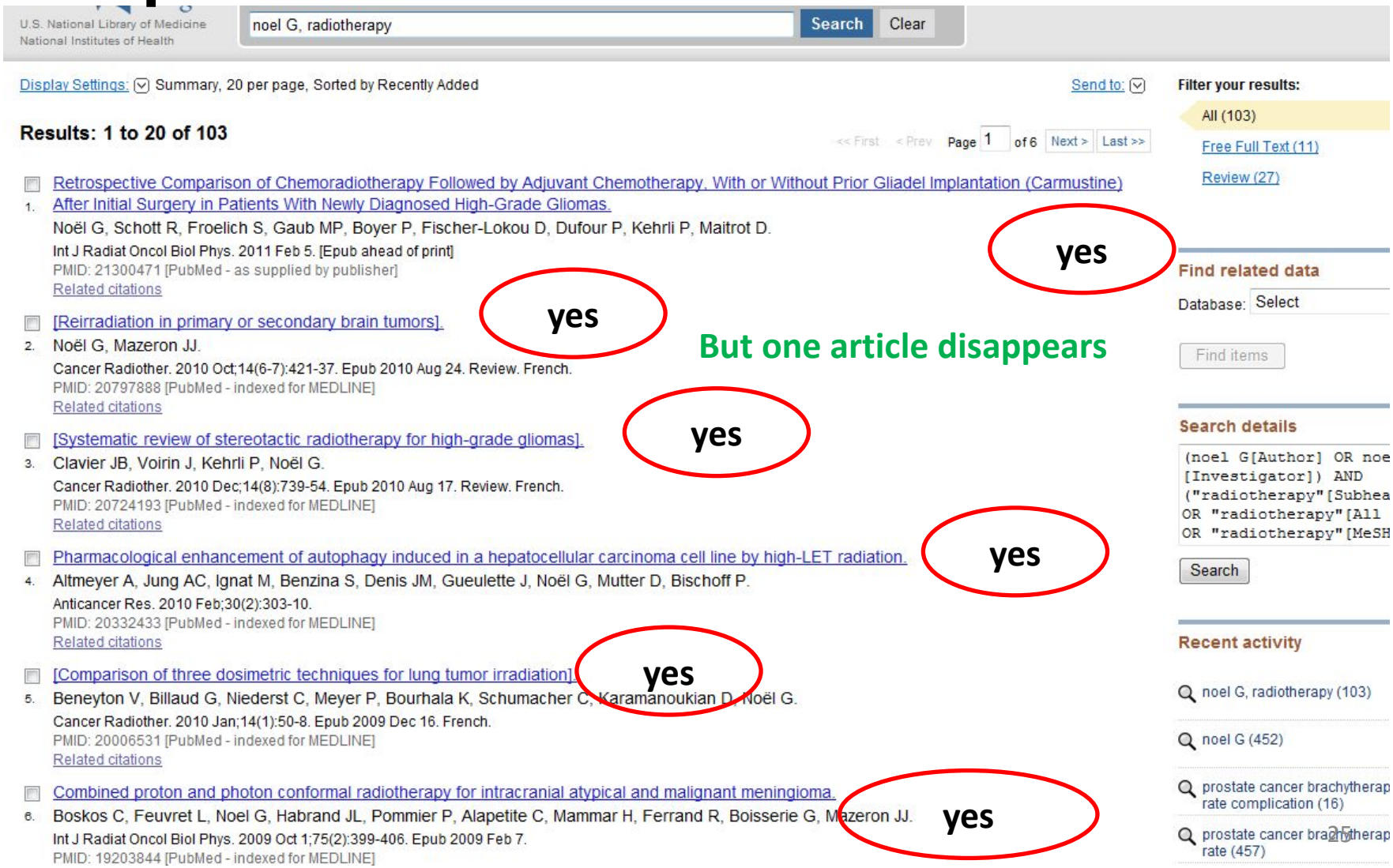
Авторский поиск

- **Слишком обширный ?**



Авторский поиск

- **ограничен?**



Что мы приобретаем с базой данных pubmed

Минимум: краткий обзор

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, Kehrli 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

[Reirradiation in primary or secondary brain tumors].
2. 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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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.

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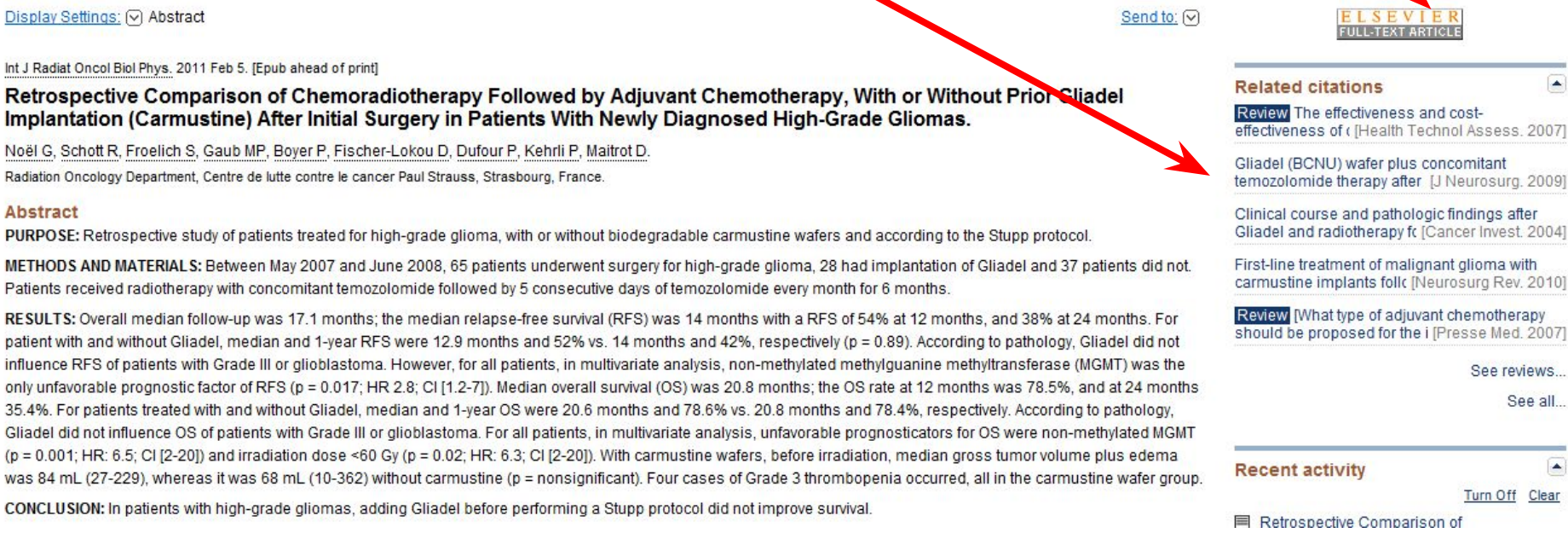

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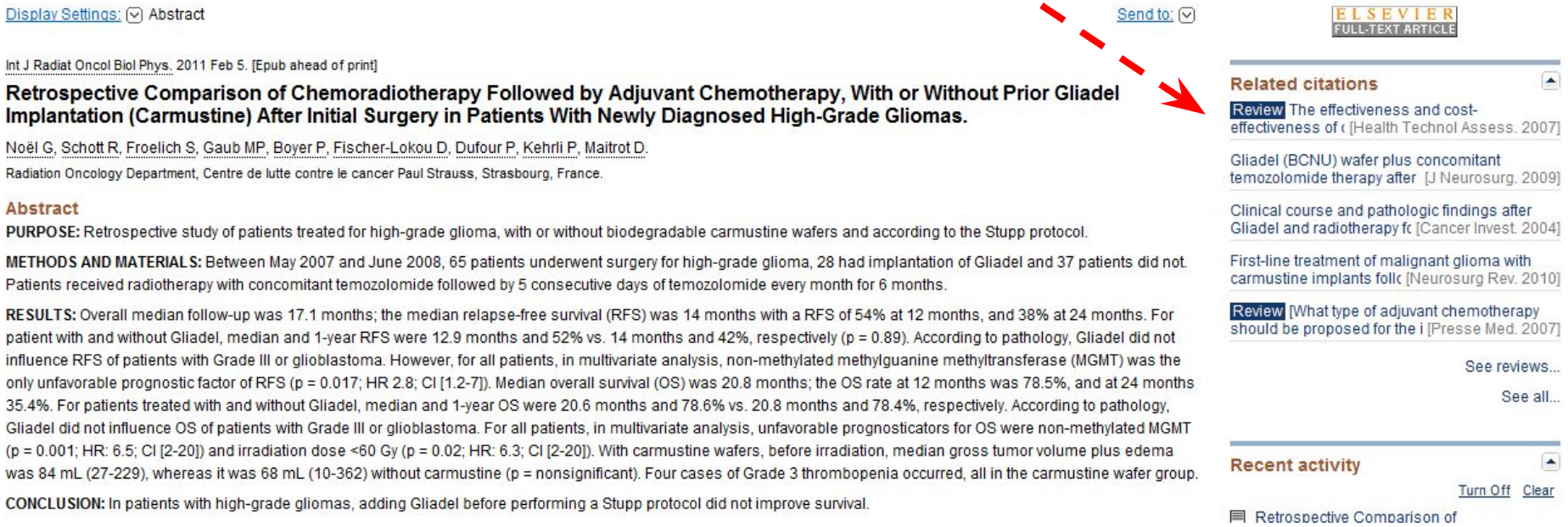

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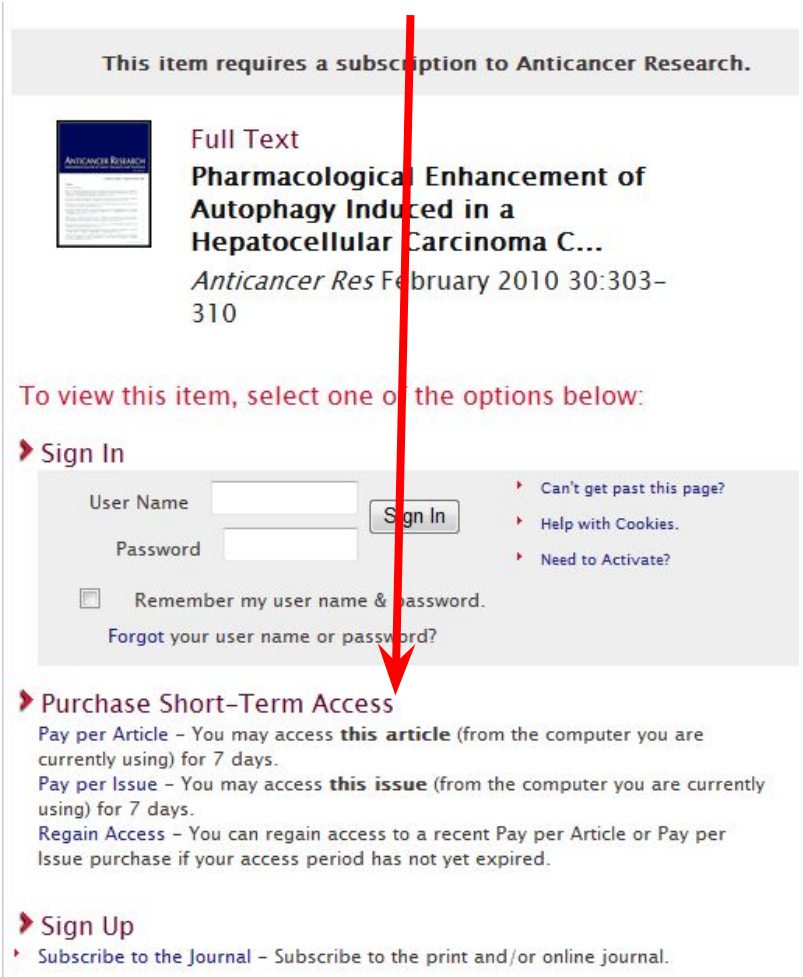
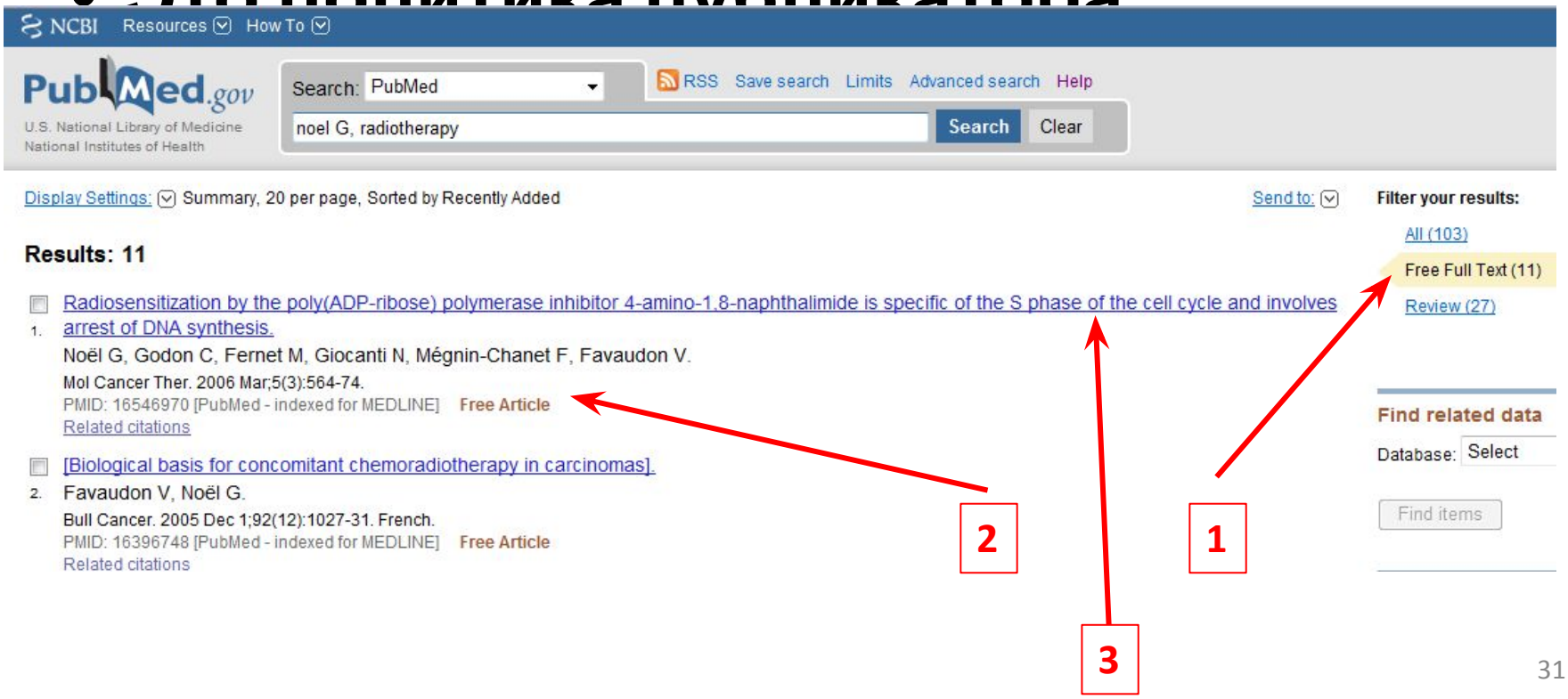


