
NEJM融合期刊套 装使用指南2025

OVID | 朱琳

2025年

 Wolters Kluwer

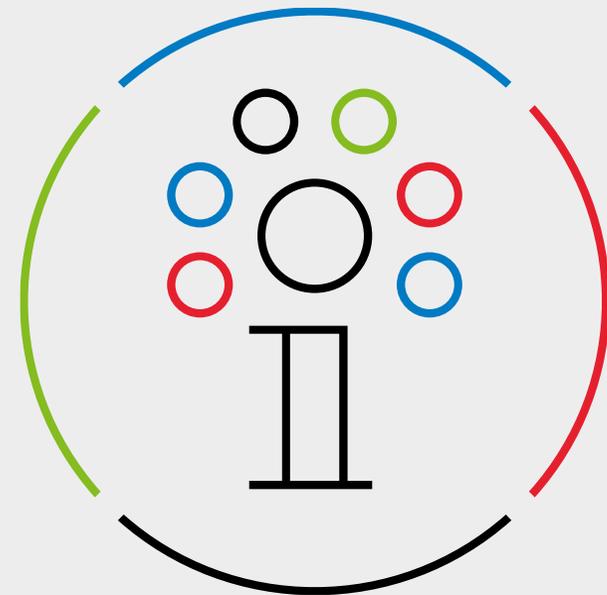


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- 出版社简介
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- 资源访问及使用
- 总结



出版社简介



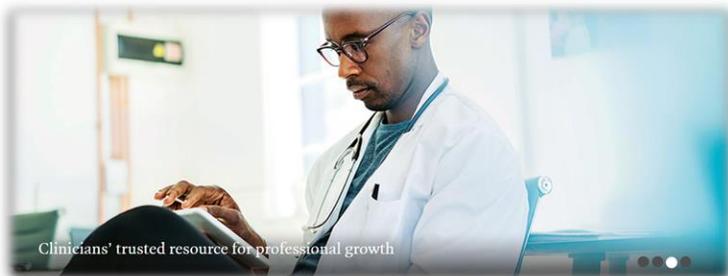
出版社简介



MASSACHUSETTS
MEDICAL SOCIETY

Every physician matters, each patient counts.

马萨诸塞州医学会（Massachusetts Medical Society, MMS）成立于1781年，是美国持续运行**历史最悠久**的医学协会，目前已拥有25,000多名医生和学生会员，是马塞诸塞州面向医疗保健专业人员提供持续医学教育的**领导者**，为医生和医疗保健专业人员举办各种**医学教育项目**。



历史沿革



1823年: Lancet

1840年: BMJ

1883年: JAMA

1781年

- 11月1日马萨诸塞州医学会 (Massachusetts Medical Society) 获批成立

1812年

- 约翰·沃伦创办并出版《新英格兰医学与外科学杂志》 (New England Journal of Medicine and Surgery)

1823年

- 《波士顿情报员》 (Boston Medical Intelligencer) 杂志创刊

1828年

- NEJM收购了《波士顿医学情报员》 (Boston Medical Intelligencer)
- 将NEJM与《波士顿医学情报员》合并, 并改名为《波士顿医学和外科杂志》 (Boston Medical and Surgical Journal), 更新为周刊形式发行。

1928年

- 《波士顿医学和外科杂志》于1928年更名为《新英格兰医学杂志》 (The New England Journal of Medicine)

1996年

- NEJM开放了 www.nejm.org 的官方网站
- NEJM内容开始将内容数字化

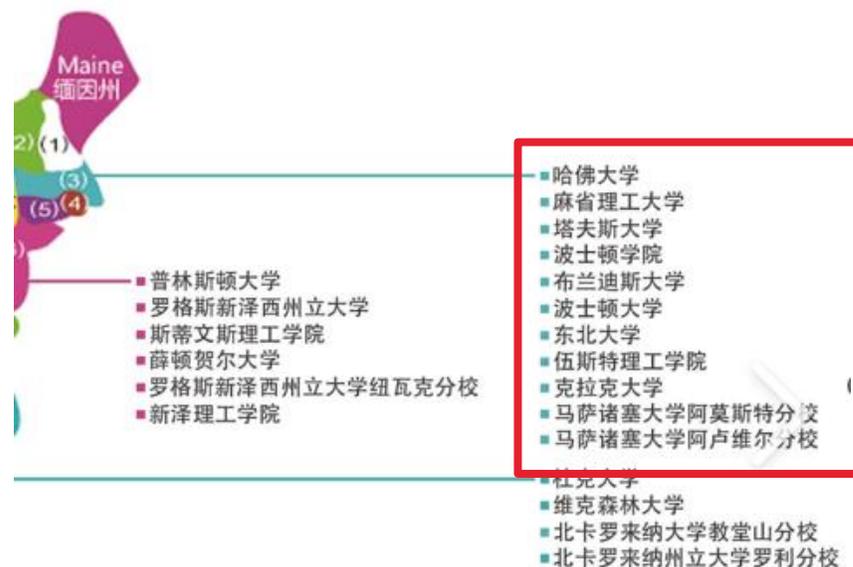
2010年

- 推出NEJM档案服务 (1812-1989)

2012年

- 成立NEJM集团

出版社简介



波士顿市

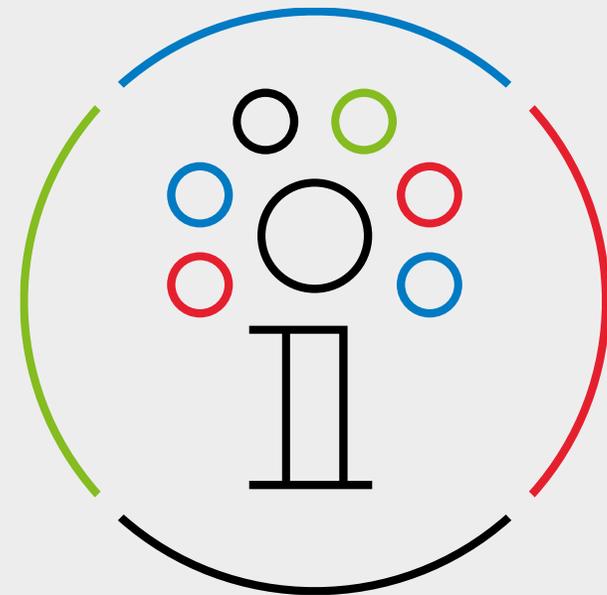


剑桥市



NEJM编辑部 哈佛医学院图书馆六层

NEJM介绍



NEJM简介

世界上阅读量最大、引用最多、最具影响力的综合性医学期刊和网站，也是历史最悠久的连续出版的医学期刊！



- 《新英格兰医学杂志》（The New England Journal of Medicine；简称NEJM），是由马萨诸塞州医学会（Massachusetts Medical Society）所出版的同行评审医学期刊和综合性医学期刊，1812年由约翰·沃伦博士创办，至今已连续出版超过**210多年**，是世界上连续出版时间最久的医学期刊，同时也是世界上阅读、引用**最广泛、影响力最大**的综合性医学期刊之一。
- 《新英格兰医学杂志》是一份**全科**医学周刊，主要内容包括有对生物医学科学与临床实践具有重要意义的主题性之**社论**，**原创性的论文**，旁征博引性的**评论性文章**，**即时短篇论文**，**案例报告**等，还包含一独特的报道项目称之为《**临床医学影像**》(Images in Clinical Medicine)。素材着重在内科学和过敏/免疫学、心脏病学、内分泌学、肠胃病学、血液学、肾脏疾病、肿瘤学、肺部疾病、风湿病学、HIV 以及传染病等专业领域。
- 210 多年来，《新英格兰医学杂志》严格审查和汇编了最新的医学研究，以支持医生及其患者。从麻醉的首次使用到最新的心脏病学和癌症治疗，《新英格兰医学杂志》帮助了几代临床医生提高知识并改善患者护理。今天，《新英格兰医学杂志》拥有严格的同行评审研究、专题评论、互动临床内容和病例，是医学基本发现的可靠来源。
- 截止到目前，NEJM集团出版的期刊还包括**NEJM Journal Watch**、**NEJM Catalyst**、**NEJM Evidence**及**NEJM AI**。

NEJM简介：馆员视角

- **出版社：** NEJM Group
- **主编：** Eric Rubin, M.D., Ph.D.
- **出版频率：** 周刊/每年52期
- **年文章数：** 310篇
- **期刊影响因子（2023年）：** 96.2*
- **总被引次数（2023年）：** 404,835
- **受众：** 从医生、护士到药剂师等各个医学领域的专业医务人员
- **期刊价值：** 包括普通内科、心脏病学、麻醉学、重症医学、肿瘤学、传染病学等多个专业领域的所有医学专业人员的必读刊物。
- **覆盖年份：** 1990年至今
- **文章类型：** 原创研究、综述、专题文章、评论和多媒体，如临床图片、互动病例和手术视频
- **特色内容：** 自2013年以来，《新英格兰医学杂志》一直在为选定的原创文章创建短视频摘要（QTs）。这些是2分钟的视频，总结了易于消化的研究结果。每周制作2-3次快速拍摄。还有包括研究总结在内的补充内容。
- **内容多样性：** 从从业者到研究人员、学生和教育工作者，每一期《新英格兰医学杂志》都包含各种各样的文章类型和每个人都感兴趣的内容。
- **全球视野：** 在 NEJM 提交的研究文章和发表的论文中，分别有50%以上和三分之一来自美国境外。



2024 Journal Citation Reports

Journal Citation Reports™

期刊名称	2023 IF	2022 IF
LANCET	98.4	168.9
NEW ENGLAND JOURNAL OF MEDICINE	96.2	158.5
BMJ-British Medical Journal	93.6	107.7
JAMA-JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION	63.1	120.7

Journal name	JCR Abbreviation	Category	Total Citations	2023 JIF	JIF Quartile	2023 JCI	% of OA Gold
CA-A CANCER JOURNAL FOR CLINICIANS	CA-CANCER J CLIN	ONCOLOGY	65,911	503.1	Q1	88.75	92.68%
NATURE REVIEWS DRUG DISCOVERY	NAT REV DRUG DISCOV	BIOTECHNOLOGY & APPLIED MICROBIOLOGY	48,152	122.7	Q1	13.41	9.91%
NATURE REVIEWS DRUG DISCOVERY	NAT REV DRUG DISCOV	PHARMACOLOGY & PHARMACY	48,152	122.7	Q1	13.41	9.91%
LANCET	LANCET	MEDICINE, GENERAL & INTERNAL	336,057	98.4	Q1	24.06	25.97%
NEW ENGLAND JOURNAL OF MEDICINE	NEW ENGL J MED	MEDICINE, GENERAL & INTERNAL	404,835	96.2	Q1	25.23	3.80%
BMJ-British Medical Journal	BMJ-BRIT MED J	MEDICINE, GENERAL & INTERNAL	163,066	93.6	Q1	10.42	81.80%
NATURE REVIEWS MOLECULAR CELL BIOLOGY	NAT REV MOL CELL BIO	CELL BIOLOGY	65,632	81.3	Q1	8.76	1.37%
Nature Reviews Clinical Oncology	NAT REV CLIN ONCOL	ONCOLOGY	27,709	81.1	Q1	10.56	1.47%
Nature Reviews Materials	NAT REV MATER	MATERIALS SCIENCE, MULTIDISCIPLINARY	35,616	79.8	Q1	4.35	1.99%