Свободная статья

- **Свободная статья – это не всегда плохо !**
- **Это политика публикатора**



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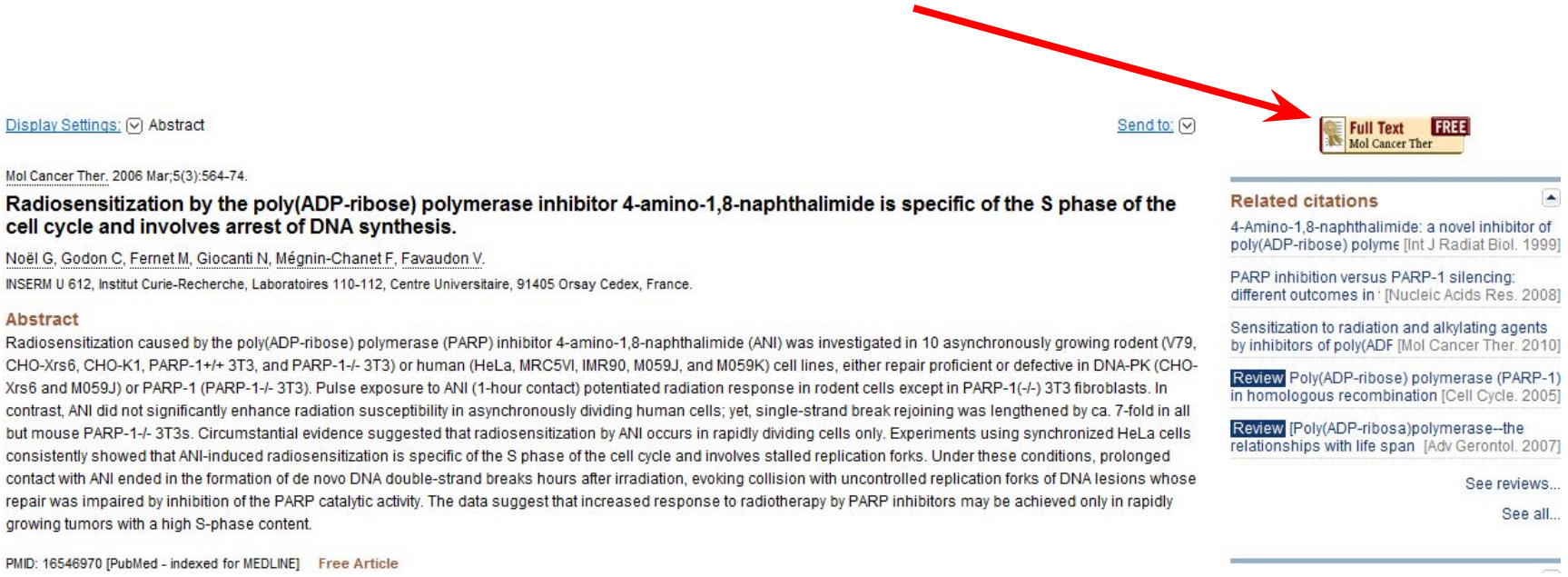

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Mol Cancer Ther. 2006 Mar;5(3):564-74.

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.

Noël G, Godon C, Fernet M, Giocanti N, Mégnin-Chanet F, Favaudon V.

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.

PMID: 16546970 [PubMed - indexed for MEDLINE] Free Article

Related citations

4-Amino-1,8-naphthalimide: a novel inhibitor of poly(ADP-ribose) polyme [Int J Radiat Biol. 1999]

PARP inhibition versus PARP-1 silencing: different outcomes in ' [Nucleic Acids Res. 2008]

Sensitization to radiation and alkylating agents by inhibitors of poly(ADF [Mol Cancer Ther. 2010]

Review Poly(ADP-ribose) polymerase (PARP-1) in homologous recombination [Cell Cycle. 2005]

Review [Poly(ADP-ribosa)polymerase--the relationships with life span [Adv Gerontol. 2007]

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Выберите этот пункт!

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

+ Author Affiliations

Requests for reprints: Vincent Favaudon, INSERM U 612, Institut Curie-Recherche, Laboratoires 110-112, Centre Universitaire, 91405 Orsay Cedex, France. Phone: 33-1-6986-3188; Fax: 33-1-6986-3187. E-mail: vincent.favaudon@curie.u-psud.fr

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doi: 10.1158/1535-7163.MCT-05-0418
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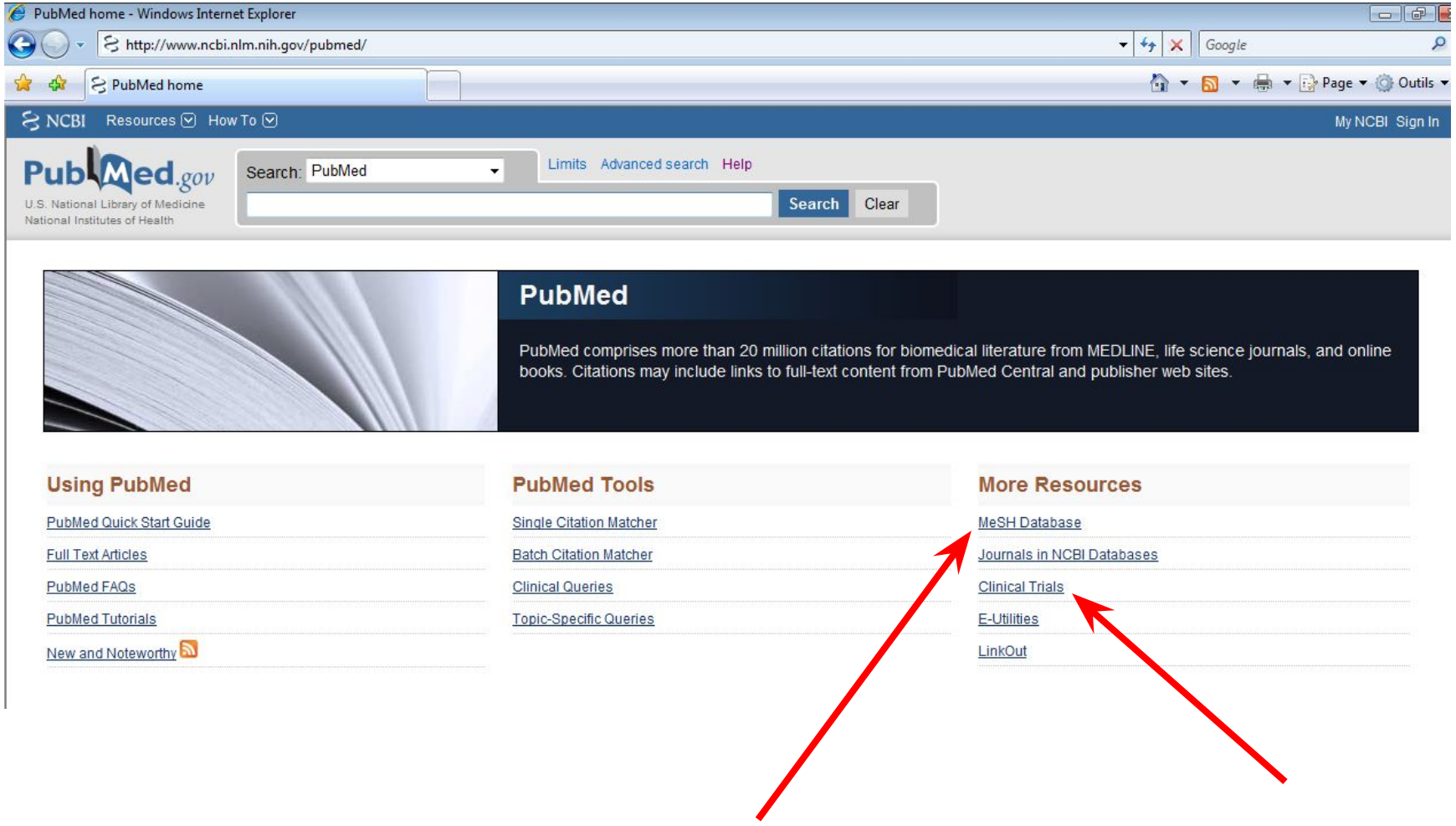
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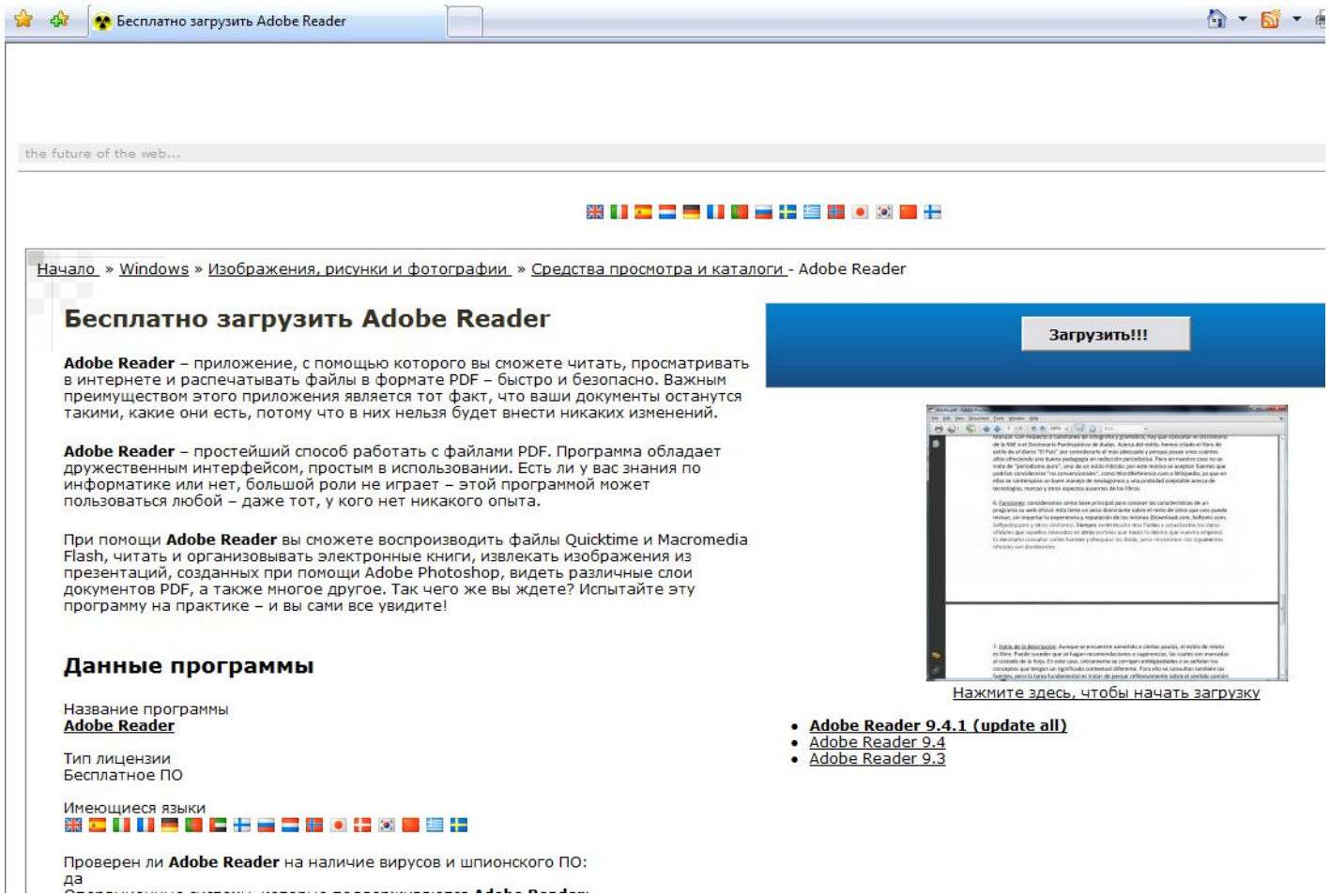

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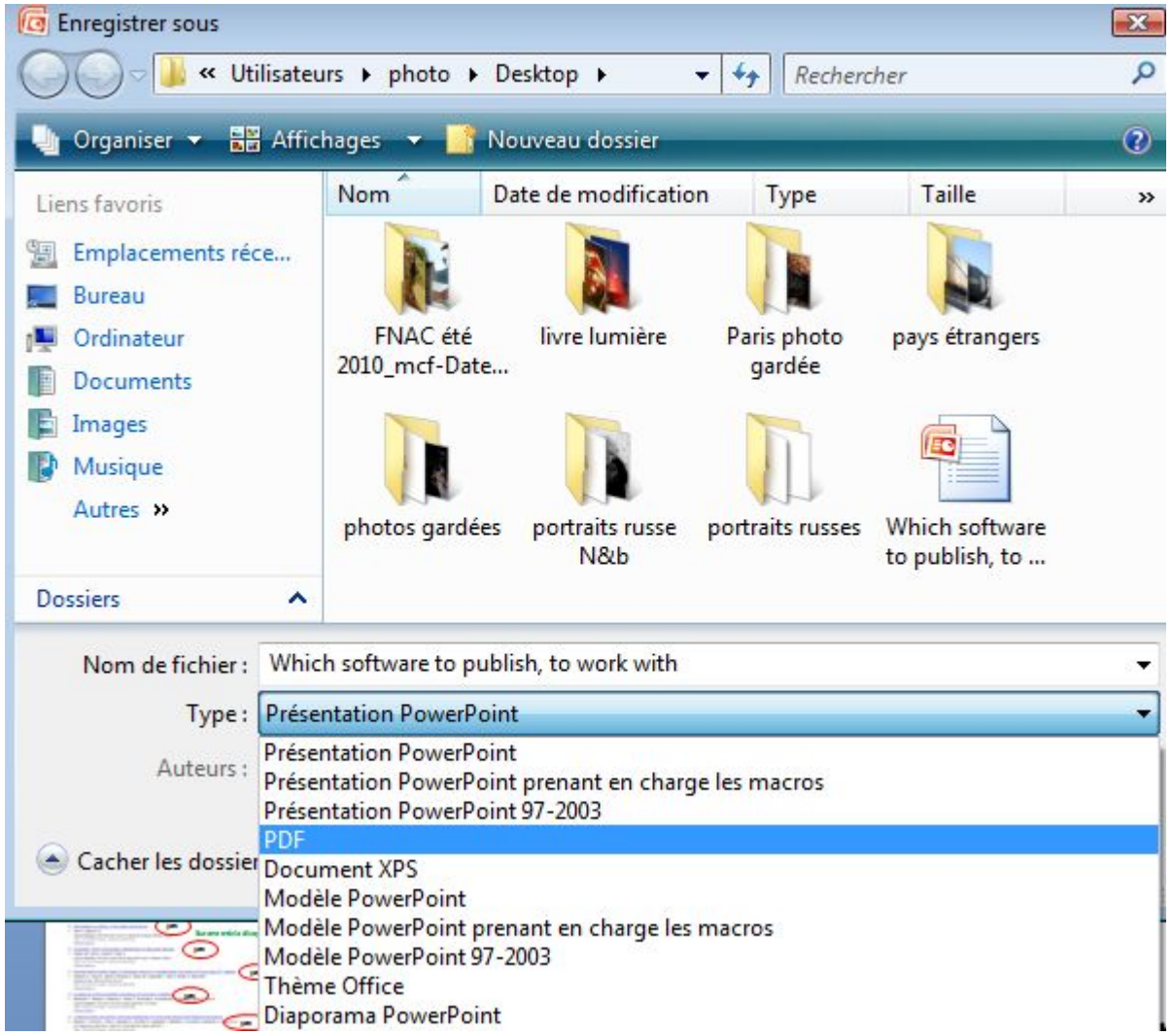

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DOI:10.1158/1535-7163.MCT-05-0418

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

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

INSERM U 612, Institut Curie, Laboratoires 110-112, Centre Universitaire, 91405 Orsay, 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-inhibitors may be achieved only in rapidly growing tumors with a high S-phase content. [Mol Cancer Ther 2006; 5(3):564–74]