NEJM 文章类型

- ✓ **Research (研究)**
 - Original Research Articles – 临床研究成果的科学报告
- ✓ **Clinical Cases**
 - Brief Reports – 涉及少数病人或单个家庭的病例
 - Clinical Problem Solving – 临床决策的逐步推进过程
 - Case Records of MGH – 来自于麻省总医院的一些深度案例
- ✓ **Review Articles (评论/综述文章)**
 - Review Articles – 对特定医学研究课题进行深入调查
 - Clinical Practice – 以循证为基础，对与执业医师相关的主题进行评论/综述
- ✓ **Commentary**
 - Clinical Editorials – 对发表在 NEJM 上的研究文章进行评论和分析
 - Perspectives – 简短性文章，涵盖与医疗保健和医药相关的各种主题
 - Clinical Implications of Basic Research – 讨论临床前研究的文章和对主要研究成果的评论
 - Letters to the Editor – 对最近发表的论文的评论
- ✓ **Visual Articles**
 - Images in Clinical Medicine – 常见和罕见病症的图像和描述
- ✓ **Other Articles**
 - 特别报告、卫生、法律和人权、卫生政策报告、医学和社会、声音委员会

涉及主题

特色专业

➤ 心脏病学

介绍冠状动脉疾病、心脏支架的使用、心力衰竭、心肌病、高血压、心律失常、抗凝、饮食和血脂治疗等主题的文章，包括研究、综述、病例报告 and 社论评论。

➤ 血液学/肿瘤学

刊载有关白血病、乳腺癌、结肠癌、乳房 x 线照相术、结肠镜检查、隐血筛查、干细胞和骨髓移植、放疗和化疗等主题的文章，包括研究、综述、病例报告 and 社论评论。

➤ 传染病

刊载有关败血症、流感、肺炎、脑膜炎、肝炎、结核病、艾滋病、埃博拉病毒、寨卡病毒、天花、抗病毒治疗、耐药性和疫苗接种等主题的文章，包括研究、病例报告、综述 and 社论评论。

➤ 肺部/重症监护

刊载有关睡眠呼吸暂停、慢性阻塞性肺病、哮喘的病理生理学、内毒素暴露、白三烯、吸入性皮质类固醇、休克、败血症和急性呼吸窘迫等主题的文章，包括研究、综述、病例报告 and 社论评论。

涉及主题

其他专业

- Allergy/Immunology
- Cardiology
- Clinical Medicine
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Genetics
- Geriatrics/Aging
- Hematology/Oncology
- Infectious Disease
- Nephrology
- Neurology/Neurosurgery
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Pulmonary/Critical Care
- Rheumatology
- Surgery
- 过敏/免疫学
- 心脏病学
- 临床医学
- 皮肤科
- 急诊医学
- 内分泌科
- 消化内科
- 遗传学
- 老年病学/老龄化
- 血液学/肿瘤学
- 传染病学
- 肾脏病学
- 神经内科/神经外科
- 产科/妇科
- 儿科
- 精神病学
- 肺病/重症监护
- 风湿病学
- 外科

NEJM内容: Original Articles

➤ Research Summaries

在一页上对研究进行高度可视化的总结。

- 涵盖主要研究成果和临床结论。
- 为执业医师提供的简明综述
- 医科学生和住院医师的切入点

RESEARCH SUMMARY

Aspirin or Low-Molecular-Weight Heparin for Thromboprophylaxis after a Fracture

Major Extremity Trauma Research Consortium (METRC) DOI: 10.1056/NEJMoa2205973

CLINICAL PROBLEM

Clinical guidelines recommend low-molecular-weight heparin for thromboprophylaxis after a fracture. Head-to-head comparisons of low-molecular-weight heparin with aspirin, which is less expensive and more easily administered, are lacking.

CLINICAL TRIAL

Design: A pragmatic, multicenter, randomized, noninferiority trial examined the effectiveness and safety of thromboprophylaxis with aspirin as compared with low-molecular-weight heparin in adults with an extremity fracture treated surgically or any pelvic or acetabular fracture treated surgically or nonsurgically.

Intervention: 12,211 patients were randomly assigned to receive either low-molecular-weight heparin (30 mg, administered subcutaneously) or aspirin (81 mg, administered orally) twice daily while hospitalized. After discharge, patients continued to receive thromboprophylaxis according to the clinical protocols of each hospital. The primary outcome was death from any cause at 90 days.

RESULTS

Efficacy: Aspirin was noninferior to low-molecular-weight heparin with respect to death from any cause at 90 days.

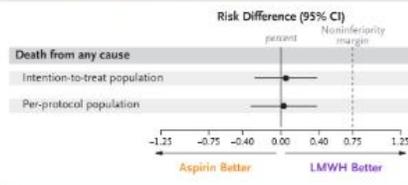
Safety: The aspirin group had a higher incidence of deep-vein thrombosis than the low-molecular-weight-heparin group, although the occurrences of bleeding complications were similar.

LIMITATIONS

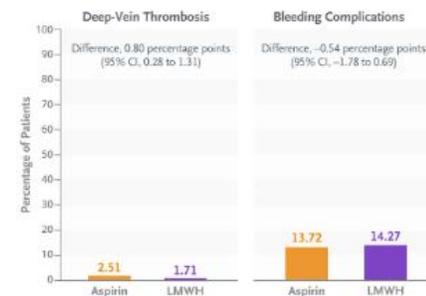
- Because of anticipated problems with enrollment, patients were allowed to receive up to two doses of low-molecular-weight heparin before providing consent to participate.
- The duration of thromboprophylaxis in the hospital and after discharge was not mandated.
- Owing to the trial's open-label design, secondary outcomes could have been influenced by diagnostic suspicion or surveillance bias.
- The primary outcome was changed from death related to pulmonary embolism to death from any cause after enrollment began.

Links: [Full Article](#) | [NEJM Quick Take](#) | [Editorial](#)

Death from Any Cause at 90 Days



Safety (90-day probability)



CONCLUSIONS

Among patients with orthopedic trauma, thromboprophylaxis with aspirin was noninferior to thromboprophylaxis with low-molecular-weight heparin in preventing death at 90 days.

NEJM内容：Original Articles

➤ Quick Take videos

1-2 分钟的研究成果动画演示。

- 协助传播原创文章中的关键信息。
- 课堂设置和期刊俱乐部的绝佳切入点
- 现在，所有涉及临床试验的研究文章均可Quick Takes（快速阅读）。

CONCLUSIONS

In patients with extremity fractures that had been treated operatively or with any pelvic or acetabular fracture, thromboprophylaxis with aspirin was noninferior to low-molecular-weight heparin in preventing death and was associated with low incidences of deep-vein thrombosis and pulmonary embolism and low 90-day mortality. (Funded by the Patient-Centered Outcomes Research Institute; PREVENT CLOT ClinicalTrials.gov number, [NCT02984384](#).)



QUICK TAKE

Aspirin vs. Low-Molecular-Weight Heparin after a Fracture

01:45

VENOUS THROMBOEMBOLISM IS A WELL-recognized complication after orthopedic trauma.¹⁻⁴ Numerous studies have evaluated thromboprophylaxis therapy to reduce the risk of venous thromboembolism after traumatic orthopedic

Findings from recent trials and meta-analyses suggest that aspirin may be an effective thromboprophylaxis alternative to low-molecular-weight heparin after joint arthroplasty, with a more favorable safety profile. Comparisons among patients with fractures that have been treated with low-molecular-weight heparin or aspirin with fractures have shown a strong preference for aspirin as a thromboprophylaxis option, given the lower cost of aspirin compared with subcutaneous injection of low-molecular-weight