Introduction

Poly(ADP-ribose) polymerases (PARP) are present in higher eukaryotes only (for a review, see ref. 1). PARP-1, the founding family member, has been the most extensively studied. PARP-1 is a nuclear 113-kDa enzyme that detects and binds DNA single-strand breaks (SSB) through a zinc-finger domain located at its NH_2-terminal end (2). PARP-1 is involved in many important cellular

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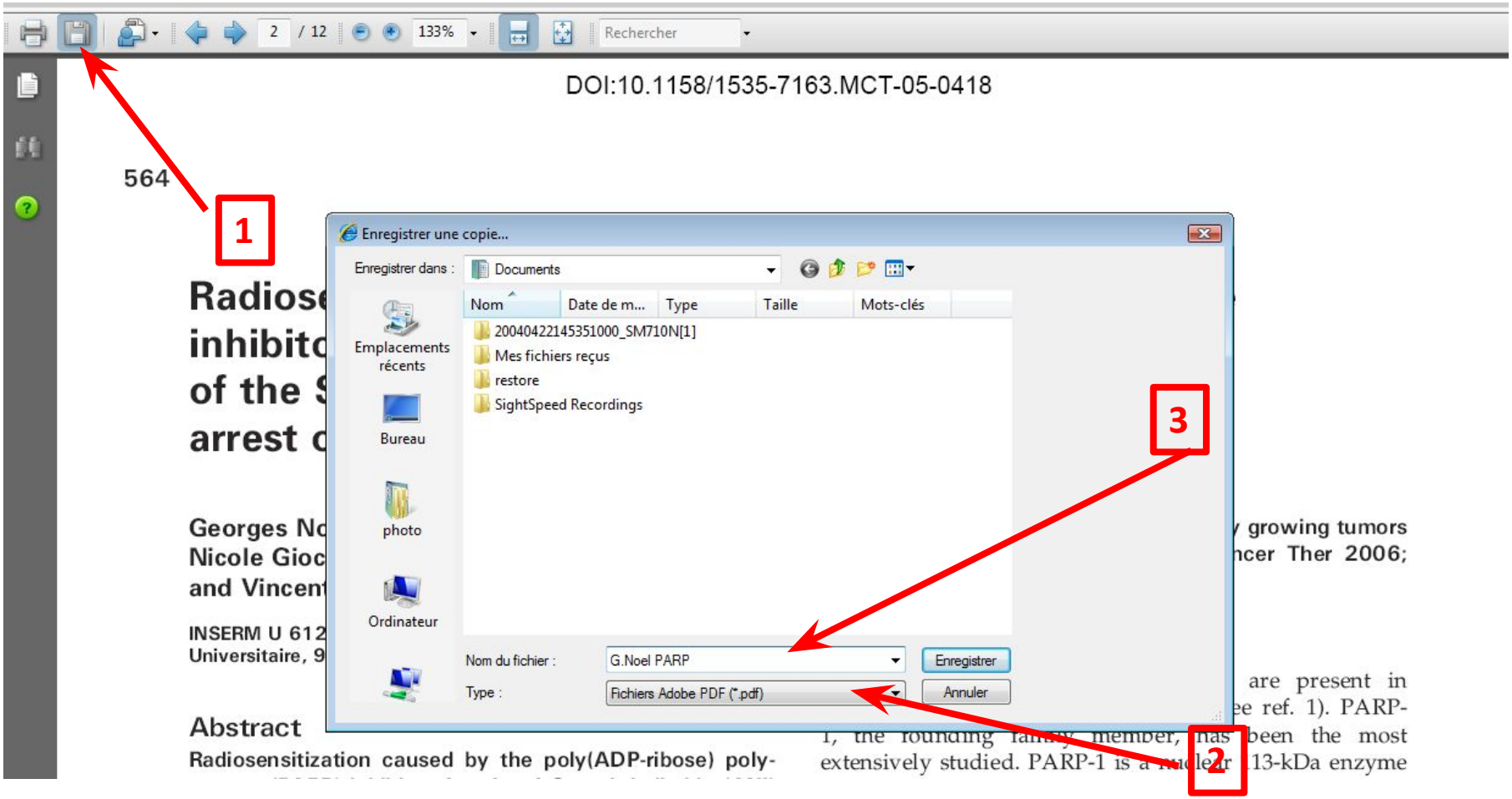

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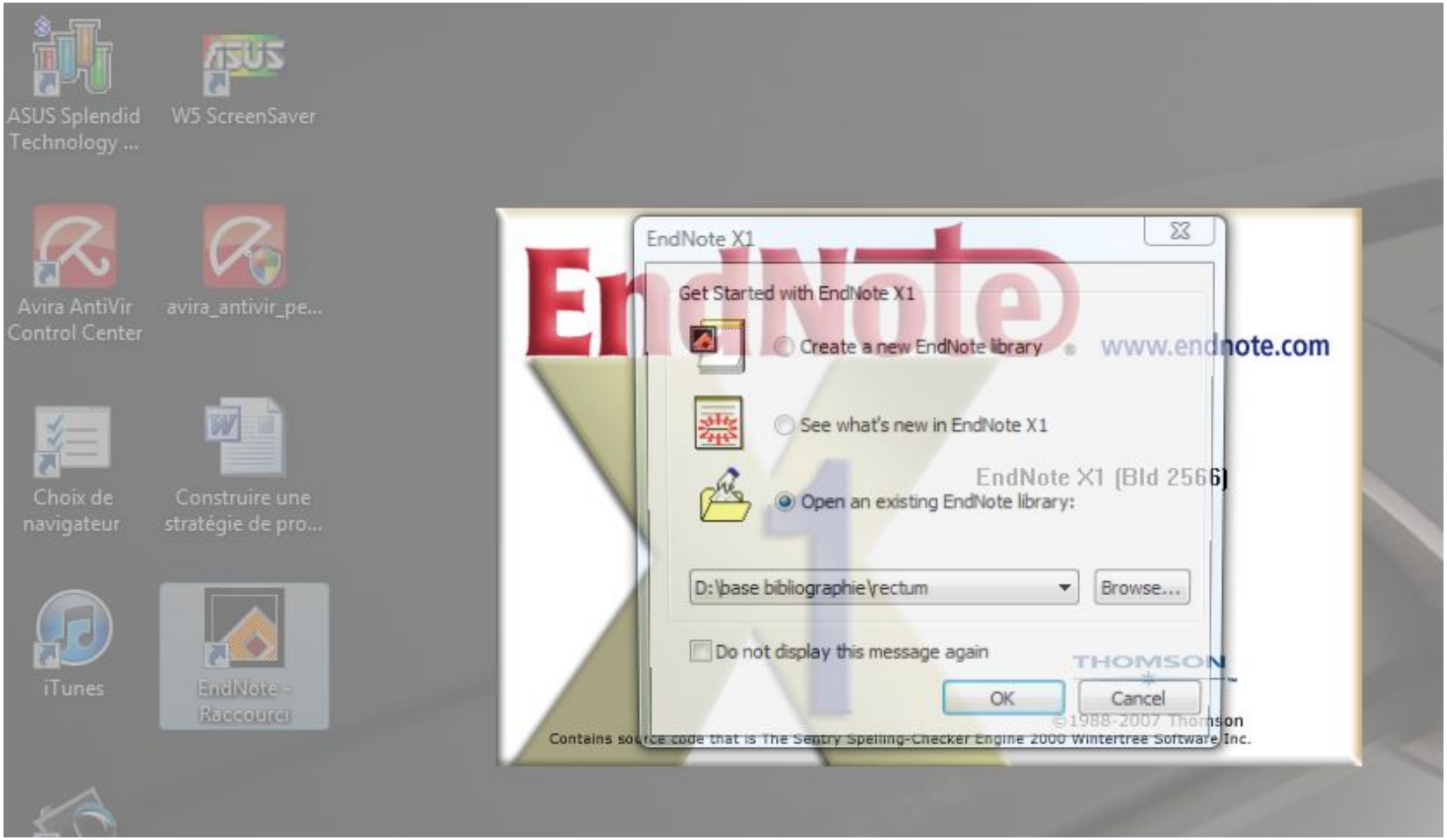

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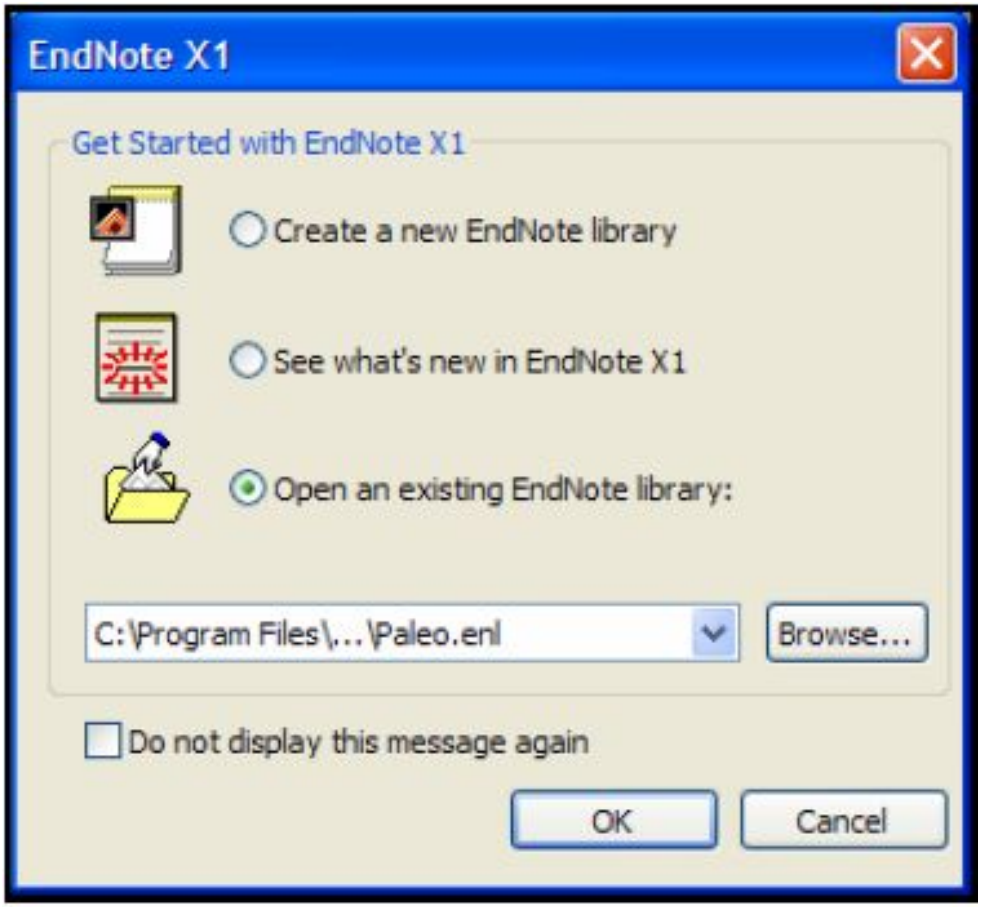

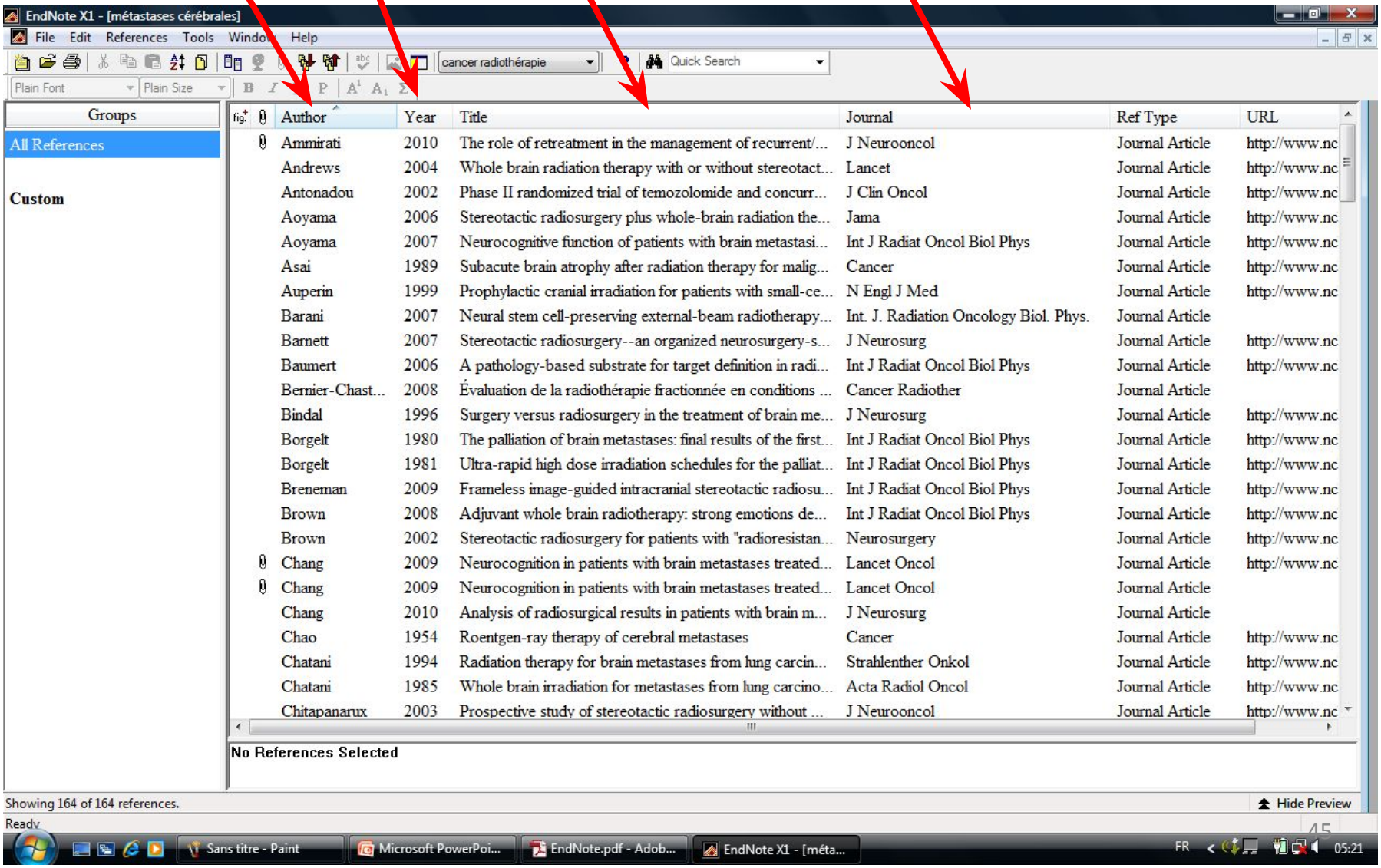
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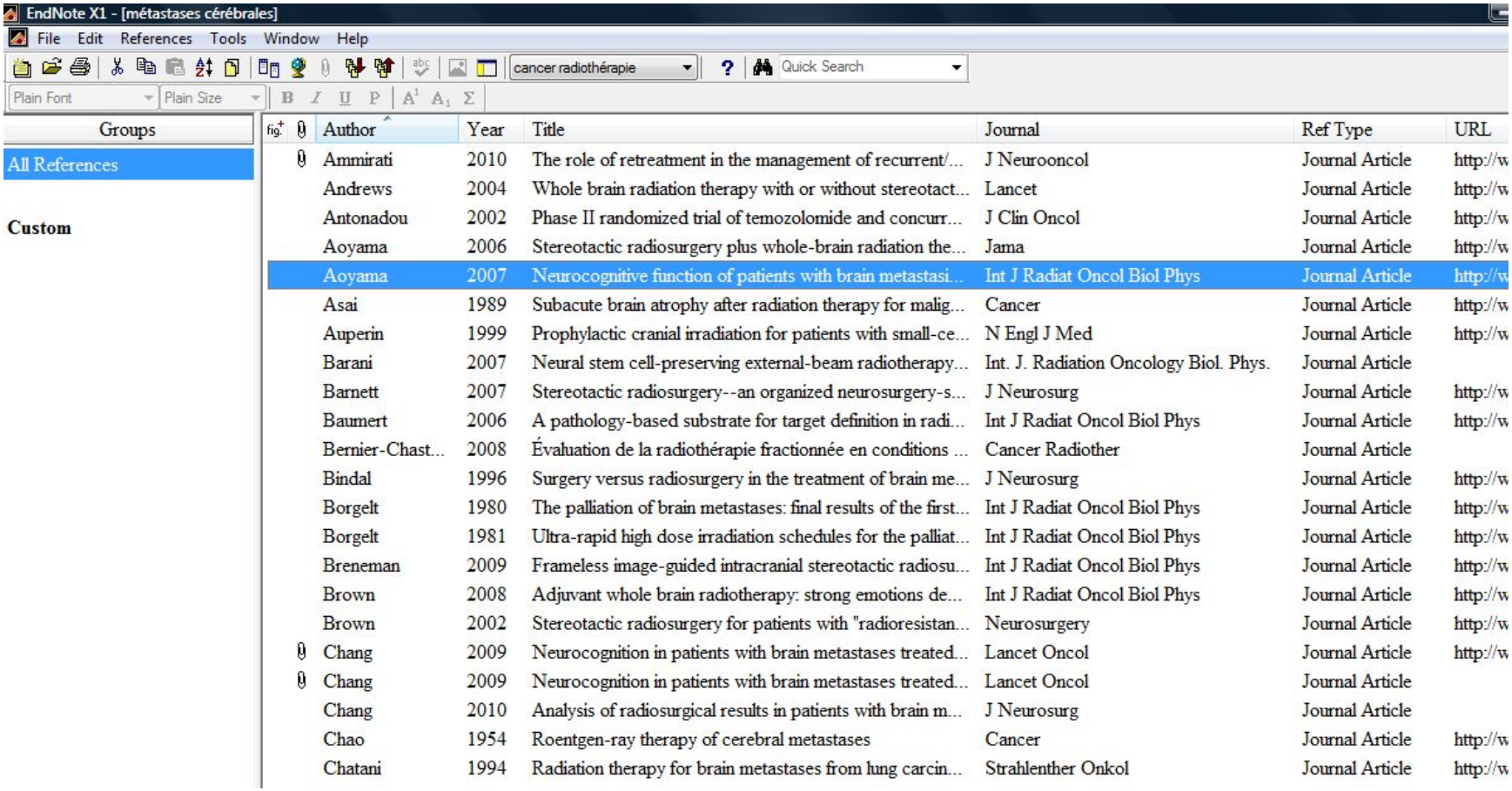