Rheumatology
Rheumatologist - Worcester, MA - Reliant Medical Group

Massachusetts

A NEW NEJM GROUP SERIES:
**Fossil-Fuel Pollution
and Climate Change**



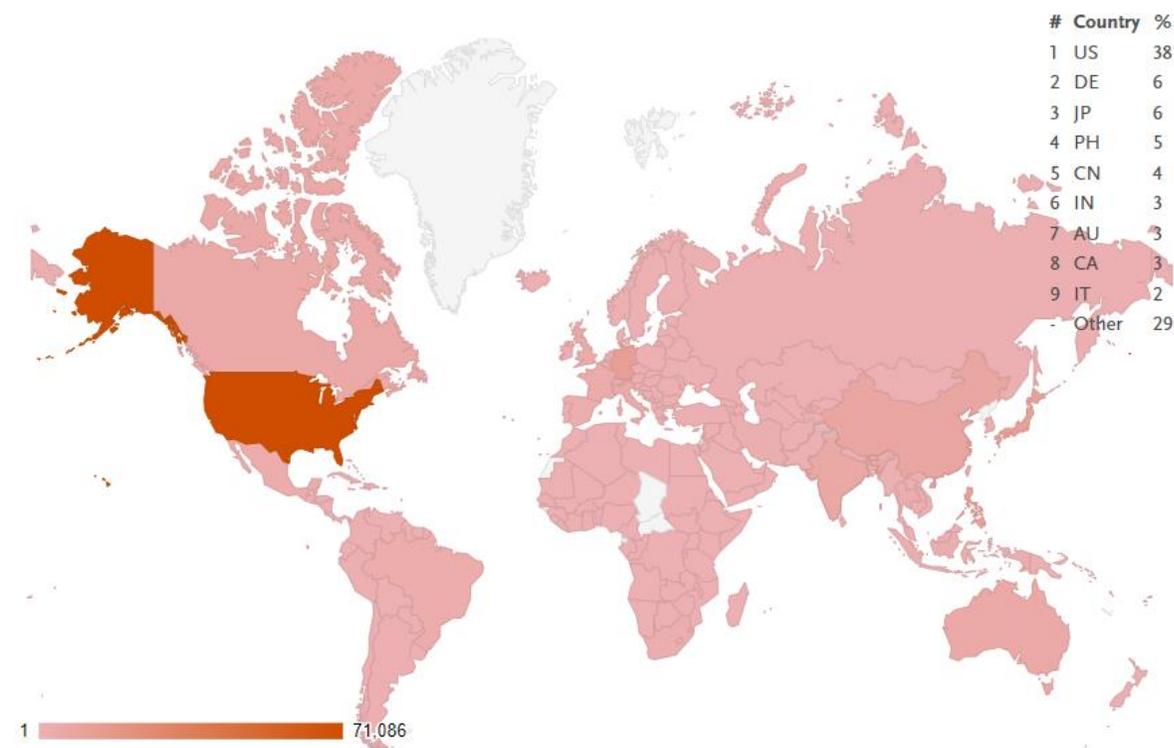
NEJM内容: Original Articles

➤ 文章指标

- 按区域分列的读者人数
- 引文
- 社交媒体报道

➤ 其他

- 用于教育和培训的 PPT 幻灯片
- 设置文章提醒



Citations ⓘ ^

Alert me when this article is cited

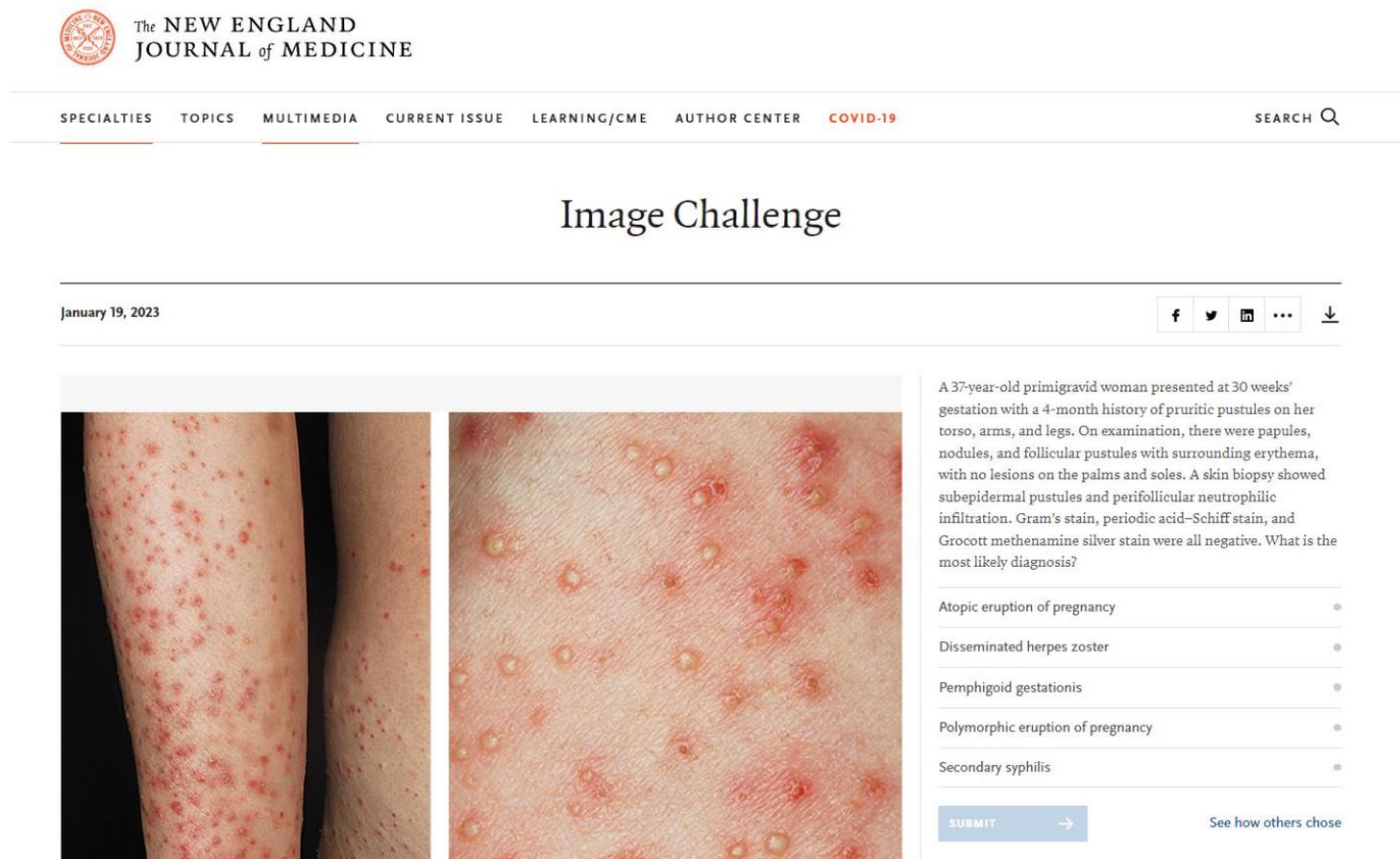
Citations  92

Publications  0

NEJM内容: Image Challenge

➤ NEJM Image Challenge

- 从国际提交的材料中挑选。
- 临床医生问答
- 将他们的表现与全球社区进行比较
- 经过挑战, 图像成为 NEJM 《临床医学图像》的一部分



The screenshot displays the NEJM Image Challenge interface. At the top, the NEJM logo and name are visible. Below the navigation bar, the date "January 19, 2023" is shown. The main title "Image Challenge" is centered. Two clinical images of skin lesions are presented: the left image shows a forearm with numerous small, red, papular lesions; the right image is a close-up of similar lesions, some with central crusting. To the right of the images is a text box containing the case description and a list of four diagnostic options, each with a radio button. A "SUBMIT" button is located at the bottom left of the options list, and a link "See how others chose" is at the bottom right.

The NEW ENGLAND
JOURNAL of MEDICINE

SPECIALTIES TOPICS MULTIMEDIA CURRENT ISSUE LEARNING/CME AUTHOR CENTER COVID-19 SEARCH

Image Challenge

January 19, 2023

A 37-year-old primigravid woman presented at 30 weeks' gestation with a 4-month history of pruritic pustules on her torso, arms, and legs. On examination, there were papules, nodules, and follicular pustules with surrounding erythema, with no lesions on the palms and soles. A skin biopsy showed subepidermal pustules and perifollicular neutrophilic infiltration. Gram's stain, periodic acid-Schiff stain, and Grocott methenamine silver stain were all negative. What is the most likely diagnosis?

- Atopic eruption of pregnancy
- Disseminated herpes zoster
- Pemphigoid gestationis
- Polymorphic eruption of pregnancy
- Secondary syphilis

SUBMIT → See how others chose

NEJM内容: Images in Clinical Medicine

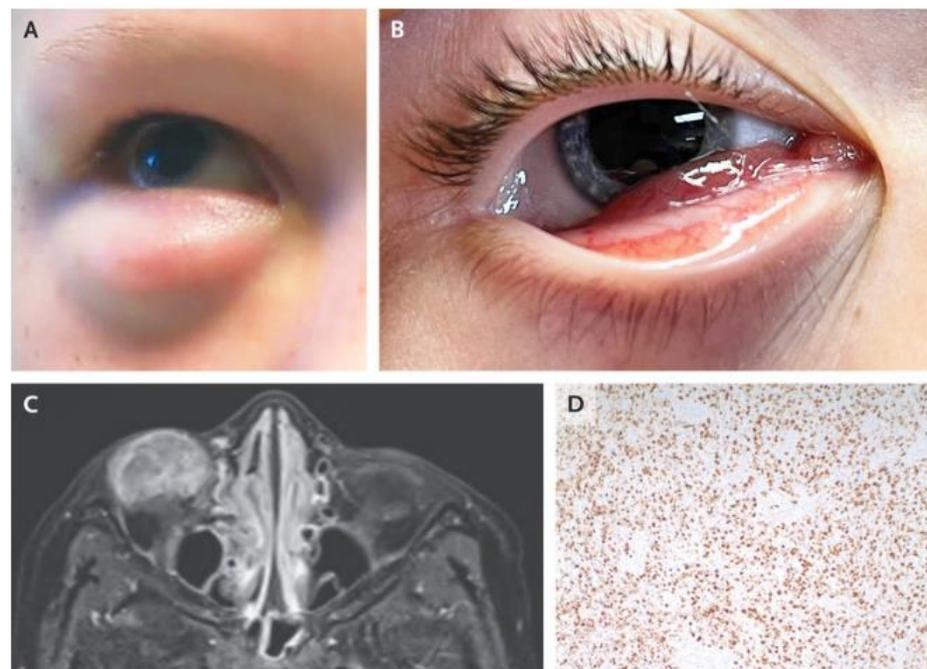
➤ NEJM Images in Clinical Medicine

- 包括病例和治疗的视觉媒体和文字描述
- NEJM 编辑挑选的病例
- 提供绝佳的视觉效果
- 可包括配套视频

IMAGES IN CLINICAL MEDICINE

Orbital Rhabdomyosarcoma

Erich J. Berg, D.O., and Jeremy D. Clark, M.D.



A previously healthy 8-year-old boy was brought to the emergency department with a 2-week history of painless swelling of the right lower eyelid. On physical examination, the swelling was found to be present during primary gaze (Panel A) but reduced during downward gaze (see video). A fixed mass measuring 1.5 cm by

Video



Reduction of Eyelid Swelling during Downward Gaze (00:24)

January 19, 2023
N Engl J Med 2023; 388:e4
DOI: 10.1056/NEJMicm2207328
Metrics



NEJM
CareerCenter

PHYSICIAN JOBS

Dermatology
Dermatologist - Join a Multispecialty

Family Medicine
FAMILY MEDICINE PHYSICIAN: (

Hospitalist
Hospitalist

Palliative Care

NEJM内容: Videos in Clinical Medicine

➤ NEJM Videos in Clinical Medicine

- 提供针对性医疗程序的医疗培训。
- 10 - 20 分钟的视频加社论
- 用于教室和医院培训

How to Obtain a Nasopharyngeal Swab Specimen

Francisco M. Marty, M.D., Kaiwen Chen, B.S., and Kelly A. Verrill, R.N.



Video Figures/Media

Metrics



00:25 / 05:22

CHAPTERS

1. Overview | 2. Preparation and Equipment | 3. Procedure | 4. Handling the Specimen | 5. Removing Personal Protective Equipment | 6. Summary

Download Video (MP4)

The following text summarizes information provided in the video.

Overview

Collection of specimens from the surface of the respiratory mucosa with nasopharyngeal swabs is a procedure used for the diagnosis of Covid-19 in adults and children.¹⁻⁴ The procedure is also commonly used to evaluate patients with suspected respiratory infection caused by other viruses and some bacteria. This video describes the collection of nasopharyngeal specimens for detection of Covid-19. The

May 28, 2020

N Engl J Med 2020; 382:e76
DOI: 10.1056/NEJMc20100
Chinese Translation 中文翻译

Editors

Julie R. Ingelfinger, M.D., Edi

Related Articles

CORRESPONDENCE JUL 16, 2
How to Obtain a Nasophary



NEJM
CareerCenter

PHYSICIAN JOBS

Pediatrics, General
Pediatrician | NH Pediatrics

Psychiatry
Physiatrist - New York City

Ophthalmology

NEJM内容: Interactive Medical Cases

➤ NEJM Interactive Medical Cases

- 呈现不断变化的患者病史
- 过程中引导向读者提出一系列问题，旨在测试诊断技能。
- 提供反馈和治疗选择。

NEJM Group - Follow Us - ROB MCKI

The NEW ENGLAND JOURNAL of MEDICINE

INTERACTIVE MEDICAL CASE

Bumps in the Road

John W. Ostrominski, M.D., Tiffany Y. Hsu, M.D., Ph.D., Anna C. Garza-Mayers, M.D., Ph.D., Anand Vaidya, M.D., and Derrick J. Todd, M.D., Ph.D.

Case Disclosure & Activity Information Metrics

An 18-year-old man presented to the emergency department with painful red bumps on both legs and his left ankle. He reported that the lesions had appeared 2 weeks before presentation and had begun to interfere with walking. . . .



[▶ PLAY](#)

June 23, 2022
N Engl J Med 2022; 386:e68
DOI: 10.1056/NEJMimc2117331

Editors

Caren G. Solomon, M.D., M.P.H., Editor
Associate Editor, Bruce D. Levy, M.D., A.
Loscalzo, M.D., Ph.D., Associate Editor

NEJM CareerCenter

PHYSICIAN JOBS

Chiefs / Directors / Dept. Heads
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Hospital - Westchester, NY

Pediatrics, General
Pediatrician - Burlington, Dedham & Bra

NEJM文章: Audio

➤ NEJM Interviews

- 专家观点和临床社论。

➤ NEJM Audio Summaries

- 音频形式的最新研究成果。

PERSPECTIVE | VOL. 388 NO. 1, JAN 05, 2023

The Fresh Assault on Insurance Coverage Mandates

Interview with Prof. Michelle Mello on *Braidwood Management Inc. v. Becerra* and its potential implications.

M.M. Mello and A.J. O'Connell | N Engl J Med 2023; 388:1-3



EDITORIAL | VOL. 388 NO. 1, JAN 05, 2023

Audio Interview: The Expanding Arsenal of Oral Agents to Treat Covid-19

The Expanding Arsenal of Oral Agents to Treat Covid-19

E.J. Rubin, L.R. Baden, and S. Morrissey | N Engl J Med 2023; 388:e7



PERSPECTIVE | VOL. 387 NO. 26, DEC 29, 2022

Understanding the Key to Outbreak Control — Sudan Virus Disease in Uganda

Interview with Dr. Armand Sprecher on the importance of mutual understanding in outbreak control, focusing on a recent outbreak of Sudan virus disease.

A. Sprecher | N Engl J Med 2022; 387:2393-2395



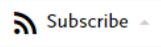
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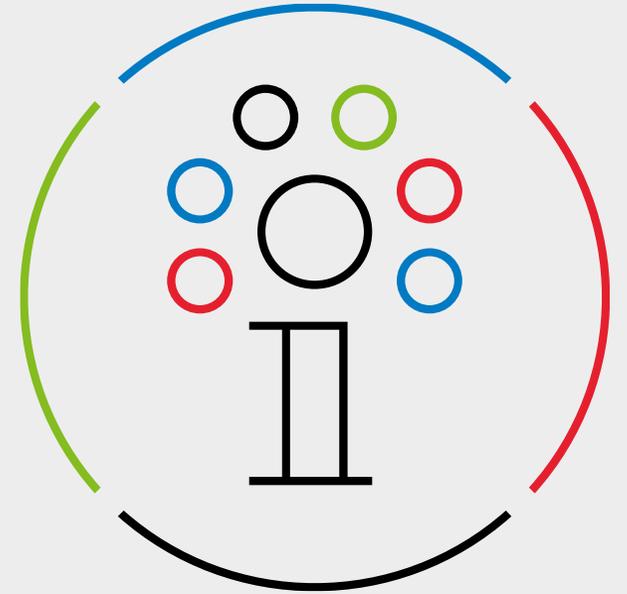
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NEJM Evidence介绍



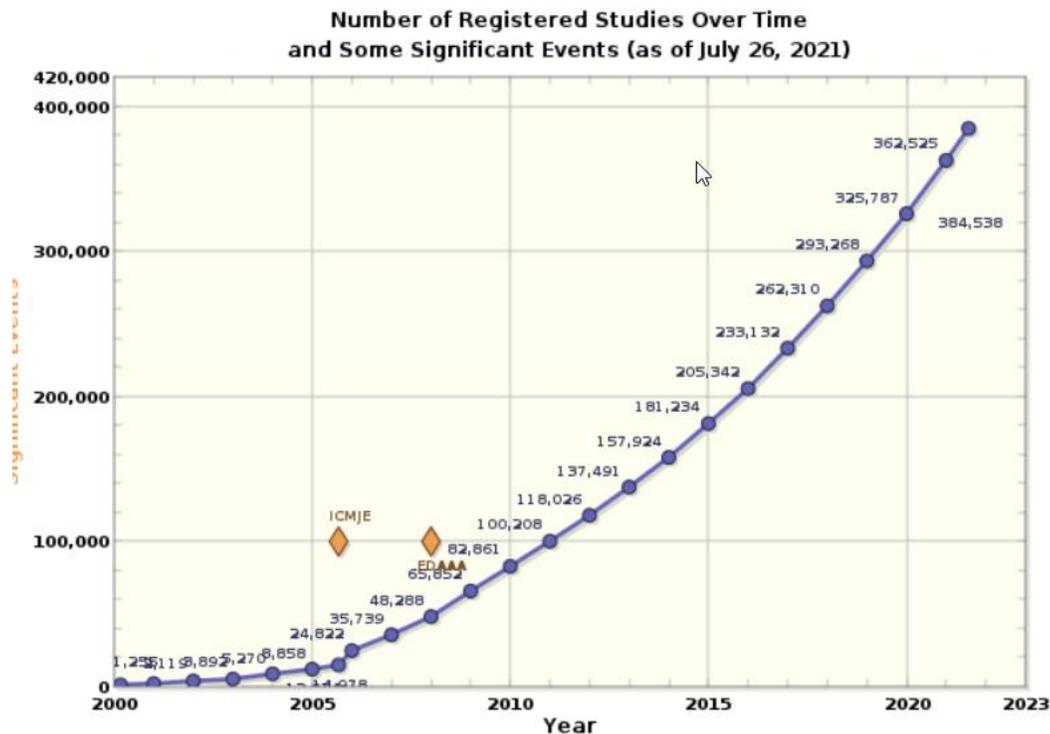
Clinical Trials

临床试验是研究人员确定一种新疗法是否对人们有效和安全的主要方法。

- NEJM 是研究人员、教育工作者和从业人员了解医学领域最新进展的最可靠资源。
- 它对以下方面至关重要：
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- 这种增长给以下方面带来了挑战
 - **学院**：解读研究成果，并将其融入教学中
 - **临床医生**：以确定研究如何影响他们的病人护理。
 - **患者**：这些试验对参与者有何影响。



Source: <https://ClinicalTrials.gov>

NEJM Evidence简介

NEJM Evidence是一本临床医学研究期刊，每月一期，涵盖综合医学专业，重点研究心血管、肿瘤及传染病学方面内容。该期刊聚焦**实验方法及环境**，为医学生及医学科研人员提供关键性**评估结论**，为了便于读者理解，通过动画的形式，解释重要的统计概念；创建播客版块，为医学生提供讨论实验所得出证据的平台；同时关注患者教育，患者可通过“Patient Platform”交流临床实验感受及治疗经验。

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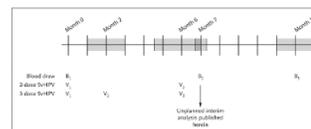
- ✓ 获得全面的**研究、试验和研究**，以获得知情的临床见解。
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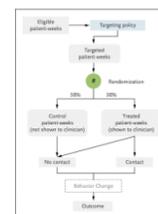
ORIGINAL ARTICLE | JAN 23, 2024

Immunogenicity of 2 or 3 Doses of 9vHPV Vaccine in U.S. Female Individuals 15 to 26 Years of Age

A.B. Berenson and Others

This noninferiority trial examined two versus three doses of 9-valent human papillomavirus (9vHPV) vaccine in individuals 15 to 26 years of age in the United States. In an unplanned interim analysis of female participants, two doses of 9vHPV vaccine appeared to elicit similar rates of seroconversion and antibody titers for each of the nine HPV genotypes to three doses at 1 month postvaccination.

Editorial Reduced-Dose HPV Vaccination — Implications for Cancer Prevention Policy



ORIGINAL ARTICLE | JAN 22, 2024

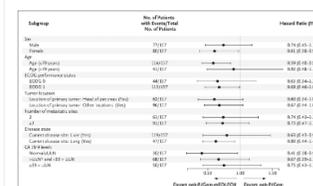
EDITORIAL | JAN 23, 2024

Reduced-Dose HPV Vaccination — Implications for Cancer Prevention Policy

L.F. Pinder

Human papillomaviruses (HPVs), of which there are over 200 types, typically infect cells of the skin and mucosa. Most infections are cleared by the immune system without any intervention; however, in a small percentage of infected individuals, the virus persists, resulting in a variety of disorders. More specifically, 13 HPV types have been characterized as oncogenic because of their central role in the development of premalignant and malignant lesions of the oropharynx (mouth and throat), lower gastrointestinal tract (anus), and genital organs (uterine cervix, vagina, vulva, and penis). Worldwide, HPV infections contribute to approximately 5% of all cancers, with an estimated 625,000 women and 69,000 men affected annually by HPV-related cancers.

Original Article Immunogenicity of 2 or 3 Doses of 9vHPV Vaccine in U.S. Female Individuals 15 to 26 Years of Age



ORIGINAL ARTICLE | JAN 23, 2024

Nab-Paclitaxel plus Gemcitabine and FOLFOX in Metastatic Pancreatic Cancer

STATS, STAT! →



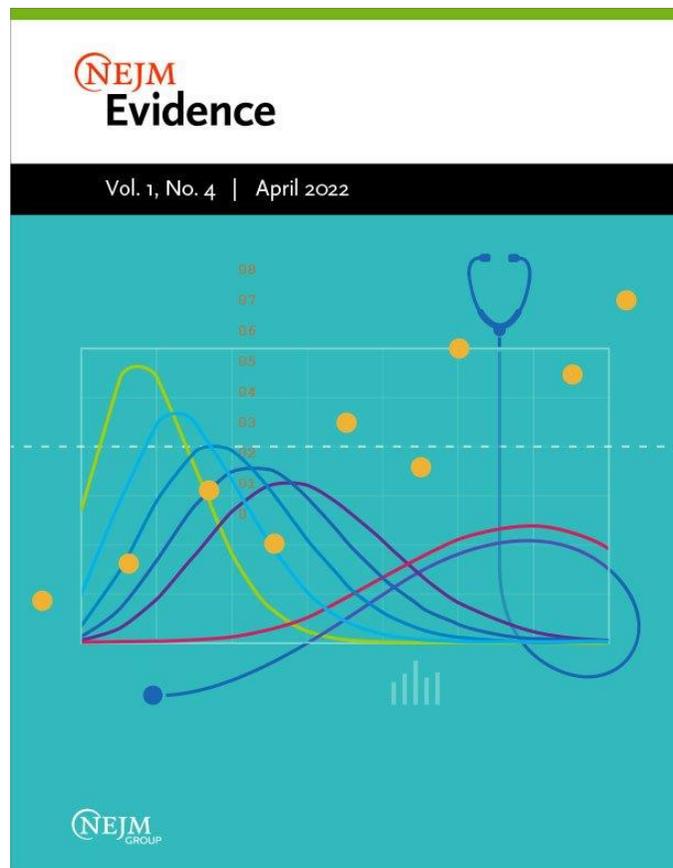
STATS, STAT! | NOV 28, 2023

How Statistical Power Works

S. Li and Others



NEJM Evidence简介



带领读者走进临床试验的幕后

展示如何组织、运行和分析试验

侧重于试验方法

NEJM Evidence ： NEJM配套期刊

- ✓ 发表来自一线研究的最高质量的研究报告
- ✓ 推动临床研究的设计和执行
- ✓ 质疑没有证据支持的临床决策
- ✓ 让医生、教师和学生以更具辨别力的方式接触医学证据
- ✓ 2022年1月推出
- ✓ 将 NEJM 的编辑严谨性与数字出版的新方法结合在一起，以出版：
 - 人群流行病学研究
 - 验证或质疑先前研究结果的元分析
 - 为研究结果提供背景
 - 加快新证据的临床应用

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主要出版内容:

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原创研究、临床试验和其他临床基础工作, 例如, 流行病学研究、首次人体试验、meta分析)以验证或质疑先前的临床研究结果。
- **Standard reviews, systematic reviews:**
标准综述、系统综述以及其他类型的综述, 这些综述对研究结果进行了背景分析, 旨在加快临床对新证据的采用。
- **Case studies and reviews**
临床试验方法的案例研究和回顾, 加深对试验优缺点的理解。
- **Curbside consult series:**
路边咨询系列, 解决常见的病人护理问题。
- **Morning Report series:**
以晨间报告的形式提供征集到的案例介绍文章。

NEJM Evidence 扩展了已发表研究成果的范围, 重点是提供更多的背景资料以及对方法和结果的批判性评估, 以支持临床决策, 并且以尊重从业人员的时间和投入的方式进行。

NEJM Evidence 内容类型

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邀请从业人员和研究人员提出新的临床试验建议，以填补当前的空白（国际社会的积极贡献）