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Middle Aged
Prospective Studies
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Abstract

PURPOSE: To determine how the omission of whole brain radiotherapy (WBRT) affects the neurocognitive function of patients with one to four brain metastases who have been treated with stereota 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, statistica 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 basel MMSE score of < or =27 (17 in the WBRT+SRS group and 22 in the SRS-alone group). Improvements of > or =3 points in the MMSEs of 9 WBRT+SRS patients and 11 SRS-alone patients (p = were observed. Of the 82 patients with a baseline MMSE score of > or =27 or whose baseline MMSE score was < or =26 but had improved to > or =27 after the initial brain treatment, the 12-, 24 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 a 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 n 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 mi be negligible.

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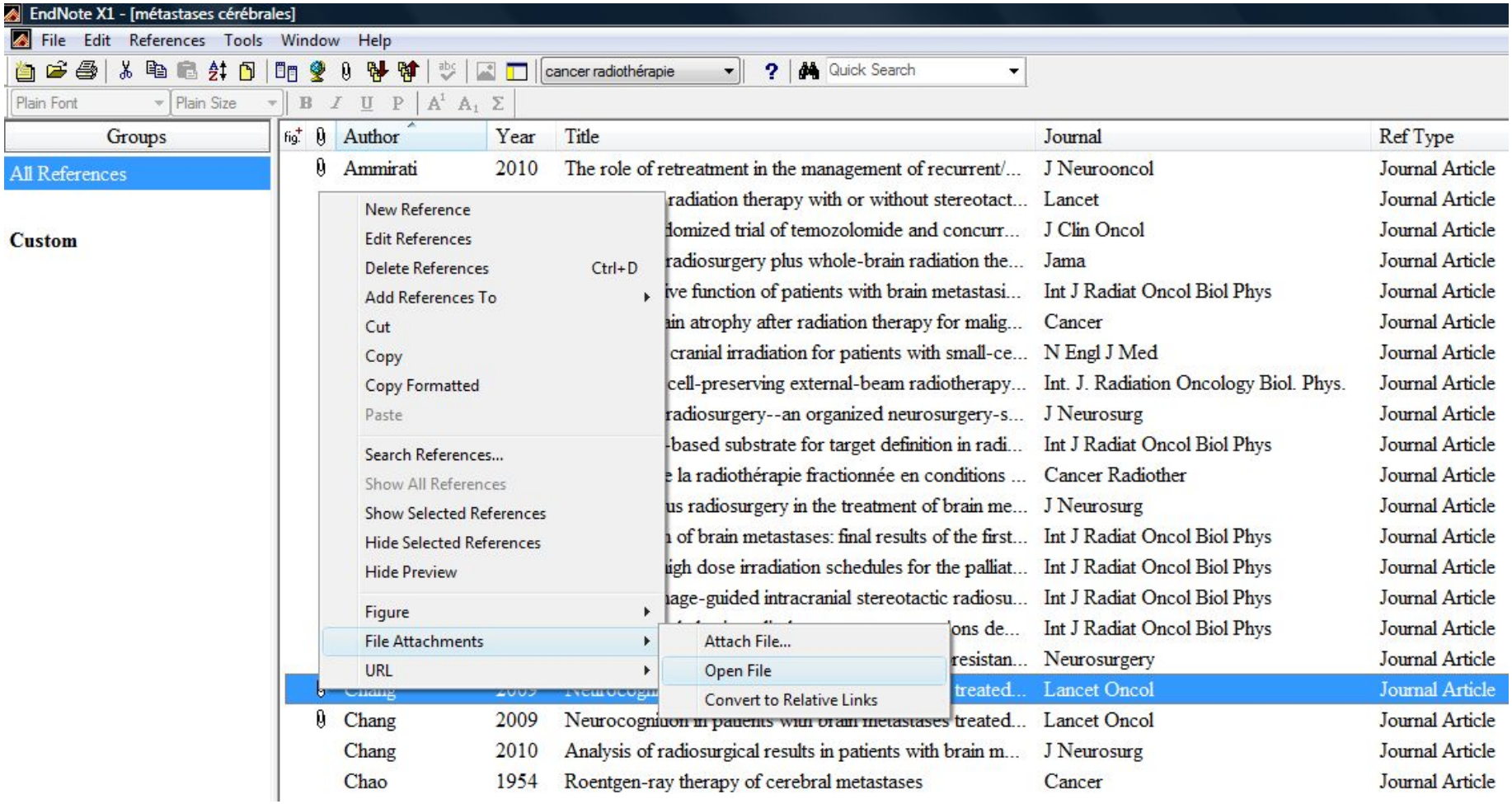

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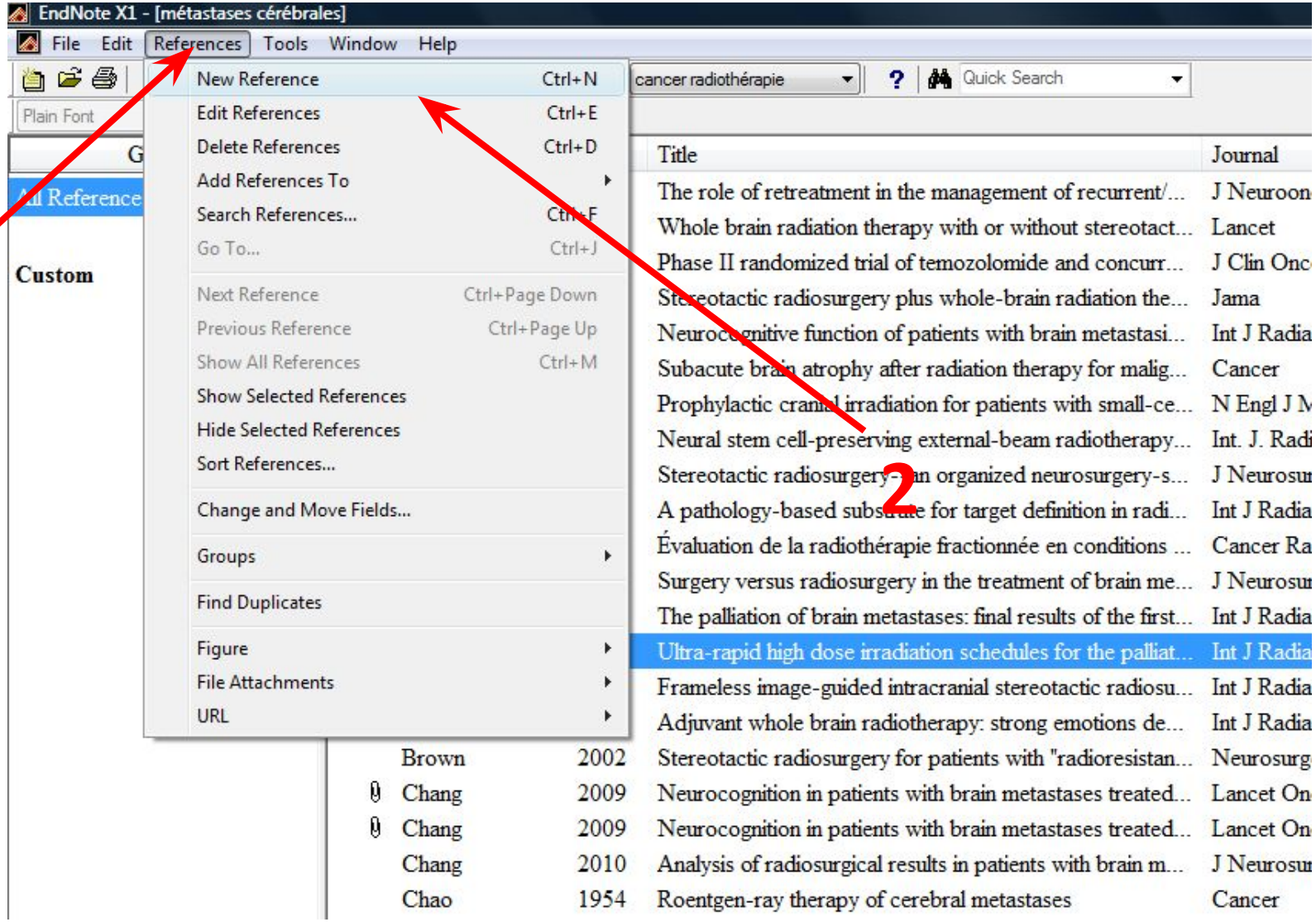

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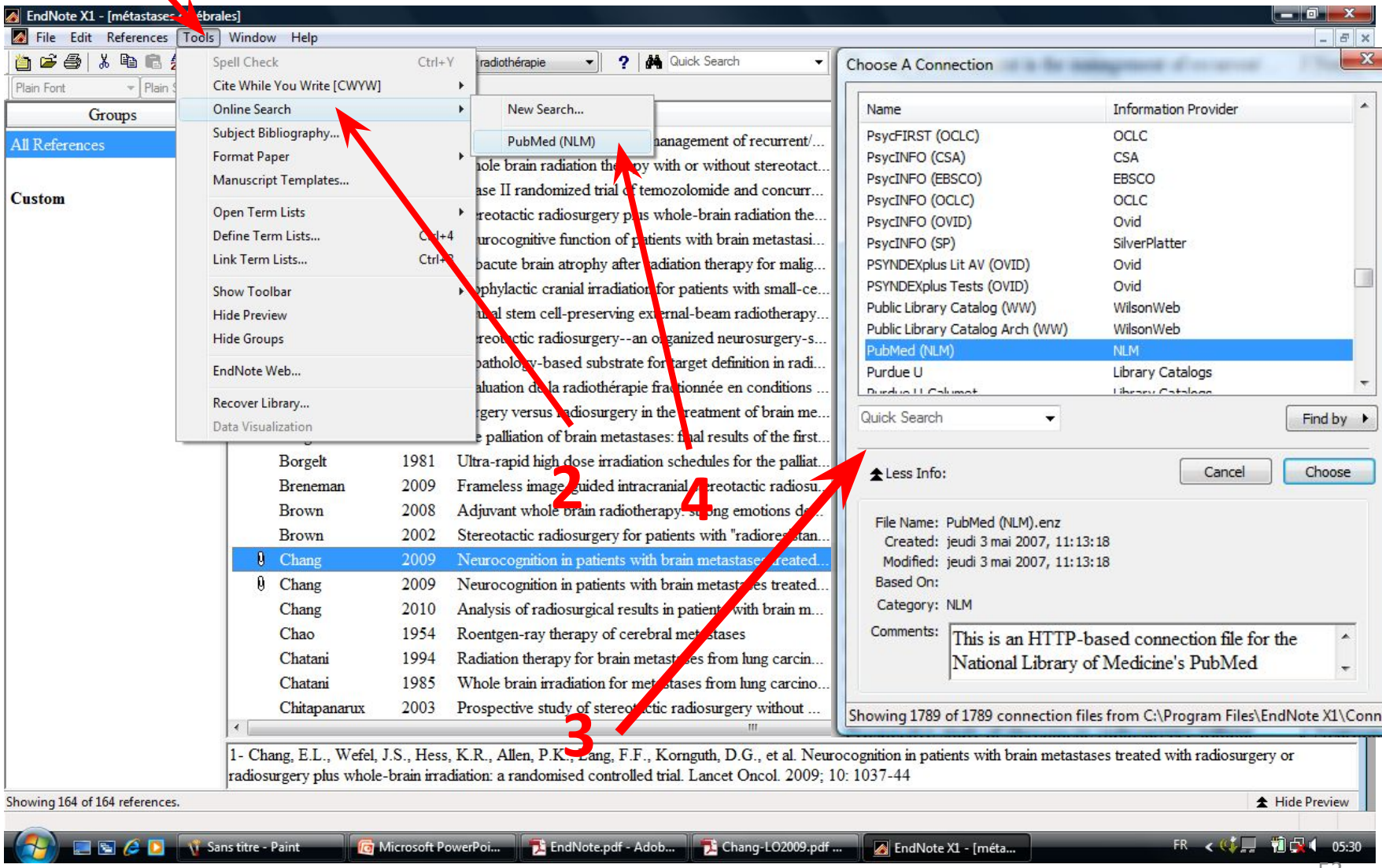

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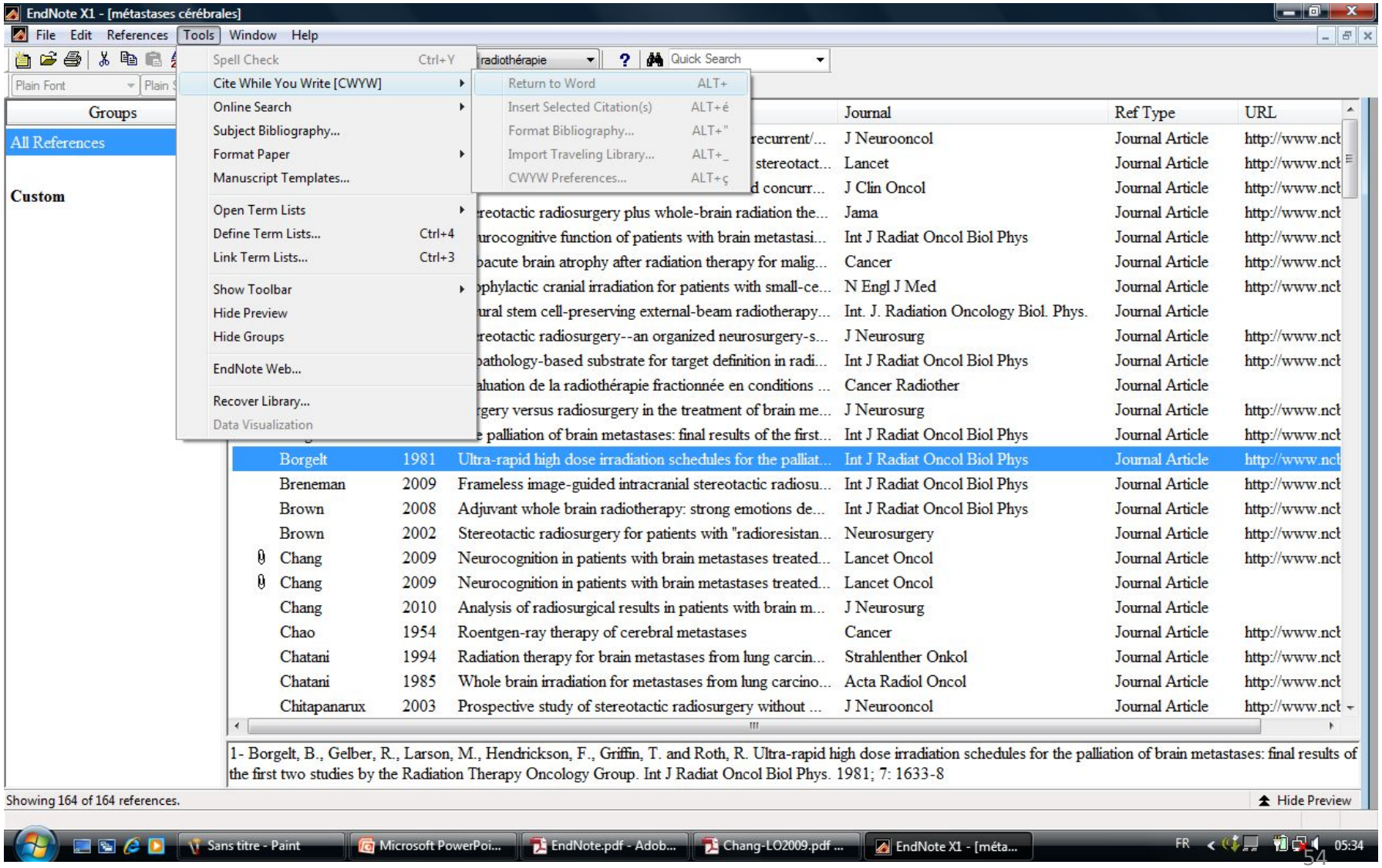

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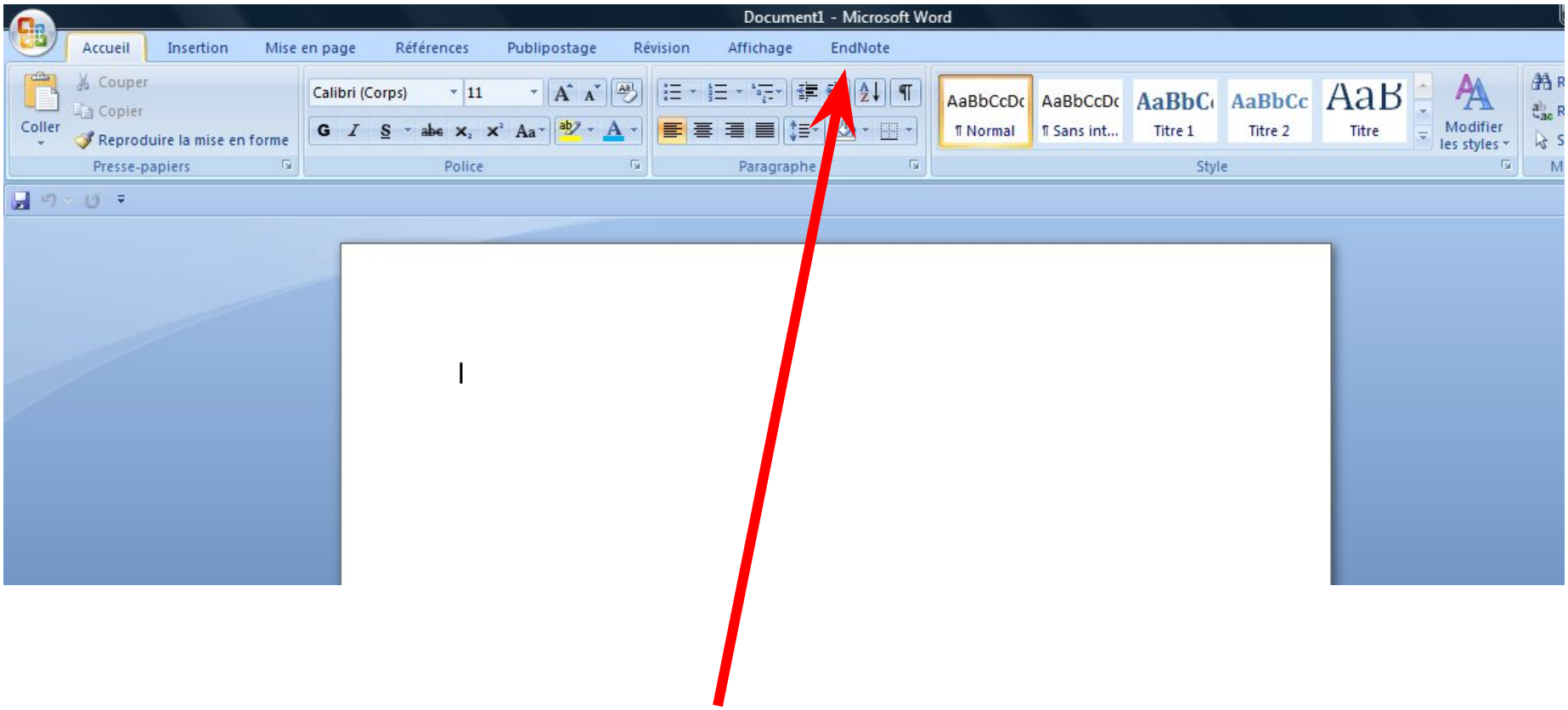

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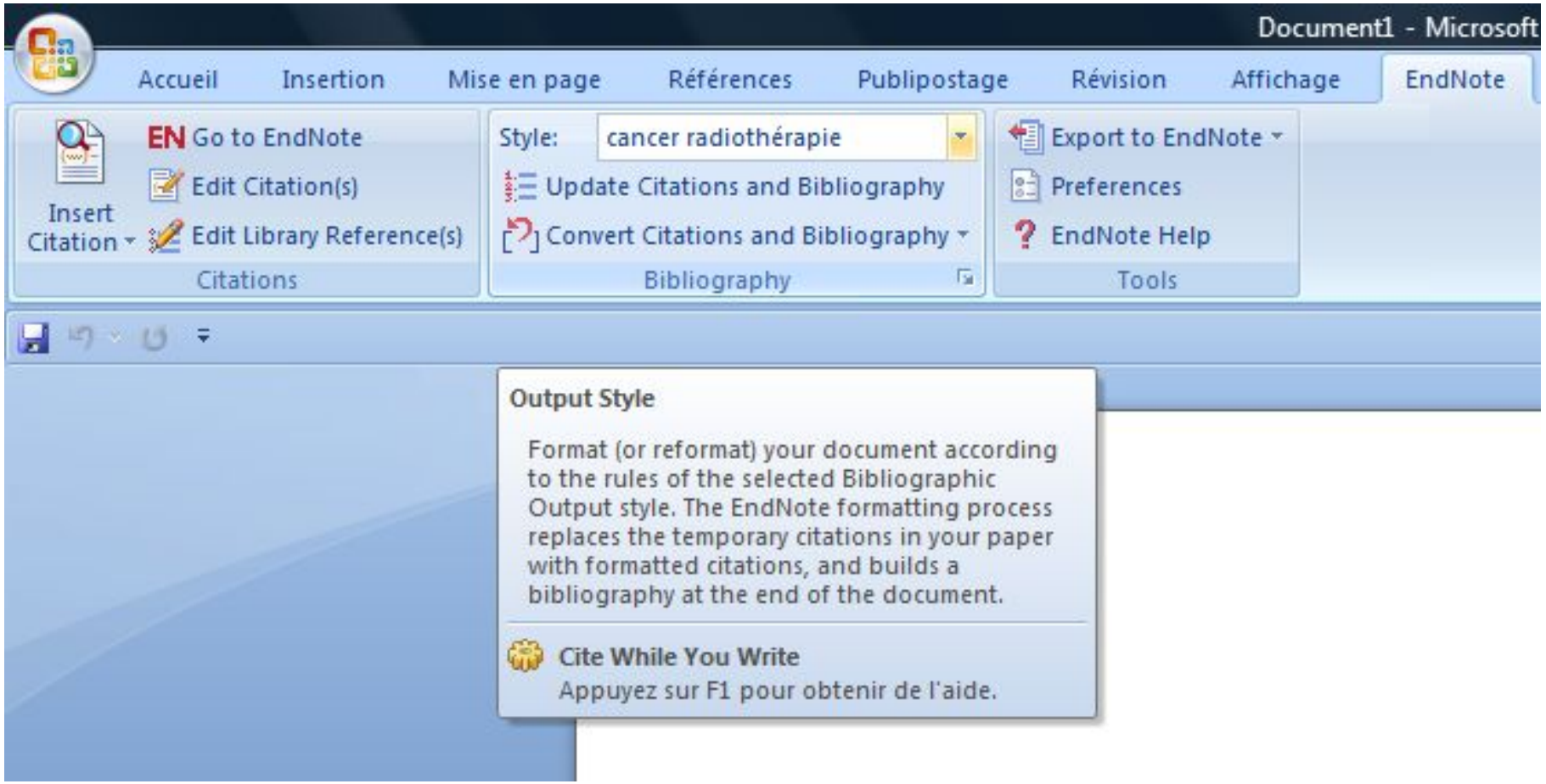

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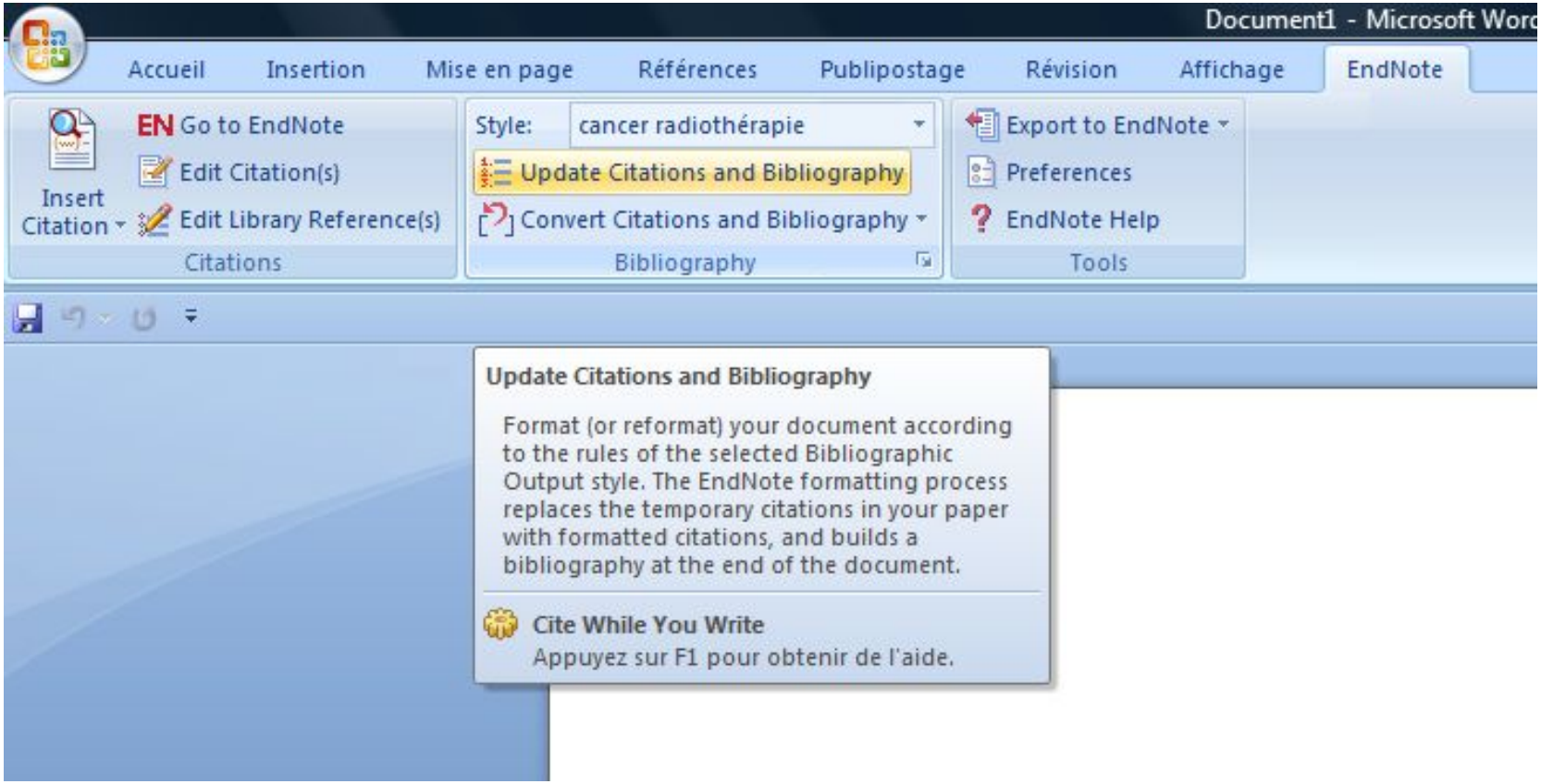