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	NEJM	NEJM Evidence
覆盖范围	<ul style="list-style-type: none"> 1812-1989 Back file 1990-至今 	2022-至今
出版频率	<ul style="list-style-type: none"> 周刊 	<ul style="list-style-type: none"> 月刊
Focus	<ul style="list-style-type: none"> NEJM 专注于关键的后期临床试验，提供最新的突破性进展，让您了解重要研究的最新动态 	<ul style="list-style-type: none"> 公布早期阶段的试验，这些试验将导致特定研究领域的重大变革，但也为研究过程提供了新的见解，以及在最后发展阶段改进研究的方法 《证据》还关注过去可能已经发表过的问题，但确定关键的发展，为既定的实践方法提供新的思路
2023 年出版的原创性研究报告	215	54
独特的内容和功能	<ul style="list-style-type: none"> Videos in Clinical Medicine: 演示专门的体格检查、程序和技术。 Interactive Medical Cases: 模拟真实的临床会诊，通过选择题、配对和/或识别任务逐步测试医生的知识，并教授最佳实践策略，以改善患者的治疗效果。 Audio Summaries: 每周（10-20 分钟）提供 NEJM 最新一期文章中最重要结论的音频摘要。 	<ul style="list-style-type: none"> Tomorrow's Trial 是一系列短文，重点介绍缺乏可靠证据的公认做法，并邀请临床医生读者提出临床试验建议，以填补这些空白。 Patient Platform, 由参与过临床试验、研究项目或其治疗受到这些项目强烈影响的患者分享他们的经历。 Stats, STAT!, 这是一个简短的动画视频，根据统计回顾解释统计概念。
过程、目标和范围	<ul style="list-style-type: none"> 审查过程: 严格的同行审查和编辑过程，以： <ul style="list-style-type: none"> 评估稿件的科学准确性、新颖性和重要性 确保发表的研究成果能促进疾病的治疗 内容丰富 全球视角: 在 NEJM 提交的研究文章和发表的论文中，分别有一半以上和三分之一来自美国以外的国家和地区。 	<ul style="list-style-type: none"> NEJM Evidence 致力于通过以下方式推动临床试验研究和临床实践： <ul style="list-style-type: none"> 发表来自医学研究第一线的高质量研究报告。 挑战医学界，在临床试验设计和执行方面采取新方法，以获得更有力的临床证据。 围绕临床决策缺乏充分证据的医学领域引发辩论和对话。 以更先进、更有意义的方式让医生参与临床实践。

NEJM Evidence价值： NEJM vs NEJM Evidence

NEJM (New England Journal of Medicine):

- 发表原创研究文章、临床研究和社论
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- 适合寻求深入知识的研究人员、学者和医疗保健专业人员阅读。

NEJM Evidence:

- 重点关注循证医学和临床决策
- 提供医学研究文献的简要总结和批判性评价
- 综合各种来源（如系统综述和荟萃分析）的最佳可用证据
- 根据分析的证据为患者护理提供实用性建议
- 旨在支持和帮助医护人员做出明智的临床决策

总之，NEJM 主要出版原创研究和深度报告，而NEJM Evidence 则侧重于提供循证摘要和临床实践建议。NEJM 更适合研究人员和学者，而NEJM Evidence 对研究人员和寻求实用循证指导的医疗保健专业人员都很有价值。

NEJM Evidence价值

NEJM 的配套期刊:

NEJM Evidence 与 New England Journal of Medicine 一样，发表的研究成果对从事医学教学、实践或即将从事医学实践的人员至关重要。

- NEJM 因发表最有影响力的大型 3 期和 4 期临床试验而闻名，而 NEJM Evidence 则是 NEJM 的补充，它收录了能扩大读者临床范围的研究和其他研究，确保读者能获得最有可能改变医学实践方式的信息。
- NEJM Evidence 在三个重要领域为 NEJM 增添了价值：
 - 有望对医疗实践产生近期影响的早期阶段研究和较小规模研究；
 - 提供新见解和新发现的后续研究；
 - NEJM 上发表的原创研究的系统综述。

包括有望对医疗实践产生近期影响的早期阶段和较小规模的研究:

- 这些早期阶段的研究在审批过程中较早完成，并有后续（晚期）研究要完成；
- NEJM Evidence 有助于形成观点和讨论，进一步加深对研究的理解，并影响对话，从而改进最终研究的开展方式；
- 赵的文章**是一个 1b/2a 期试验的例子，显示了在一个较小的群体（44 名参与者）中进行的研究，其成功的方法改进了最终的大型研究。

([NEJM Evidence](#) ([Web view](#)))

ORIGINAL ARTICLE

Regulatory T-Cell Response to Low-Dose Interleukin-2 in Ischemic Heart Disease

Tian X. Zhao, Ph.D.¹, Rouchelle S. Srijanjan, M.B.Ch.B.¹, Zewen Kelvin Tuong, Ph.D.^{2,3}, Yuning Lu, Ph.D.¹, Andrew P. Sage, Ph.D.¹, Meritxell Nus, Ph.D.¹, Annette Hubsch, B.Sc.⁴, Fotini Kaloyrou, Ph.D.⁵, Evangelia Vamvaka, M.Sc.¹, Joanna Helmy, B.Sc.⁶, Michalis Kostapanos, Ph.D.^{7,8}, Navazh Jalaludeen⁹, David Klatzmann, M.D.⁵, Alain Tedgui, Ph.D.⁵, James H.F. Rudd, Ph.D.¹, Sarah J. Horton, Ph.D.^{7,8}, Brian J.P. Huntly, Ph.D.^{7,8}, Stephen P. Hoole, D.M.⁹, Simon P. Bond, Ph.D.¹⁰, Menna R. Clatworthy, Ph.D.^{2,3,11}, Joseph Cheriyan, M.B.Ch.B.^{4,10}, and Ziad Mallat, M.D.^{1,6}

Dr. Clatworthy, Dr. Cheriyan, and Dr. Mallat contributed equally to this article.

Abstract

BACKGROUND Atherosclerosis is a chronic inflammatory disease of the artery wall. Regulatory T cells (Tregs) limit inflammation and promote tissue healing. Low doses of interleukin (IL)-2 have the potential to increase Tregs, but its use is contraindicated for patients with ischemic heart disease.

METHODS In this randomized, double-blind, placebo-controlled, dose-escalation trial, we tested low-dose subcutaneous aldesleukin (recombinant IL-2), given once daily for 5 consecutive days. In study part A, the primary end point was safety, and patients with stable ischemic heart disease were randomly assigned to receive placebo or to one of five dose groups (range, 0.3 to 3.0 × 10⁶ IU daily). In study part B, patients with acute non-ST elevation myocardial infarction or unstable angina were randomly assigned to receive placebo or to one of two dose groups (1.5 and 2.5 × 10⁶ IU daily). The coprimarily end points were safety and the dose required to increase circulating Tregs by 75%. Single-cell RNA-sequencing of circulating immune cells was used to provide a mechanistic assessment of the effects of aldesleukin.

RESULTS Forty-four patients were randomly assigned to either study part A (n=26) or part B (n=18). In total, 3 patients withdrew before dosing, 27 received active treatment, and 14 received placebo. The majority of adverse events were mild. Two serious adverse events occurred, with one occurring after drug administration. In parts A and B, there was a dose-dependent increase in Tregs. In part B, the estimated dose to achieve a 75% increase in Tregs was 1.46 × 10⁶ IU (95% confidence interval, 1.06 to 1.87). Single-cell RNA-sequencing demonstrated the engagement of distinct pathways and cell-cell interactions.

CONCLUSIONS In this phase 1b/2a study, low-dose IL-2 expanded Tregs without adverse events of major concern. Larger trials are needed to confirm the safety and to further evaluate the efficacy of low-dose IL-2 as an anti-inflammatory therapy for patients with ischemic

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NEJM Evidence价值

提供新见解和新发现的后续研究：

- NEJM Evidence 关注的是某一领域的研究，该领域以前可能已在 NEJM 上进行过研究和报道，但新信息改变了特定方法的方式，需要对其进行修改以适应新信息；
- NEJM Evidence 关注以前研究过但有新进展的主题，并报告这些领域的研究结果，以便创造新的做法来改善护理；
- 伯纳德的文章**是对已使用十年的全球标准进行研究的一个实例。通过使用最新的方法，我们创建了一个新的工具，用于帮助 MDS 病例的临床决策。

([NEJM Evidence](#) ([Web view](#)))**



Published June 12, 2022
NEJM Evid 2022; 1 (7)
DOI: 10.1056/EVIDoa2200008

ORIGINAL ARTICLE

Molecular International Prognostic Scoring System for Myelodysplastic Syndromes

Elsa Bernard, Ph.D.,¹ Heinz Tuechler, Peter L. Greenberg, M.D.,² Robert P. Hasserjian, M.D.,³ Juan E. Arango Ossa, M.S.,¹ Yasuhiro Nannya, M.D., Ph.D.,^{4,5} Sean M. Devlin, Ph.D.,¹ Maria Creignou, M.D.,⁶ Philippe Pinel, M.S.,¹ Lily Monnier, M.S.,¹ Gunes Gundem, Ph.D.,¹ Juan S. Medina-Martinez, M.S.,¹ Dylan Domenico, B.S.,¹ Martin Jädersten, M.D., Ph.D.,⁶ Ulrich Germing, M.D.,⁷ Guillermo Sanz, M.D., Ph.D.,^{8,9,10} Arjan A. van de Loosdrecht, M.D., Ph.D.,¹¹ Olivier Kosmider, M.D., Ph.D.,¹² Matilde Y. Follo, Ph.D.,¹³ Felicitas Thol, M.D.,¹⁴ Lurdes Zamora, Ph.D.,¹⁵ Ronald F. Pinheiro, Ph.D.,¹⁶ Andrea Pellagatti, Ph.D.,¹⁷ Harold K. Elias, M.D.,¹⁸ Detlef Haase, M.D., Ph.D.,¹⁹ Christina Ganster, Ph.D.,¹⁹ Lionel Ades, M.D., Ph.D.,²⁰ Magnus Tobissan, M.D., Ph.D.,⁶ Laura Palomo, Ph.D.,²¹ Matteo Giovanni Della Porta, M.D.,²² Akifumi Takaori-Kondo, M.D., Ph.D.,²³ Takayuki Ishikawa, M.D., Ph.D.,²⁴ Shigeru Chiba, M.D., Ph.D.,²⁵ Senji Kasahara, M.D., Ph.D.,²⁶ Yasushi Miyazaki, M.D., Ph.D.,²⁷ Agnes Viale, Ph.D.,²⁸ Kety Huberman, B.S.,²⁸ Pierre Fenaux, M.D., Ph.D.,²⁰ Monika Belcikova, Ph.D.,²⁹ Michael R. Savona, M.D.,³⁰ Virginia M. Klimmek, M.D.,¹⁸ Fabio P. S. Santos, M.D., Ph.D.,³¹ Jacqueline Boulwood, Ph.D.,¹⁷ Ioannis Kotislanidis, M.D., Ph.D.,³² Valeria Santini, M.D.,³³ Francisc Solé, Ph.D.,²¹ Uwe Platzbecker, M.D.,³⁴ Michael Heuser, M.D.,³⁴ Peter Valent, M.D.,^{35,36} Kazuma Ohyashiki, M.D., Ph.D.,²⁷ Carlo Finelli, M.D.,³⁸ Maria Teresa Voso, M.D.,³⁹ Lee-Yung Shih, M.S.,⁴⁰ Michaela Fontenay, M.D., Ph.D.,³² Joop H. Jansen, Ph.D.,⁴¹ José Cervera, M.D., Ph.D.,⁴² Norbert Gattermann, M.D.,⁷ Benjamin L. Ebert, M.D., Ph.D.,⁴³ Rafael Bejar, M.D., Ph.D.,⁴⁴ Luca Malcovati, M.D.,⁴⁵ Mario Cazzola, M.D.,⁴⁶ Seishi Ogawa, M.D., Ph.D.,^{44,46,47} Eva Hellström-Lindberg, M.D., Ph.D.,⁶ and Eli Papaemmanuil, Ph.D.¹

Abstract

BACKGROUND Risk stratification and therapeutic decision-making for myelodysplastic syndromes (MDS) are based on the International Prognostic Scoring System-Revised (IPSS-R), which considers hematologic parameters and cytogenetic abnormalities. Somatic gene mutations are not yet used in the risk stratification of patients with MDS.

METHODS To develop a clinical-molecular prognostic model (IPSS-Molecular [IPSS-M]), pretreatment diagnostic or peridiagnostic samples from 2957 patients with MDS were profiled for mutations in 152 genes. Clinical and molecular variables were evaluated for associations with leukemia-free survival, leukemic transformation, and overall survival. Feature selection was applied to determine the set of independent IPSS-M prognostic variables. The relative weights of the selected variables were estimated using a robust Cox multivariable model adjusted for confounders. The IPSS-M was validated in an external cohort of 754 Japanese patients with MDS.