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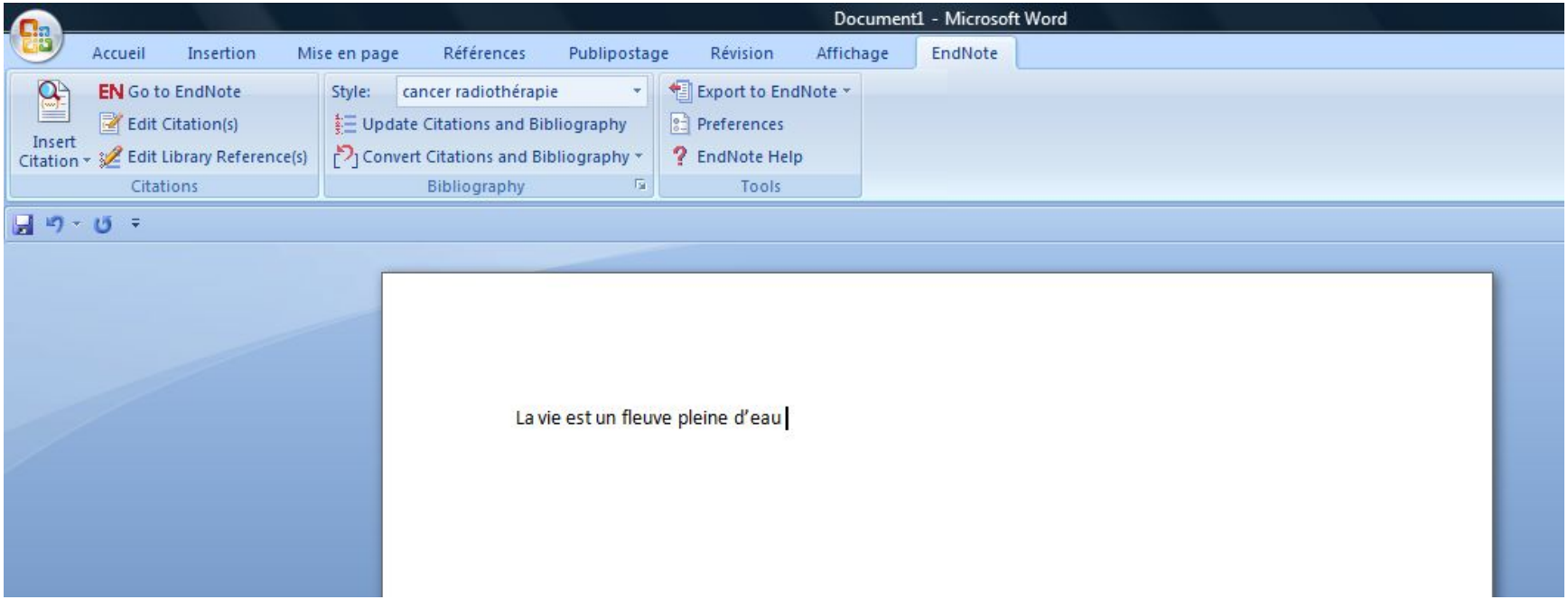

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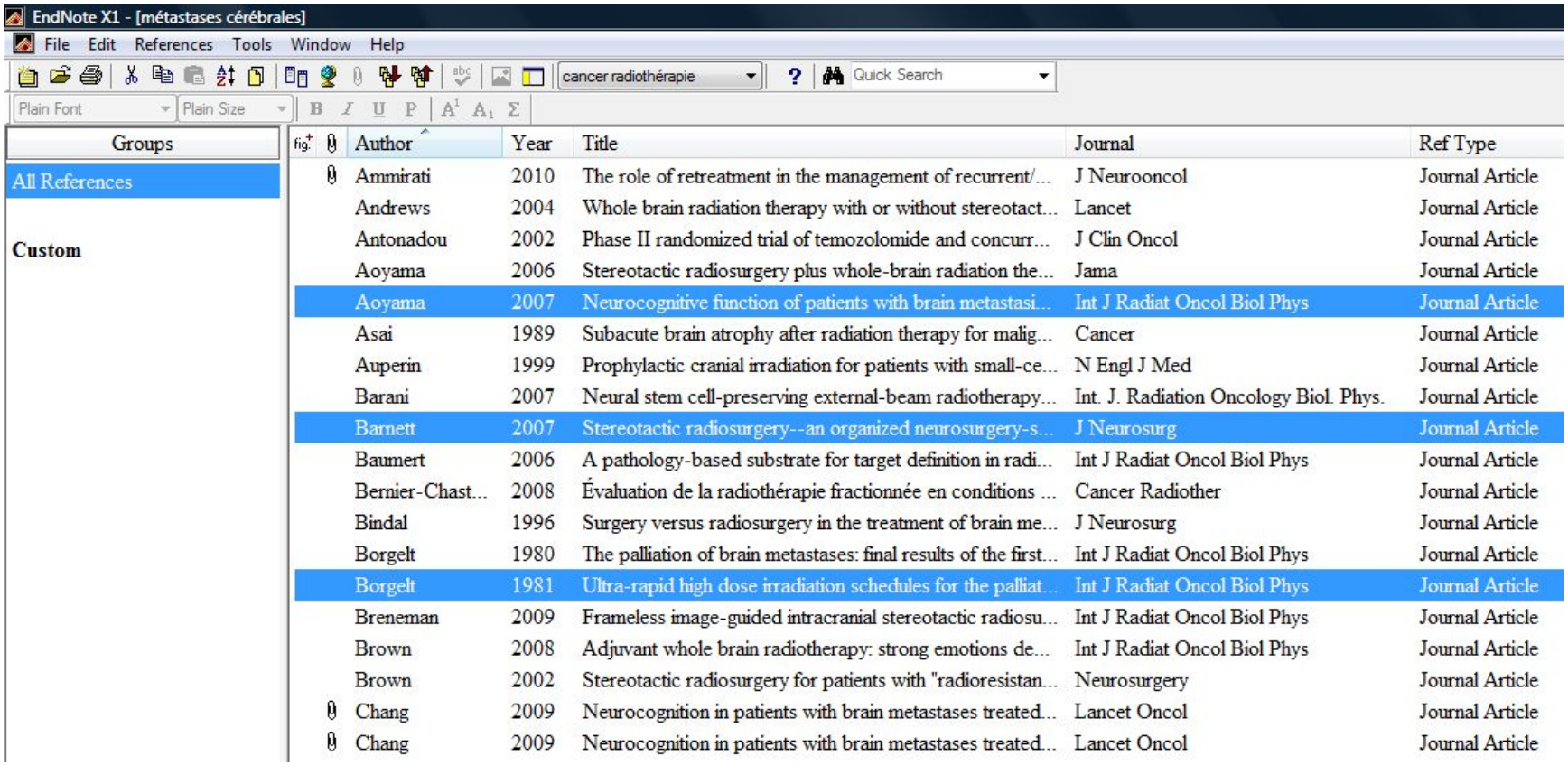

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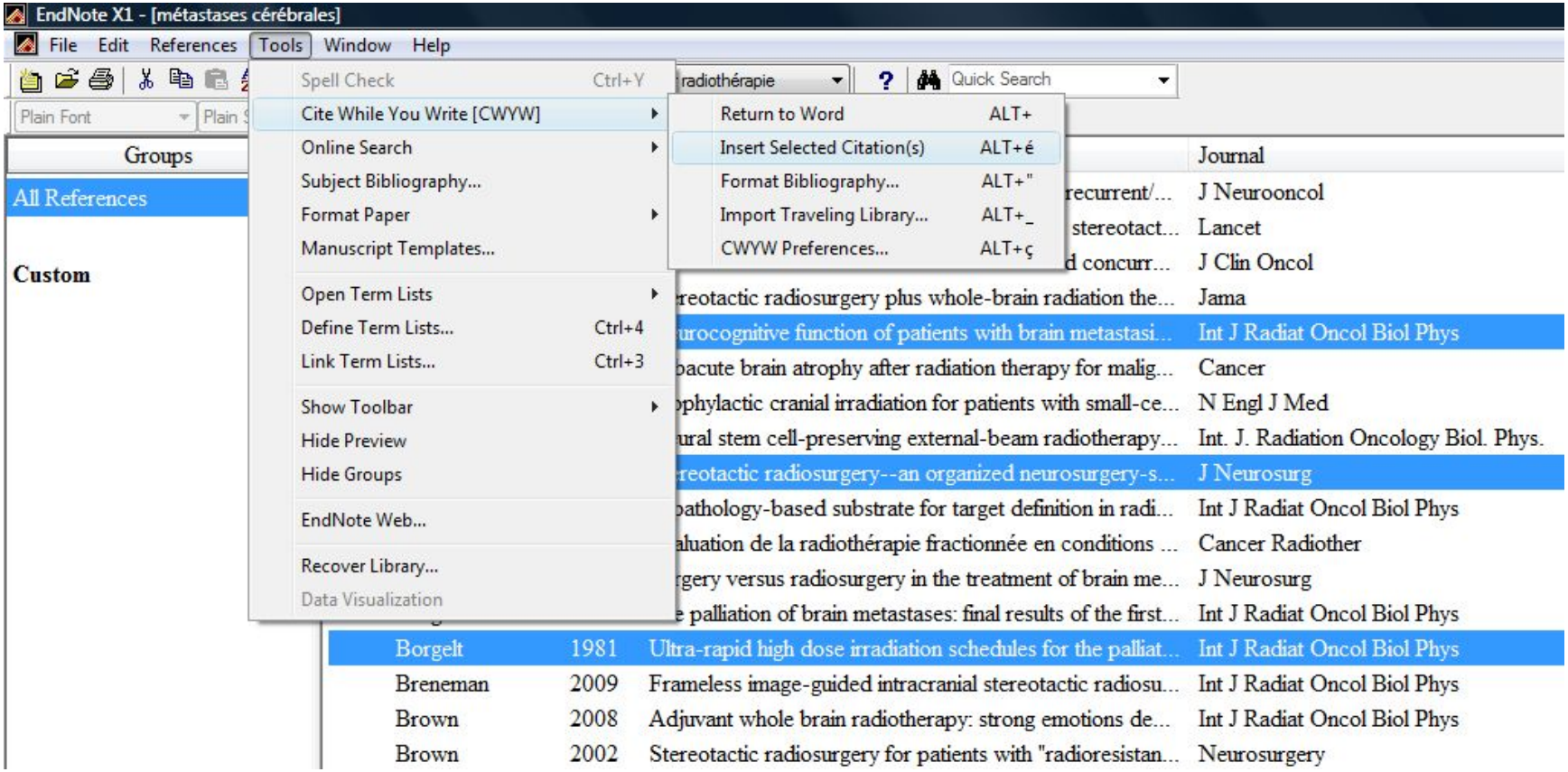

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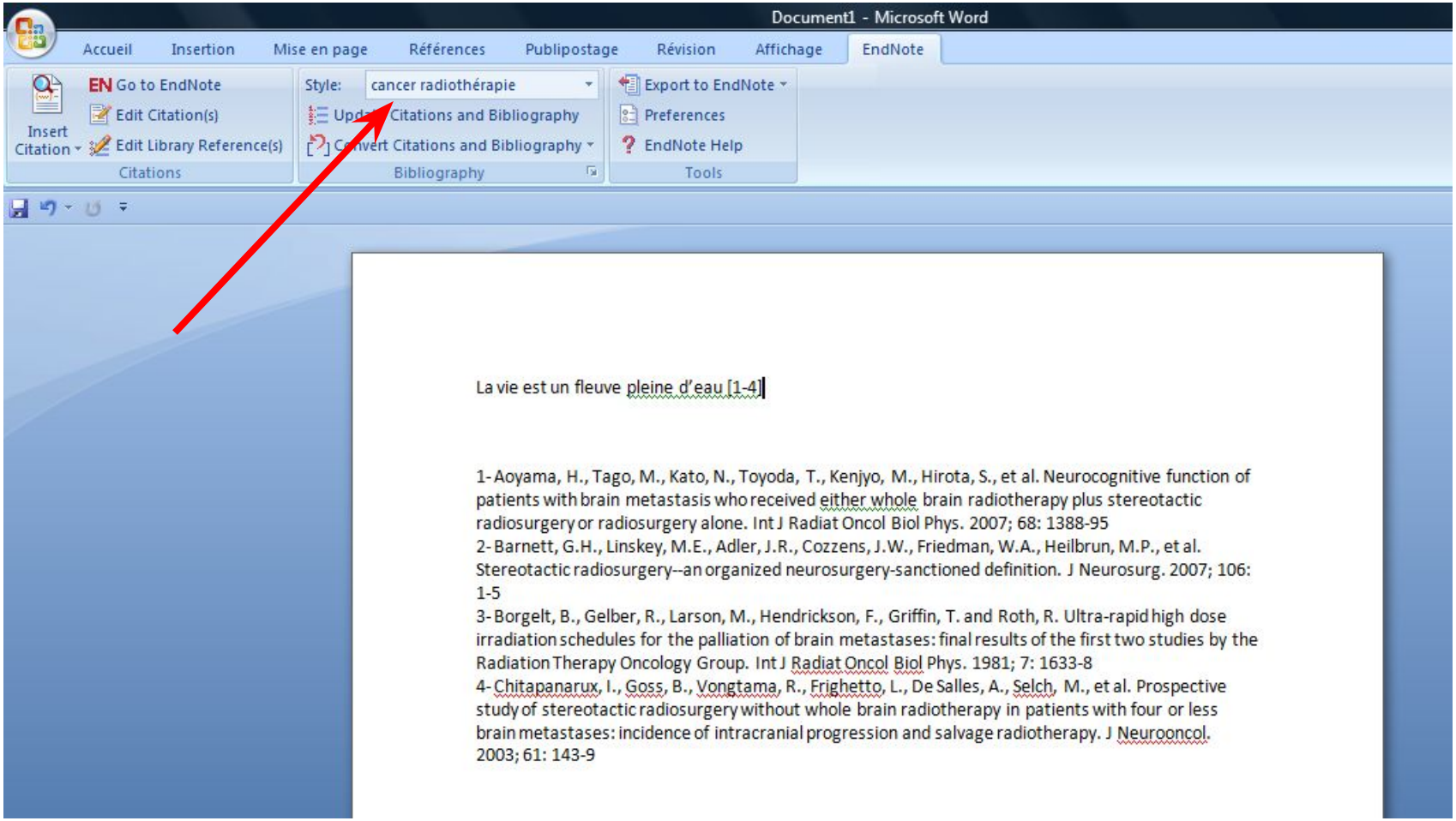
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2- Barnett, G.H., Linskey, M.E., Adler, J.R., Cozzens, J.W., Friedman, W.A., Heilbrun, M.P., et al. Stereotactic radiosurgery--an organized neurosurgery-sanctioned definition. J Neurosurg. 2007; 106: 1-5
3- Borgelt, B., Gelber, R., Larson, M., Hendrickson,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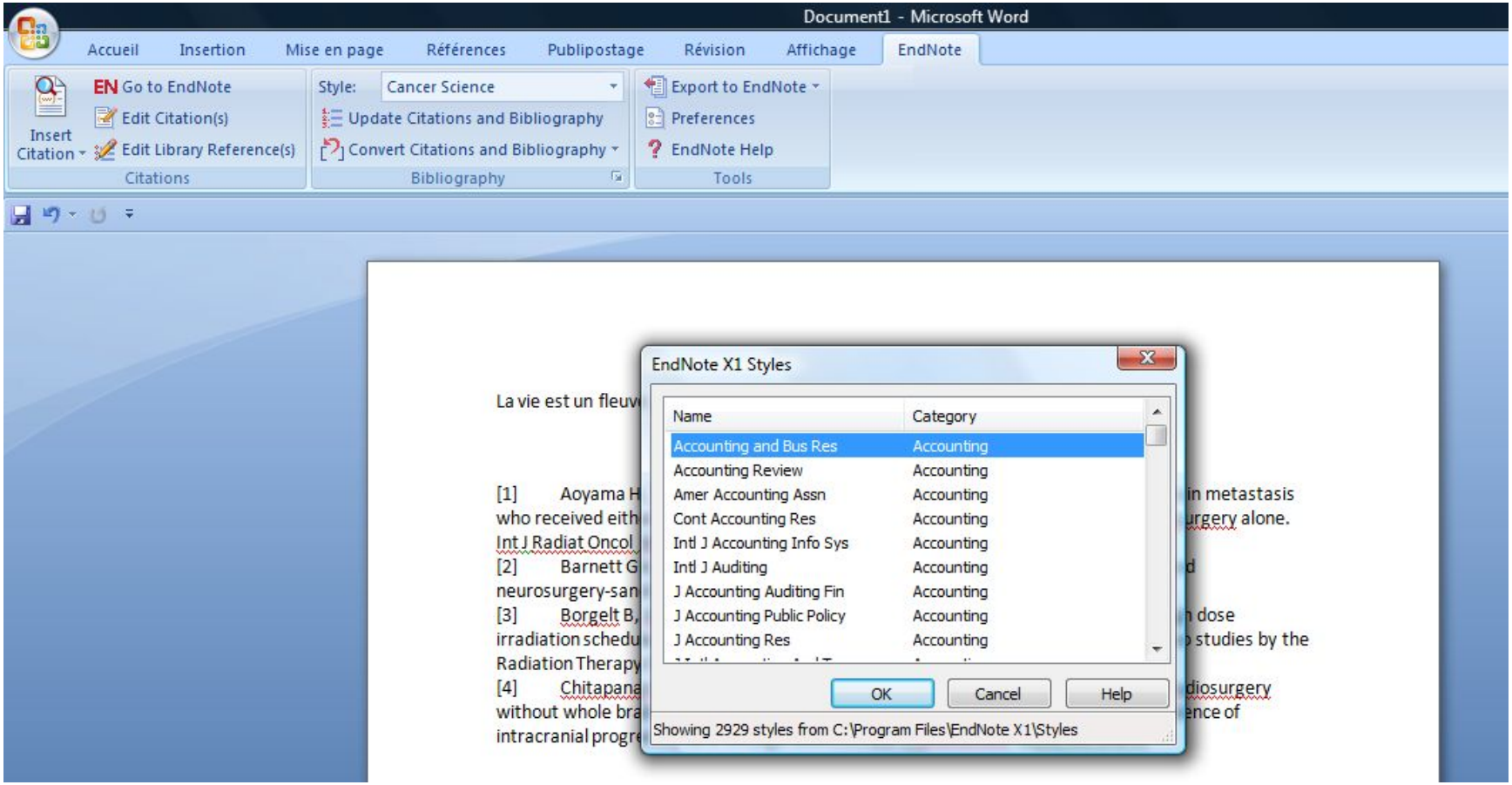

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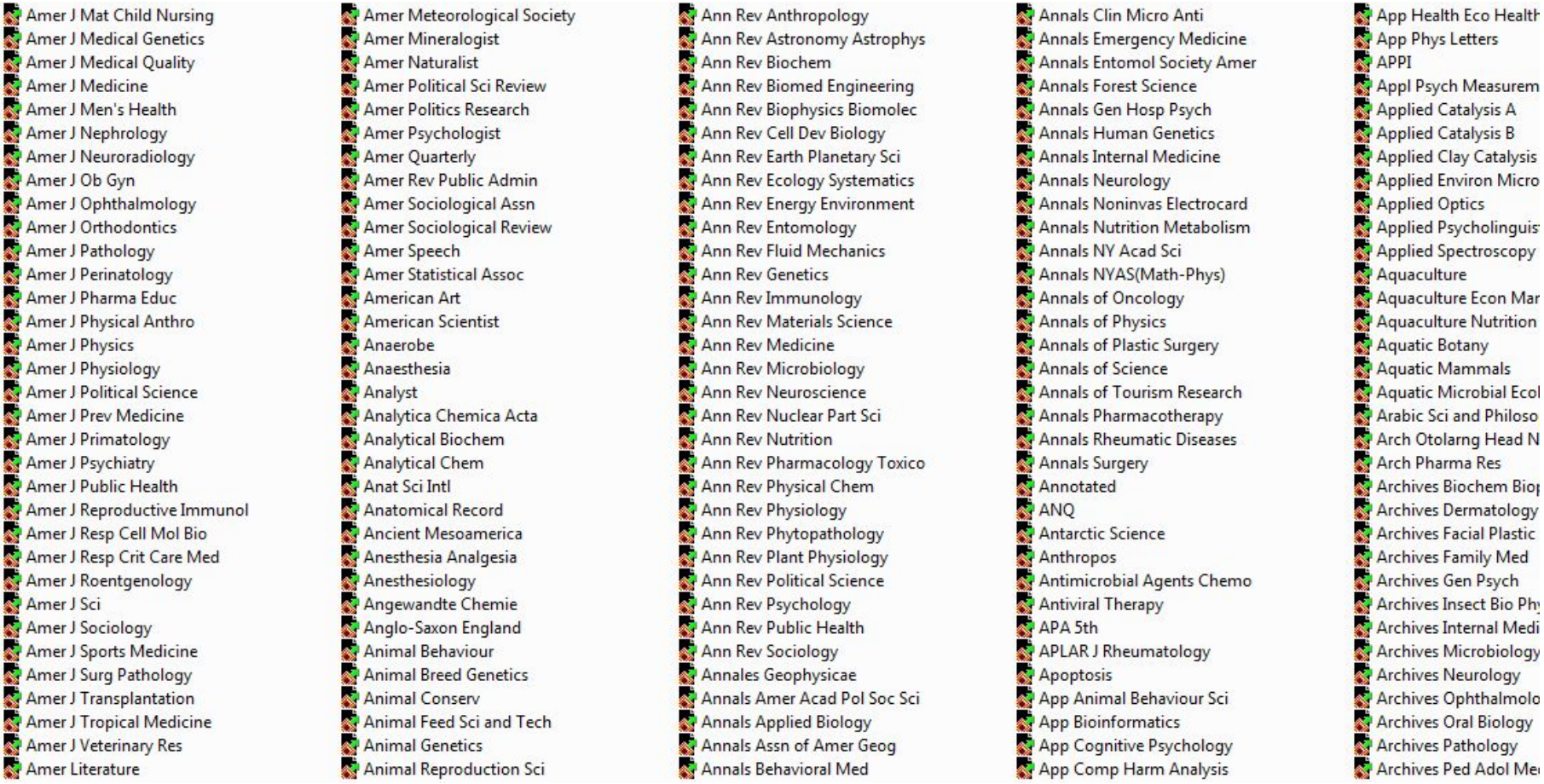

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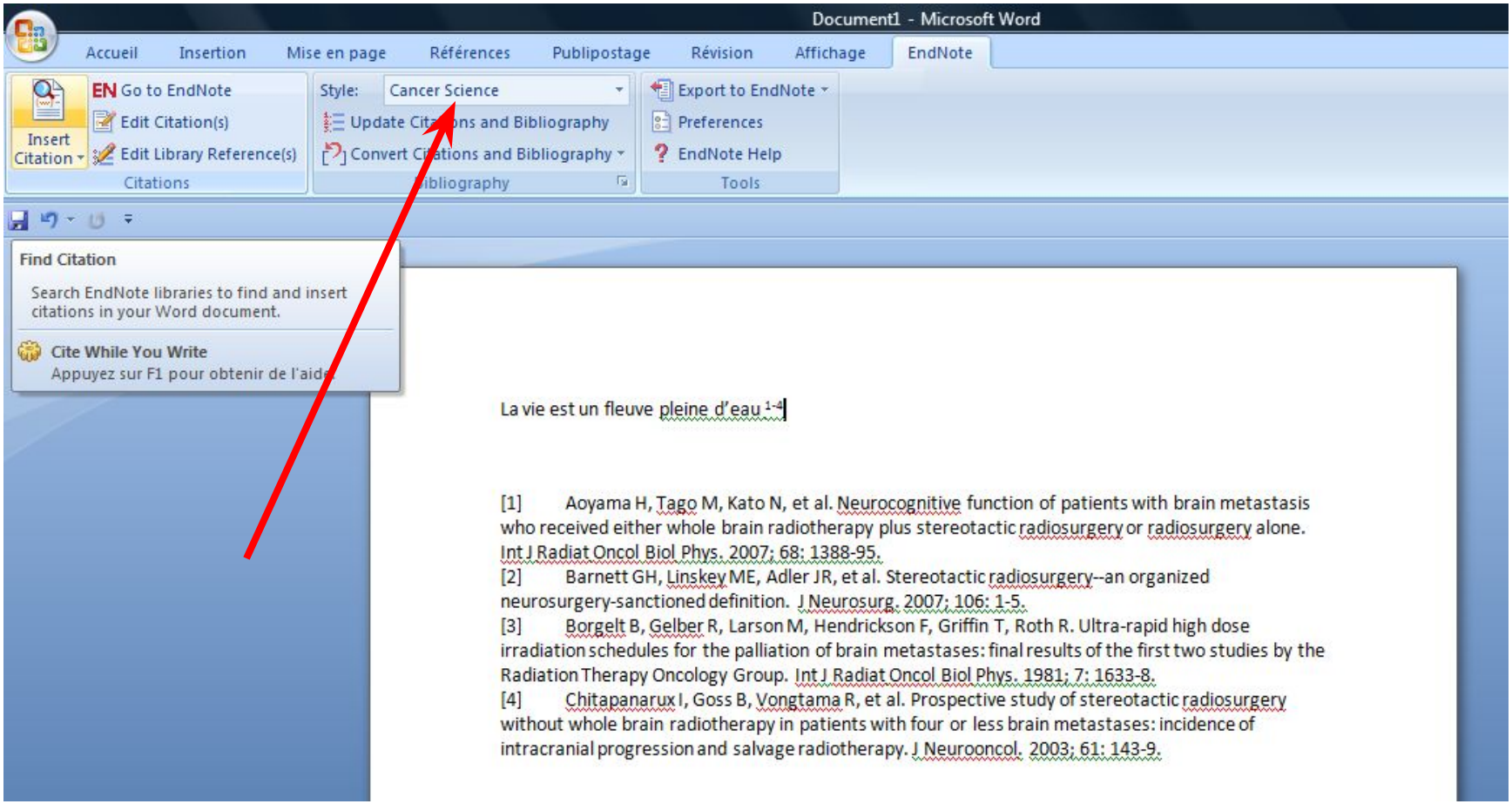
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[2] Barnett GH, Linskey ME, Adler JR, et al. Stereotactic radiosurgery--an organized neurosurgery-sanctioned definition. J Neurosurg. 2007; 106: 1-5.
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[4] Chitapanarux I, Goss B, Vongtama R, et al. 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.

ПРОГРАММА STATVIEW

Почему статистика?

- **Потому что это основа анализа!**
- **Список полезных статистических средств для публикации ограничен!**

- **1/ курсы статистики**
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- **3/ их использование!**

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- **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)

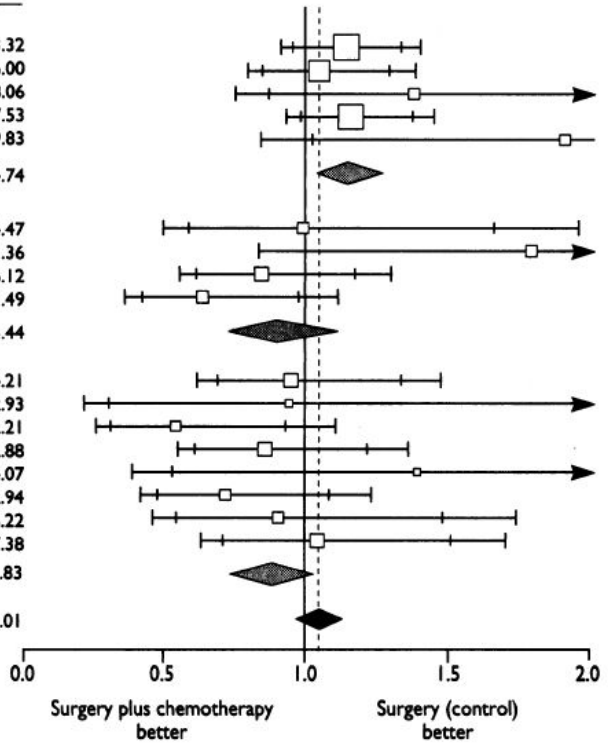
C. Le Péchoux[1*], A. Laplanche[2], C. Faivre-Finn[3], T. Ciuleanu[4], R. Wanders[5], D. Lerouge[6], R. Keus[7], M. Hatton[8], G.M. Videtic[9], S. Senan[10], A. Wolfson[11], R. Jones[12], R. Arriagada[13], E. Quoix[14] & A. Dunant[2] on behalf of the Prophylactic Cranial Irradiation (PCI) Collaborative 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: Surgery plus chemotherapy	Surgery	Observed – expected deaths	Variance
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
SGACLC 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
SGACLC 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
JLCSSG	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**

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- **Простые правила**
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  - **Один вид данных о пациенте или болезни**