RESULTS We mapped at least one oncogenic genomic alteration in 94% of patients with MDS. Multivariable analysis identified *TP53*^{mut}, *FLT3* mutations, and *MLL*^{P1TD} as top

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NEJM Evidence价值



Published January 18, 2022
NEJM Evid 2022; 1 (2)
DOI: 10.1056/EVIDoa2100010

ORIGINAL ARTICLE

Balanced Crystalloids versus Saline in Critically Ill Adults — A Systematic Review with Meta-Analysis

Naomi E. Hammond, Ph.D.^{1,2}, Fernando G. Zampieri, Ph.D.^{3,4}, Gian Luca Di Tanna, Ph.D.⁵, Tessa Garside, Ph.D.^{1,2}, Derick Adigbli, Ph.D.^{1,2}, Alexandre B. Cavalcanti, M.D., Ph.D.³, Flavia R. Machado, M.D., Ph.D.⁶, Sharon Micallef, B.N.¹, John Myburgh, Ph.D.^{1,7}, Mahesh Ramanan, M.Med.^{8,9}, Todd W. Rice, M.D.¹⁰, Matthew W. Semler, M.D.¹⁰, Paul J. Young, Ph.D.^{11,12}, Balasubramanian Venkatesh, M.D.¹³, Simon Finfer, M.D.¹⁴, and Anthony Delaney, Ph.D.^{1,2}

Drs. Hammond and Zampieri, as well as Drs. Finfer and Delaney, contributed equally to this article.

Abstract

BACKGROUND The comparative efficacy and safety of balanced crystalloid solutions and saline for fluid therapy in critically ill adults remain uncertain.

METHODS We systematically reviewed randomized clinical trials (RCTs) comparing the use of balanced crystalloids with saline in critically ill adults. The primary outcome was 90-day mortality after pooling data from low-risk-of-bias trials using a random-effects model. We also performed a Bayesian meta-analysis to describe the primary treatment effect in probability terms. Secondary outcomes included the incidence of acute kidney injury (AKI), new treatment with renal replacement therapy (RRT), and ventilator-free and vasopressor-free days to day 28.

RESULTS We identified 13 RCTs, comprising 35,884 participants. From six trials (34,450 participants) with a low risk of bias, the risk ratio (RR) for 90-day mortality with balanced crystalloids versus saline was 0.96 (95% confidence interval [CI], 0.91 to 1.01; $I^2 = 12.1%$); using vague priors, the posterior probability that balanced crystalloids reduce mortality was 89.5%. The RRs of developing AKI and of being treated with RRT with balanced crystalloids versus saline were 0.96 (95% CI, 0.89 to 1.02) and 0.95 (95% CI, 0.81 to 1.11), respectively. Ventilator-free days (mean difference, 0.18 days; 95% CI, -0.45 to 0.81) and vasopressor-free days (mean difference, 0.19 days; 95% CI, -0.14 to 0.51) were similar between groups.

CONCLUSIONS The estimated effect of using balanced crystalloids versus saline in critically ill adults ranges from a 9% relative reduction to a 1% relative increase in the risk of death, with a high probability that the average effect of using balanced crystalloids is to reduce mortality. (PROSPERO number, CRD42021243399.)

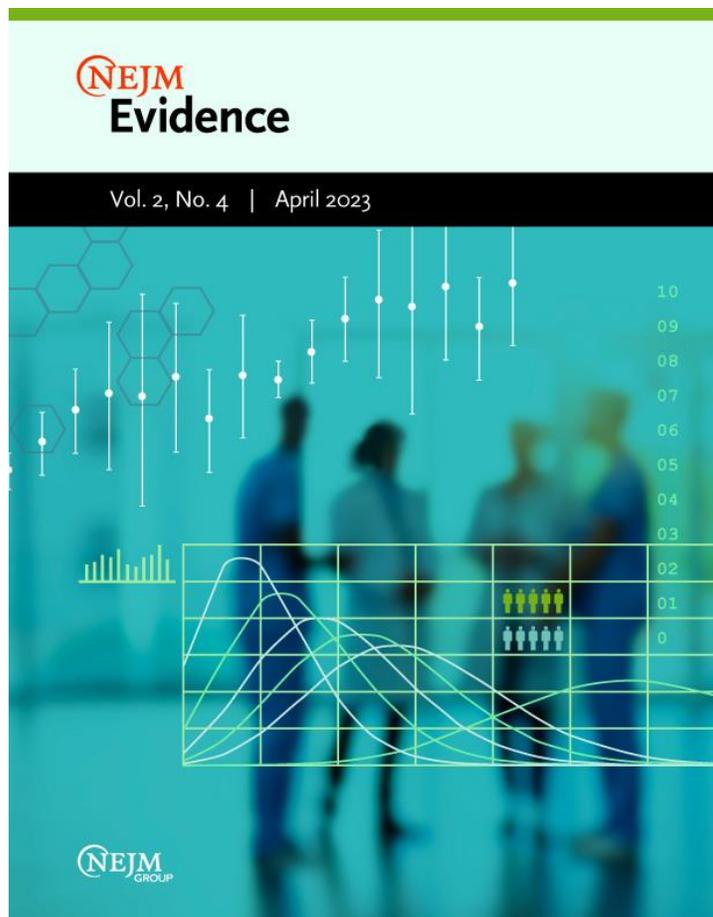
*The author affiliations are listed at the end of the article.
Dr. Finfer can be contacted at sfinfer@georgeinstitute.org.au or at the Critical Care Division, The George Institute for Global Health, University of New South Wales, 1 King St., Newtown, NSW 2042, Australia.*

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- NEJM 的出版模式中并没有发表系统综述。不过，NEJM Evidence 确实包括系统综述，作为 NEJM 所做研究的补充；
- 哈蒙德的文章**是系统综述与 Meta 分析与 NEJM 研究配对的一个例子。

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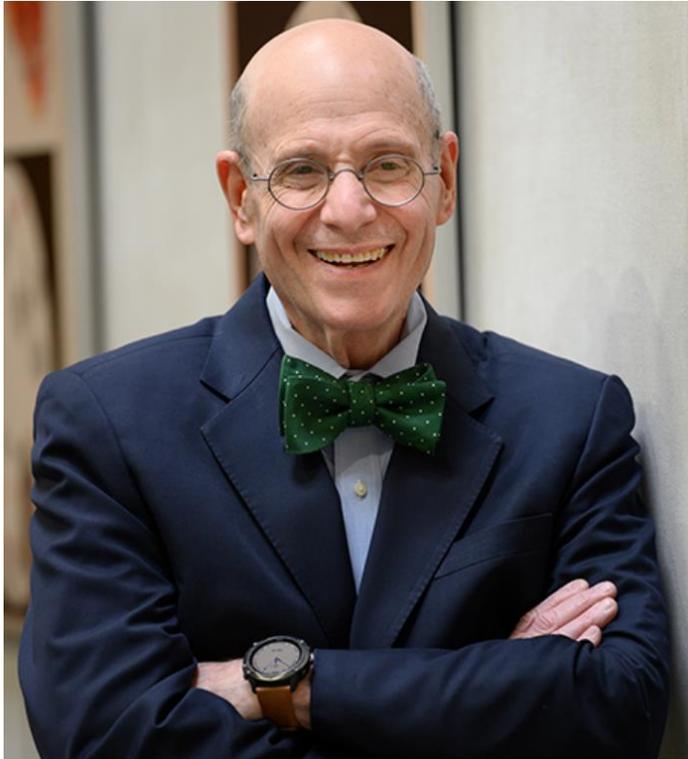
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Jeffrey Drazen, M.D.

Distinguished Parker B. Francis Professor of Medicine
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Boston, Massachusetts, USA
Pulmonary and Critical Care Medicine

Under leadership of Dr. Jeffrey Drazen, NEJM published major papers advancing the science of medicine, including the first descriptions of SARS, timely coverage of the Ebola and Zika virus epidemics, and advances in the treatment of cancer, heart disease and lung disease. During his tenure, NEJM was at the forefront of worldwide efforts to register all clinical trials and to share clinical trial data.

Jeff is the Distinguished Parker B. Francis Professor of Medicine at Harvard Medical School, professor of physiology at the Harvard School of Public Health, and a senior physician at Brigham and Women's Hospital. He specializes in pulmonology and maintains an active research program in lung physiology and the mechanisms involved in asthma.

A native of Missouri, Jeff currently resides in Bedford, Massachusetts. In his spare time, he has become a master furniture maker, and enjoys time well spent with his five grandchildren: three girls and two boys.

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Jeff joined the *New England Journal of Medicine* (NEJM) as Editor-in-Chief in 2000 and was appointed Editor-in-Chief, NEJM Group, in 2012, serving in both roles until 2019. He is now NEJM Group Editor and Editor-in-Chief of *NEJM Evidence*.



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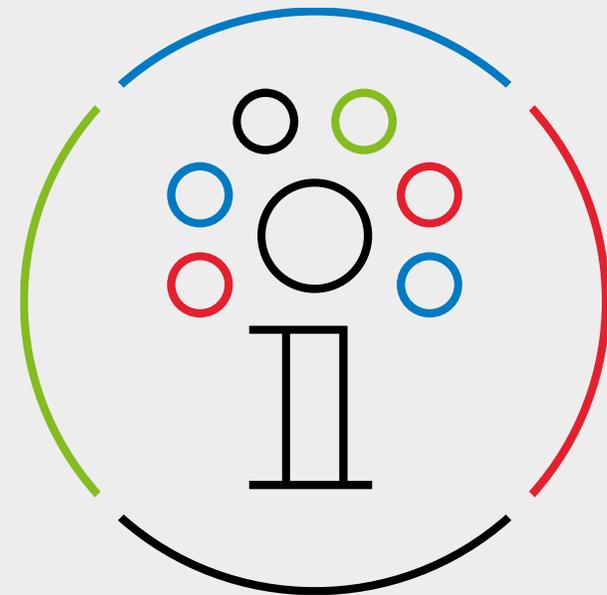
Chana joined NEJM as a 2014-2015 NEJM Editorial Fellow and has served as Editor of Images in Clinical Medicine since 2016. She is Co-Director of the Massachusetts General Hospital (MGH) Center for Gun Violence Prevention and a Clinician-Investigator in the MGH's Division of General Internal Medicine and Mongan Institute, where she is also a Health Policy Researcher.