- **классификация**
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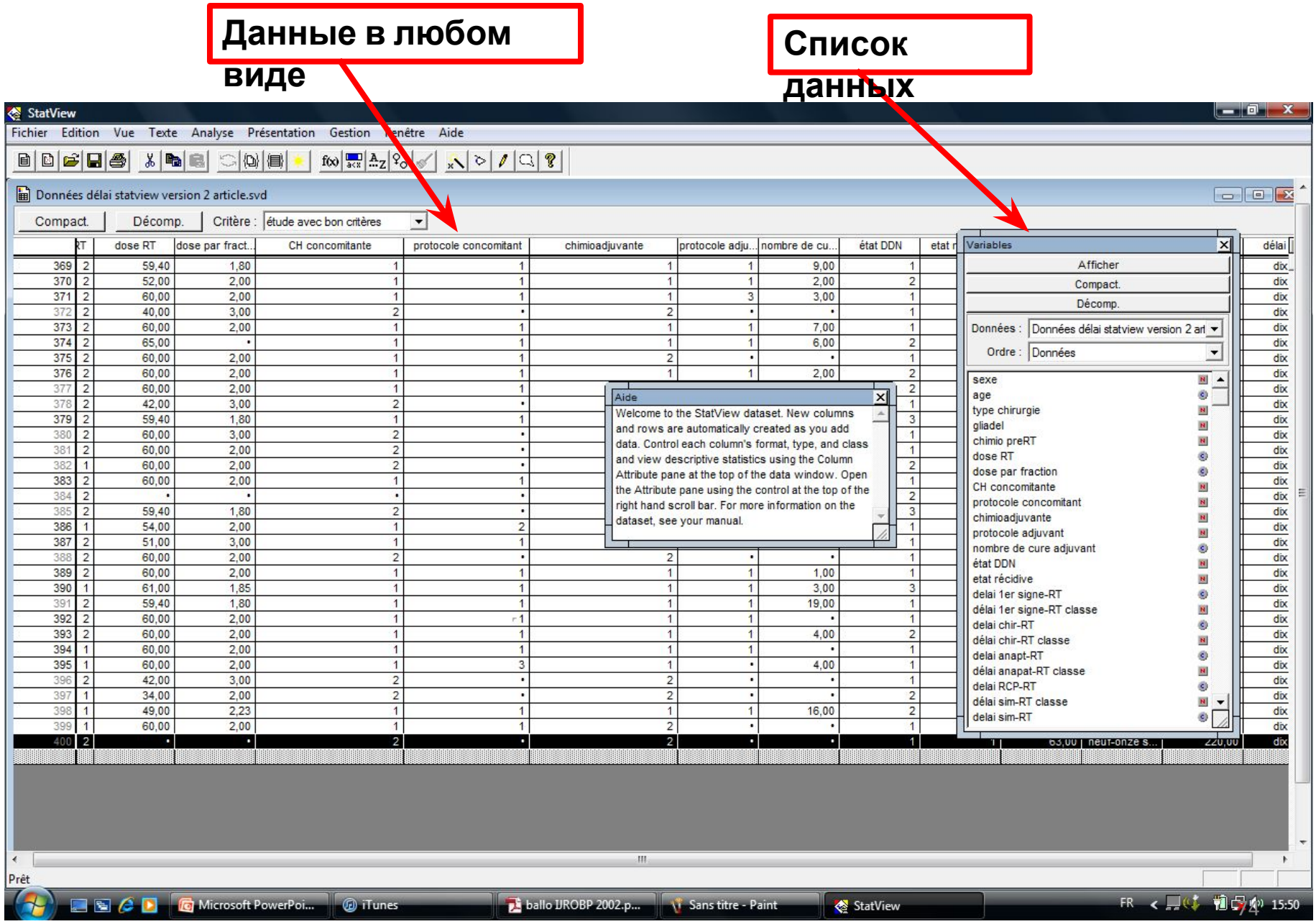
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Compact.
Décomp.
Critère : étude avec bon critères
RT dose RT dose par fract.. CH concomitante protocole concomitant chimioadjuvante protocole adju... nombre de cu... état DDN etat r délai
369 2 59,40 1,80 1 1 1 1 9,00 1 dix
370 2 52,00 2,00 1 1 1 1 2,00 2 dix
371 2 60,00 2,00 1 1 1 3 3,00 1 dix
372 2 40,00 3,00 2 • 2 • • 1 dix
373 2 60,00 2,00 1 1 1 1 7,00 1 dix
374 2 65,00 • 1 1 1 1 6,00 2 dix
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376 2 60,00 2,00 1 1 1 1 2,00 2 dix
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389 2 60,00 2,00 1 1 1 1 1,00 1 dix
390 1 61,00 1,85 1 1 1 1 3,00 3 dix
391 2 59,40 1,80 1 1 1 1 19,00 1 dix
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Aide
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.
Variables
Afficher
Compact.
Décomp.
Données : Données délai statview version 2 arl
Ordre : Données
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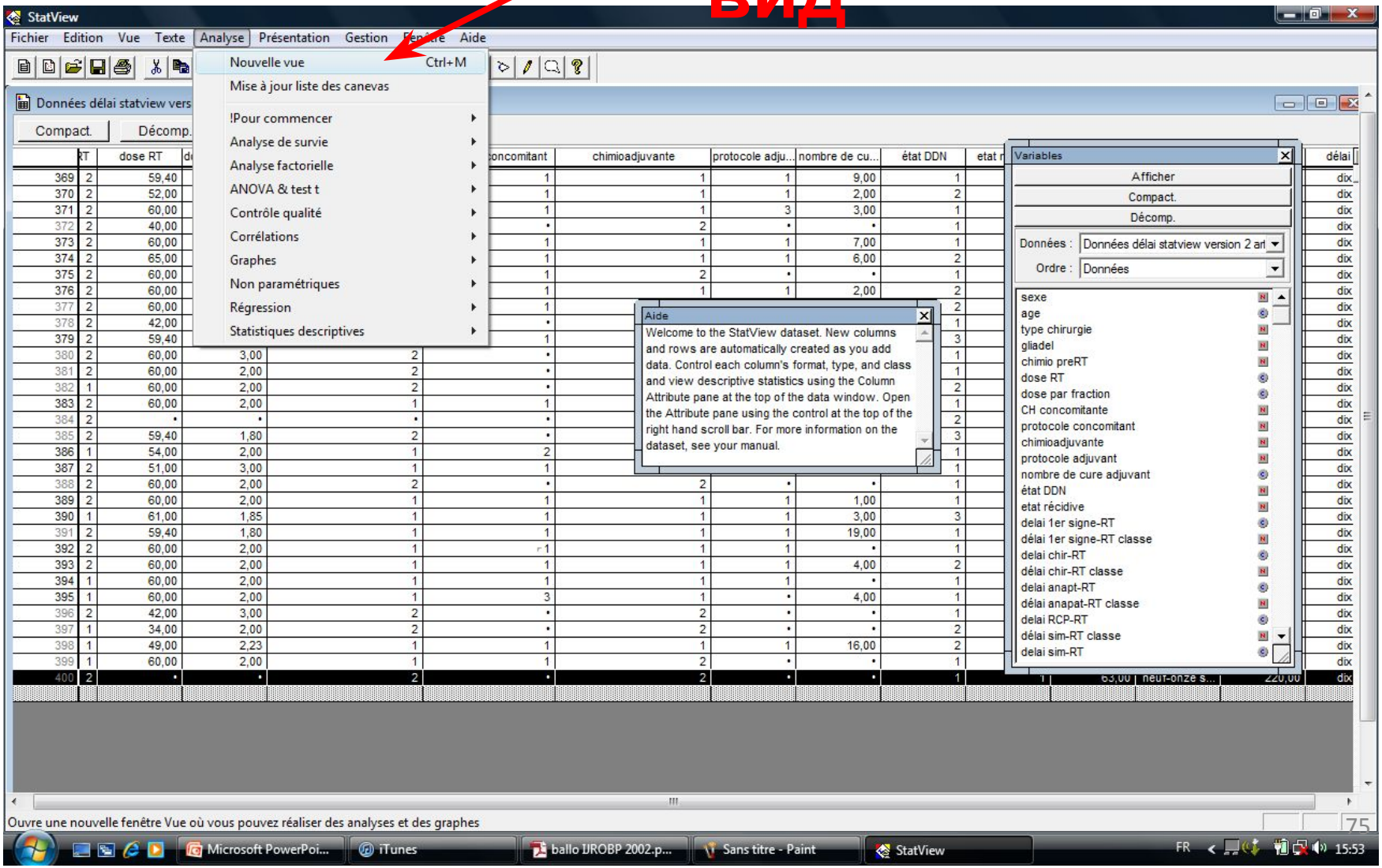
age
type chirurgie
gliadel
chimio preRT
dose RT
dose par fraction
CH concomitante
protocole concomitant
chimioadjuvante
protocole adjuvant
nombre de cure adjuvant
état DDN
etat récidive
delai 1er signe-RT
délai 1er signe-RT classe
delai chir-RT
délai chir-RT classe
delai anapt-RT
délai anapat-RT classe
delai RCP-RT
délai sim-RT classe
delai sim-RT
Prêt
Microsoft PowerPoi...
iTunes
ballo IJROBP 2002.p...
Sans titre - Paint
StatView
FR
15:50

Новый вид


StatView
Fichier Edition Vue Texte Analyse Présentation Gestion Fenêtre Aide
Nouvelle vue Ctrl+M
Mise à jour liste des canevas
!Pour commencer
Analyse de survie
Analyse factorielle
ANOVA & test t
Contrôle qualité
Corrélations
Graphes
Non paramétriques
Régression
Statistiques descriptives
Données délai statview vers
Compact.
Décomp.
Aide
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.
Variables
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protocole adjuvant
nombre de cure adjuvant
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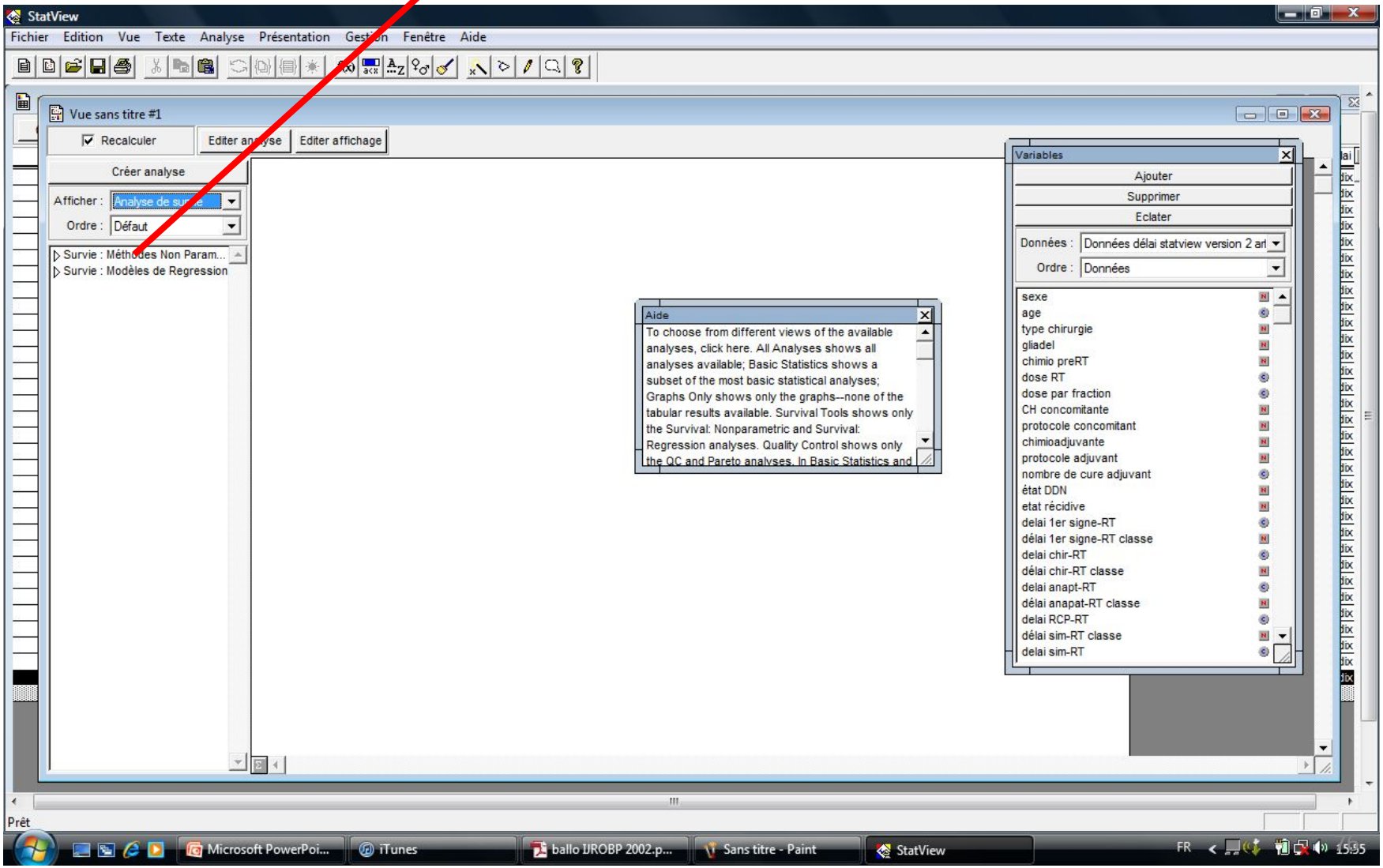
etat récidive
delai 1er signe-RT
délai 1er signe-RT classe
delai chir-RT
délai chir-RT classe
delai anapt-RT
délai anapat-RT classe
delai RCP-RT
délai sim-RT classe
delai sim-RT
Ouvre une nouvelle fenêtre Vue où vous pouvez réaliser des analyses et des graphes
Microsoft PowerPoi...
iTunes
ballo IJROBP 2002.p...
Sans titre - Paint
StatView
FR
15:53

Тип анализа:
Не параметриальное выживание



Mentel-Cox

текст

Kaplan-Meier

метод

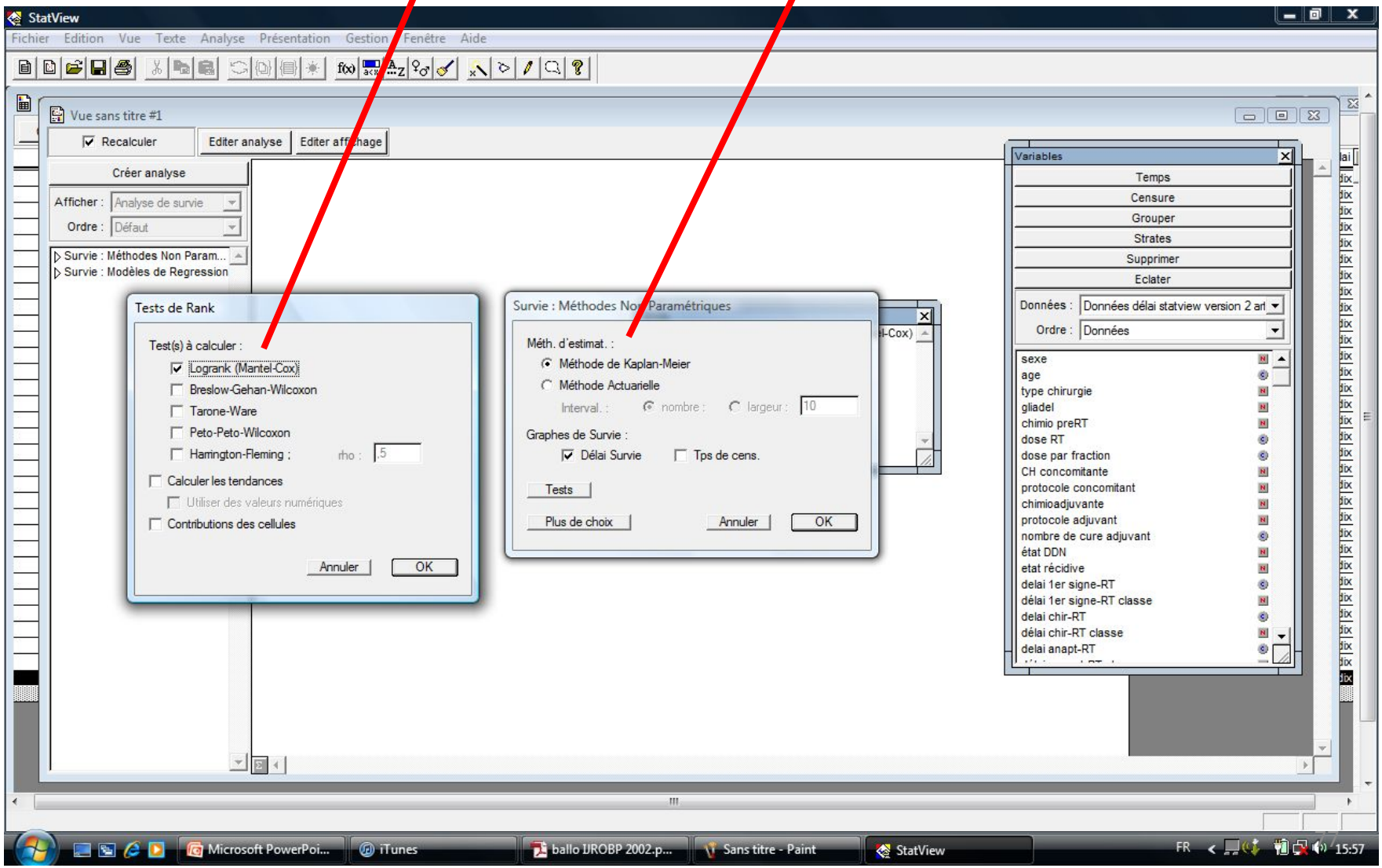


Tableau de Survie résumé pour delai DDN
Variable censure : dernière nouvelle
Facteur : type chirurgie

	# 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

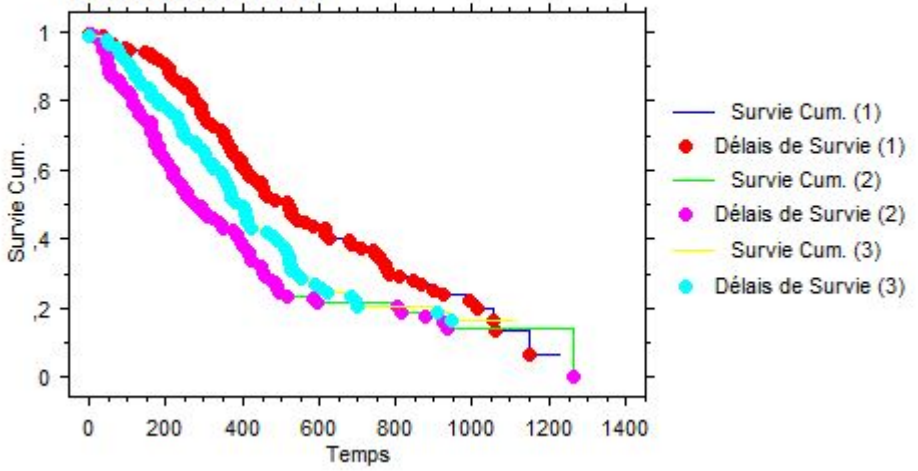


Схема выживания

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**