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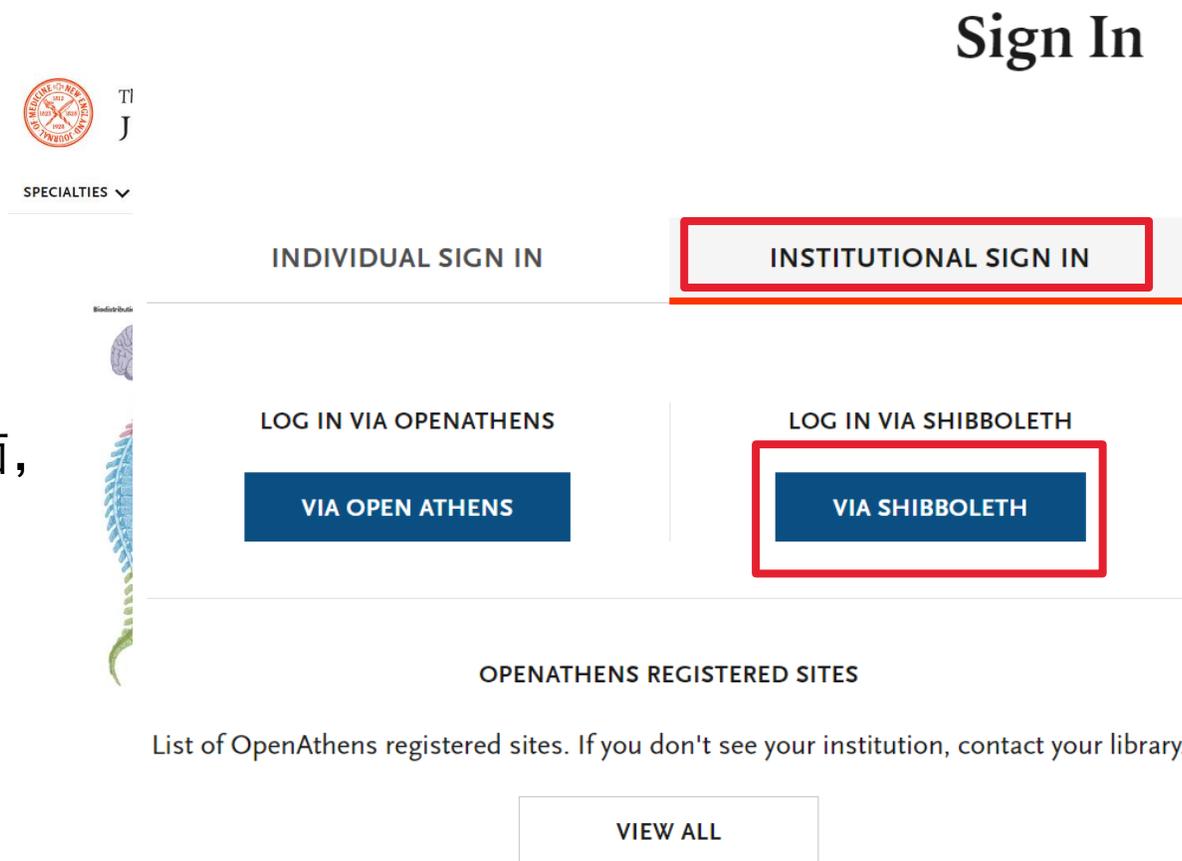
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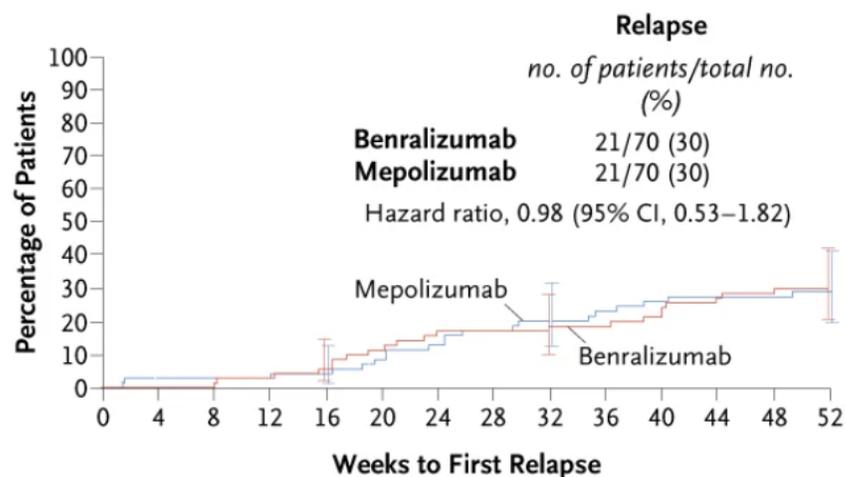
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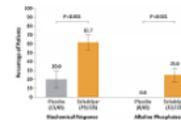


ORIGINAL ARTICLE

Trial of Seladelpar in Primary Biliary Cholangitis

G.M. Hirschfield and Others

In this trial, the percentage of patients who met the primary end-point criteria (reduction in alkaline phosphatase with normal bilirubin) was significantly greater with seladelpar than with placebo.



[Editorial Advancing Second-Line Treatment for Primary Biliary Cholangitis](#)

[Editorial PPAR Agonists in Primary Biliary Cholangitis](#)

FEB 21

Image Challenge



What is the diagnosis?



ANSWER

Image of the Week



Painful Tongue Lesions — A 49-year-old man with HIV infection presented with an 11-day history of painful tongue lesions and a 1-week history of sore throat and fevers.



学科分类

Specialties

共23个学科分类，包含：

➤ 4个特色分类：

- 心脏病学
- 血液学/肿瘤学
- 传染病
- 肺病/重症监护

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- 胃肠
- 遗传学
- 老年病学/老龄化
- 血液学/肿瘤学
- 传染病
- 肾脏学
- 神经内科/神经外科
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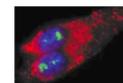
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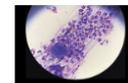
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Featuring articles on topics such as leukemia, breast cancer, colon cancer, mammograms, colonoscopy, occult-blood screening, stem cell and bone marrow transplantation, radiation, and chemotherapy, including research, reviews, case reports, and editorial commentary.



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Featuring articles on topics such as as sepsis, influenza, pneumonia, meningitis, hepatitis, tuberculosis, HIV-AIDS, Ebola, Zika, smallpox, antiviral treatment, drug resistance, and vaccination, including research, case reports, reviews, and editorial commentary.



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Disease



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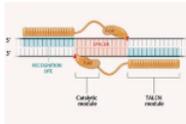
文章中的多媒体

FRONTIERS IN MEDICINE

Clinical Genome Editing

M.H. Porteus

Therapeutic editing of the human genome has long been a holy grail of genetic medicine. This interactive graphic describes developments in genome editing as applied to Duchenne's muscular dystrophy and HIV-1 infection.



MAR 07

MEDICINE AND SOCIETY
TEAMWORK — PART 3

The Not-My-Problem Problem

L. Rosenbaum

Though medical care has become ever more dependent on teamwork, the profession has devoted relatively little attention to what makes for a good team. In this roundtable discussion moderated

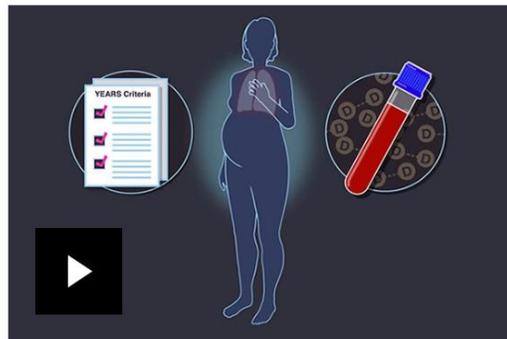
临床案例

Medical Case



Bridging the Gap

视频



QUICK TAKE

Diagnosis of Suspected Pulmonary Embolism during Pregnancy

02:06

MAR 21



VIDEOS IN CLINICAL MEDICINE

Examination of the Hand a

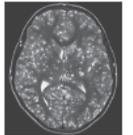
C.S. Day, W.K. Wu, and C.C. Smith

15:16

识图达人



An 18-year-old man presented to the emergency department with generalized tonic-clonic seizures.



On physical examination, the patient was confused. He had swelling over the right eye and tenderness in the right testis. Magnetic resonance imaging of the head showed numerous well-defined cystic lesions throughout the cerebral cortex. What is the diagnosis?

Cerebral metastases

Progressive multifocal leukoencephalopathy

Cerebral vasculitis

Neurosyphilis

Neurocysticercosis

MAR 20

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PERSPECTIVE

Direct-to-Consumer Platforms for New Antiobesity Medications — Concerns and Potential Opportunities

I. Golovaty and S. Hagan

677-680



Childhood Obesity Prevention — Focusing on Population-Level Interventions and Equity

S.L. Gortmaker, S.N. Bleich, and D.R. Williams

681-683



What Is a Mentor?

S. Koven



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ORIGINAL ARTICLE

Fractional Flow Reserve–Guided PCI as Compared with Coronary Bypass Surgery

W.F. Fearon and Others | N Engl J Med 2022; 386:128-137

In this trial involving patients with three-vessel coronary artery disease, PCI guided by assessment of fractional flow reserve was not noninferior to CABG with respect to the composite end point of death, myocardial infarction, stroke, or repeat revascularization at 1 year. The incidence of this composite end point...

JAN 13

CASE CHALLENGE

A Boy with Fever, Joint Pain, and Abdominal Cramping

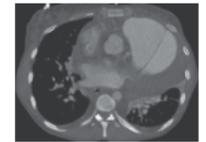
A 14-year-old boy was admitted with fatigue, fever, joint pain, abdominal cramping, and diarrhea. What is the diagnosis? Vote and comment. Find the answers in the full text of the case, to be published on January 26.

FREE

JAN 12



A 35-year-old woman with idiopathic pulmonary arterial hypertension and a pulmonary aneurysm presented with chest pain. Computed tomography (CT) of the chest is shown. What is the most likely diagnosis?



Aortic dissection

Aortic pseudoaneurysm

Intramural hematoma

Pulmonary-artery dissection

Pulmonary-artery rupture

Videos in Clinical Medicine



Placement of a Double-Lumen Endotracheal Tube

10:28



Intranasal Naloxone Administration

08:02



Emergency Intubation in Covid-19

09:47



Placement of an External Ventricular Drain

12:05



Examination of the Neck Veins

12:56



Percutaneous Tracheostomy

14:10

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QUESTION 1

Which one of the following statements about the potential harms to children of women with epilepsy who take antiseizure medication during pregnancy is true?

- A. Lamotrigine has been linked to adverse neurodevelopmental outcomes.
- B. Lamotrigine is associated with an increased risk of oral clefts.
- C. Topiramate is associated with an increased risk of small size for gestational age.
- D. Valproate poses an increased risk of cognitive impairment only when used at high doses.

QUESTION 2

Which one of the following choices describes overall study results regarding the risk of autism spectrum disorder after prenatal exposure to topiramate or lamotrigine relative to the risk among children born to women with epilepsy but without such prenatal exposure?

- A. No substantially increased risk after exposure to either topiramate or lamotrigine.
- B. Substantially increased risk after exposure to either topiramate or lamotrigine.
- C. Substantially increased risk after exposure to lamotrigine but not to topiramate.
- D. Substantially increased risk after exposure to topiramate but not to lamotrigine.

QUESTION 3

Which one of the following statements about this study is true?

- A. A large number of cases of autism spectrum disorder were diagnosed.



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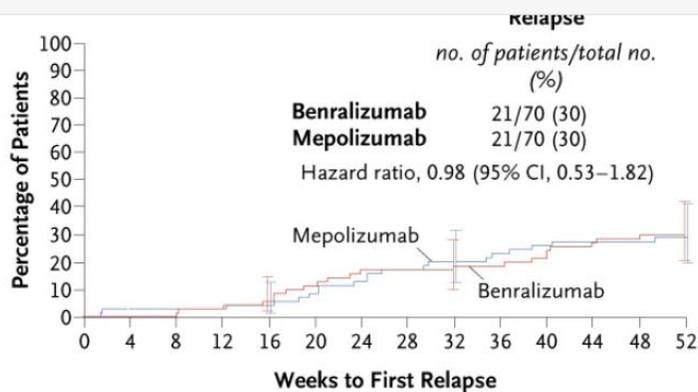
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ORIGINAL ARTICLE

MEETING OF THE AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY

Benralizumab or Mepolizumab for EGPA

M.E. Wechsler and Others

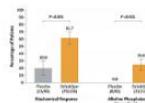
In this randomized trial, benralizumab was noninferior to mepolizumab for the induction of remission in patients with relapsing or refractory eosinophilic granulomatosis with polyangiitis.

FEB 23

Cholangitis

G.M. Hirschfield and Others

In this trial, the percentage of patients who met the primary end-point criteria (reduction in alkaline phosphatase with normal bilirubin) was significantly greater with seladelpar than with placebo.



Editorial Advancing Second-Line Treatment for Primary Biliary Cholangitis

Editorial PPAR Agonists in Primary Biliary Cholangitis

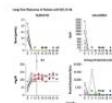
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ORIGINAL ARTICLE

CD19 CAR T-Cell Therapy in Autoimmune Disease

F. Müller and Others

In this case series of 15 patients with severe autoimmune disease, selective deep depletion of B lymphocytes with CD19 CAR T-cell therapy was effective in achieving clinical remission.



Editorial CAR T Cells — A New Horizon for Autoimmunity?

FEB 22

Image Challenge



What is the diagnosis?



ANSWER →

Image of the Week



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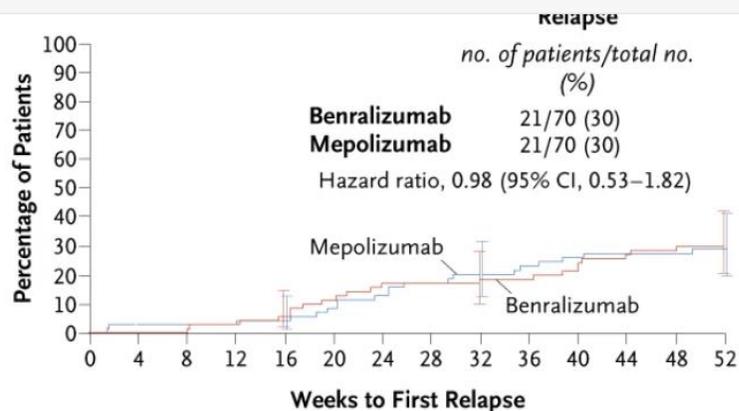
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MEETING OF THE AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY

Benralizumab or Mepolizumab for EGPA

M.E. Wechsler and Others

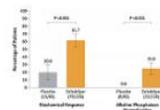
In this randomized trial, benralizumab was noninferior to mepolizumab for the induction of remission in patients with relapsing or refractory eosinophilic granulomatosis with polyangiitis.

FEB 23

Cholangitis

G.M. Hirschfield and Others

In this trial, the percentage of patients who met the primary end-point criteria (reduction in alkaline phosphatase with normal bilirubin) was significantly greater with seladelpar than with placebo.



Editorial Advancing Second-Line Treatment for Primary Biliary Cholangitis

Editorial PPAR Agonists in Primary Biliary Cholangitis

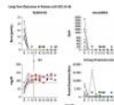
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CD19 CAR T-Cell Therapy in Autoimmune Disease

F. Müller and Others

In this case series of 15 patients with severe autoimmune disease, selective deep depletion of B lymphocytes with CD19 CAR T-cell therapy was effective in achieving clinical remission.



Editorial CAR T Cells — A New Horizon for Autoimmunity?

FEB 22

Image Challenge



What is the diagnosis?



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Risk Factors for Falls among Elderly Persons Living in the Community

M.E. Tinetti, M. Speechley, and S.F. Ginter | N Engl J Med 1988; 319:1701-1707

To study risk factors for falling, we conducted a one-year prospective investigation, using a sample of 336 persons at least 75 years of age who were living in the community. All subjects... reflexes, balance, and gait; in addition, we inspected their homes for environmental hazards. Falls and their circumstances were...

ORIGINAL ARTICLE | VOL. 373 NO. 22, NOV 26, 2015

A Randomized Trial of Intensive versus Standard Blood-Pressure Control

The SPRINT Research Group | N Engl J Med 2015; 373:2103-2116

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Gene Therapy for Giant Axonal Neuropathy

D.X. Bharucha-Goebel and Others

In a phase 1 study involving children with giant axonal neuropathy, intrathecal administration of an adeno-associated virus containing a GAN transgene resulted in some improvement in motor function scores.

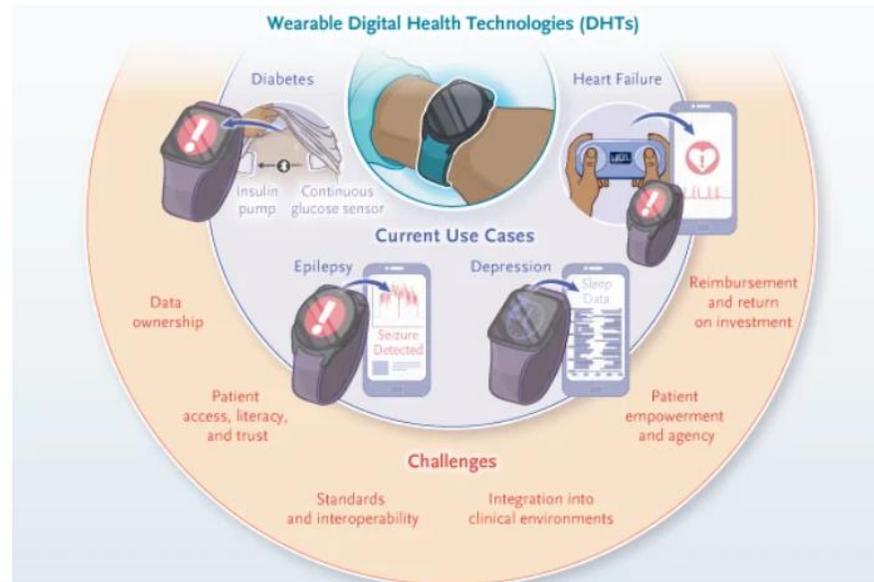


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FUNDAMENTALS OF MEDICAL ETHICS

Ethics and Highly Innovative Research on Brain Diseases

Saskia Hendriks, M.D., Ph.D., and Christine Grady, M.S.N., Ph.D.

The human brain is the object of endless fascination, given its centrality to identity and many core functions, including production of thoughts, emotions, and actions. Patients may

therefore attribute distinctive meaning to brain diseases and interventions. The devastating toll of neurologic and psychiatric disorders makes seeking knowledge and developing interventions by means of brain research an ethical imperative. Deeper understanding of the brain could also change our notions of what is uniquely human and of death, agency, responsibility, and other concepts underlying fundamental societal norms and laws. Our increasing ability to record, understand, and directly modify the brain has led research to a new frontier, where calls are being made to protect the right to mental self-determination. Despite exciting advances, conducting brain research and appropriately implementing interventions or insights

derived from it raise both familiar and new ethical challenges.

A few specific hypothetical cases based on existing innovative brain research can help illustrate these challenges. The first relates to post-trial care.

Mr. P, who was left quadriplegic after an accident, joins a trial of a brain-computer interface (BCI). Intracortical microelectrode arrays are implanted in his motor cortex, and percutaneous electrodes are inserted in his arm. The recorded neural activity is decoded to command his paralyzed arm by electrically stimulating his hand, elbow, and shoulder muscles. After receiving 10 hours of training each week for a year, Mr. P can cortically command his paralyzed arm. This ability increases his independence, improving his quality of life. Three years after the trial, the BCI stops working. Mr. P dis-

covers that the device company declared bankruptcy and the needed replacement parts are no longer available. He is left with a defunct implant.

Ongoing clinical trials are testing highly innovative brain implants, with aims ranging from treating opioid addiction to restoring speech. Mr. P's case is, unfortunately, not unlike some that have been reported.¹ Given the risks posed by brain surgery, trials involving brain implants typically enroll patients with severe, treatment-resistant conditions. Unsurprisingly, many participants who benefit want to keep the implant, which is often the only intervention that has worked. For other participants, explantation of the device would be too risky. But patients with experimental implants need ongoing care to maintain the benefits, reduce side effects, or manage complications (such as bleeding) that may occur years after the trial. Determining who is responsible for post-trial care requires balancing participants' in-

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REVIEW ARTICLE

Cardiac Implantable Electronic Devices

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CARDIAC IMPLANTABLE ELECTRONIC DEVICES (CIEDs) CONSTITUTE A MAJOR breakthrough in the management of heart rhythm disorders. These devices largely include bradycardia pacemakers, biventricular pacemakers, and implantable cardioverter-defibrillators (ICDs). In the United States, more than 400,000 CIEDs are implanted every year.^{1,2} The increasing number of patients with a CIED has made it necessary for all clinicians to have a basic understanding of what these devices do, the evidence supporting their use, their possible contribution to the overall clinical presentation, and the consideration of how they should be managed when surgery, a nonsurgical procedure, magnetic resonance imaging (MRI), or radiation therapy is planned.

Bradycardia Pacemakers

Of all the available CIEDs, bradycardia pacemakers have been around the longest. Indications for bradycardia pacemakers include sick sinus syndrome and type II second-degree, high-grade, and complete heart block.³ Numerous randomized clinical trials have compared the outcomes of different pacing modes for management of sick sinus syndrome and advanced heart block⁴⁻¹¹ (Table 1). For patients with sick sinus syndrome, dual-chamber (atrial and ventricular) pacing has been shown to improve outcomes.^{4-7,9} Although single-chamber ventricular pacing and dual-chamber pacing have a similar effect on outcomes in patients with high-grade atrioventricular block,^{6,8,10} dual-chamber pacing is preferred for most patients in order to prevent the pacemaker syndrome.³

Table 1.

Study	Year	Design	Population	Intervention	Comparison	Key Findings
Medical Research Council (MRC) Study	1985	RCT	Sick sinus syndrome	Dual-chamber pacing	Single-chamber ventricular pacing	Dual-chamber pacing was superior to single-chamber ventricular pacing in terms of mortality and morbidity.
European Society of Cardiology (ESC) Study	1991	RCT	Sick sinus syndrome	Dual-chamber pacing	Single-chamber ventricular pacing	Dual-chamber pacing was superior to single-chamber ventricular pacing in terms of mortality and morbidity.
Medical Research Council (MRC) Study	1985	RCT	Sick sinus syndrome	Dual-chamber pacing	Single-chamber ventricular pacing	Dual-chamber pacing was superior to single-chamber ventricular pacing in terms of mortality and morbidity.
European Society of Cardiology (ESC) Study	1991	RCT	Sick sinus syndrome	Dual-chamber pacing	Single-chamber ventricular pacing	Dual-chamber pacing was superior to single-chamber ventricular pacing in terms of mortality and morbidity.
Medical Research Council (MRC) Study	1985	RCT	Sick sinus syndrome	Dual-chamber pacing	Single-chamber ventricular pacing	Dual-chamber pacing was superior to single-chamber ventricular pacing in terms of mortality and morbidity.
European Society of Cardiology (ESC) Study	1991	RCT	Sick sinus syndrome	Dual-chamber pacing	Single-chamber ventricular pacing	Dual-chamber pacing was superior to single-chamber ventricular pacing in terms of mortality and morbidity.

Randomized Clinical Trials (RCTs) of Bradycardia Pacemakers.

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- Search Options:** A section with tabs for 'Basic Search', 'Find Citation', 'Search Tools', and 'Search F'. It shows '1 resource selected' and a search term 'APA PsycInfo 1806 to June Week 2 2023'. There are radio buttons for 'Keyword', 'Author', 'Title', and 'Journal', and a text input field for 'Enter keyword or phrase (* or \$ for truncation)'. There are also checkboxes for 'Include Multimedia' and 'Map Term to Subject Heading'.
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- Advanced Search Techniques:** The main article content, which includes a title, a sub-header 'Return to Advanced Search', a paragraph explaining advanced searching techniques, a bulleted list of techniques (Command line syntax and dot-dot commands, Truncation and wild cards, Query and set operators, Postqualification of search sets), a paragraph about using advanced searching techniques, a small screenshot of a search interface, a paragraph about check tags, a sub-header 'Command Line Syntax', a paragraph about command line syntax, and a table with two columns: a code example and its explanation.

<code><term>.xy.</code>	Runs a search for the word or phrase (term) through the field indicated by the two-letter short code (xy). For example, the command line syntax: heart.ab. runs a search for the term <i>heart</i> through the abstract (ab) field of the database. For a complete list of fields and short codes for any database, refer to the database field guide.
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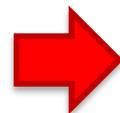


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