федеральное государственное автономное образовательное учреждение высшего образования

Первый Московский государственный медицинский университет им. И.М. Сеченова Министерства здравоохранения Российской Федерации

(Сеченовский Университет)

Институт иностранных языков для профессиональной коммуникации

Фонд оценочных средств (Централизованное тестирование) по дисциплине «Иностранный язык»

Программа подготовки кадров высшей квалификации

Тестовые задания:

Оценочное средство
Лексико-грамматический тест по дисциплине «Иностранный язык»:
Выберите правильный вариант перевода слова из предложенных
To prescribe 1) прописывать 2) оценивать 3) вовлекать 4) влиять
To investigate 1) исследовать 2) упоминать 3) влиять 4) назначать
Comparison 1) сравнение 2) определение 3) исключение 4) сообщение
Outcome 1) результат, исход 2) предположение 3) наблюдение 4) сообщение
Admission 1) госпитализация 2) выписка из больницы 3) лечение в стационаре 4) осмотр
Pattern 1) образец, пример 2) терпение 3) вывод 4) направление
Sample 1) образец, проба 2) равнение 3) предположение 4) идентичность
Inflammation 1) воспаление 2) торможение 3) намерение 4) изложение
Particularly 1) особенно 2) предварительно 3) значительно 4) обязательно
Apparent 1) явный, очевидный 2) сопутствующий 3) скрытый 4) предварительный
Definite 1) определенный 2) различный 3) схожий 4) значительный
Significant 1) значительный 2) определенный 3) схожий 4) различный

To experience 1) испытывать 2) изменяться 3) вторгаться 4) получать
Average 1) средний 2) похожий 3) частый 4) значительный
To result in 1) приводить к 2) изменяться 3) ссылаться на 4) обусловливать
To examine 1) обследовать, осматривать 2) получать 3) связывать 4) действовать
To determine 1) определять 2) обнаруживать 3) выздоравливать 4) содержать
To connect 1) связывать 2) двигаться 3) исключать 4) наблюдать
To compose 1) составлять 2) выполнять 3) изменяться 4) получать
To vary 1) изменяться 2) содержать 3) соединять 4) снабжать
To maintain 1) поддерживать 2) исключать 3) добавлять 4) исследовать
To manage 1) вести (пациента) 2) влиять 3) снабжать 4) выделять
To cure 1) излечивать 2) лечить 3) выполнять 4) вызывать
To reveal 1) обнаруживать 2) увеличивать 3) поддерживать 4) вовлекать
To attach 1) прикреплять 2) отделять 3) выполнять 4) вызывать
To avoid

1) избегать 2) выполнять 3) вовлекать 4) обнаруживать
To involve 2) защищать 3) формировать 4) приступать
In conclusion 1) в заключение 2) в свою очередь 3) на основании 4) в особенности
Administration 1) назначение 2) включение 3) обнаружение 4) накопление
Follow-up 1) последующее врачебное наблюдение 2) выписка из больницы 3) осмотр больного 4) вмешательство
Complication 1) осложнение 2) выполнение 3) исследование 4) состояние
Treatment 1) лечение 2) наблюдение 3) исследование 4) выполнение
Respectively 1) соответственно 2) особенно 3) сравнительно 4) исключительно
Possibility 1) возможность, вероятность 2) наблюдение 3) исследование 4) изучение
Performance 1) выполнение 2) рекомендации 3) течение 4) вмешательство
To succeed 1) достигать цели 2) проводить 3) вызывать 4) колебаться
Instead of 1) вместо 2) в свою очередь 3) на основании 4) в особенности
To spread 1) распространяться 2) проводить 3) вызывать 4) колебаться
To support 1) поддерживать 2) вызывать 3) распространять 4) зависеть

To provide 1) обеспечивать 2) поддерживать 3) вовлекать 4) поражать
To affect 1) поражать 2) снабжать 3) избегать 4) делать вывод
To threaten 1) угрожать 2) предупреждать 3) вовлекать 4) влиять
To secrete 1) выделять 2) изменять 3) вторгаться 4) снабжать
Connective 1) соединительный 2) основной 3) схожий 4) значительный
Cavity 1) полость 2) поток 3) толчок 4) часть
Response 1) (клинический) ответ, реакция 2) чувствительность 3) побуждение 4) идентичность
Blood 1) кровь 2) ткань 3) отношение 4) сообщение
Disability 1) нетрудоспособность 2) неудобство 3) недомогание 4) болезнь
Facility 1) удобство, оборудование 2) ориентир 3) ожидаемый результат 4) факультет
To benefit 1) извлекать пользу 2) располагать 3) вести, направлять 4) уменьшать, облегчать
To guide 1) вести, направлять 2) располагать 3) извлекать пользу 4) уменьшать, облегчать
To dispense 1) отпускать (лекарства) 2) улучшать 3) включать 4) повреждать
Enzyme

1) фермент 2) жидкость 3) белок 4) строение
Structure 1) строение 2) фермент 3) белок 4) жидкость
Protein 1) белок 2) фермент 3) жидкость 4) строение
Fluid 1) белок 2) фермент 3) жидкость 4) строение
To lead 1) вести 2) прикреплять 3) осуществлять 4) увеличивать
To protect 1) защищать 2) исключать 3) выполнять 4) называть
Guidelines 1) Руководство 2) различие 3) сходство 4) подтверждение
Consumption 1) потребление 2) руководство 3) использование 4) повреждение
Evaluation 1) оценка 2) использование 3) развитие 4) сходство
Assessment 1) оценка 2) различие 3) сообщение 4) исключение
Evidence 1) доказательство 2) различие 3) обязанность 4) исключение
Interaction 1) взаимодействие 2) противоположность 3) сходство 4) показание
Considerable 1) значительный 2) ненужный 3) адекватный 4) средний
Essential 1) существенный 2) достаточный 3) незначительный 4) необязательный

Concurrent 1) совпадающий 2) противоположный 3) различный 4) ответственный
To include 1) включать 2) избегать 3) повреждать 4) измерять
Concomitant 1) сопутствующий 2) различимый 3) относительный 4) доступный
To suppress 1) подавлять 2) проводить 3) ранить 4) зависеть
To depend 1) зависеть 2) включать 3) снабжать 4) изменять
To expand 1) расширяться 2) уменьшаться 3) изменяться 4) вовлекаться
To differ from 1) отличаться от 2) ссылаться на 3) приводить к 4) зависеть от
To suggest 1) наводить на мысль 2) исключать 3) содержать 4) защищать
To ingest 1) проглатывать 2) выполнять 3) растворять 4) выбирать
To prevent 1) предотвращать 2) изменять 3) включать 4) повреждать
To measure 1) измерять 2) состоять 3) находить 4) исключать
To perform 1) выполнять 2) делать заключение 3) различать 4) замечать
Referral 1) направление 2) лечение 3) осмотр 4) заклбючение
Feature

1) особенность 2) использование 3) сокращение 4)увеличение
Response 1) реакция 2) воспаление 3) отторжение 4) уменьшение
Composition 1) состав 2) различие 3) подтверждение 4) исключение
Amount 1) количество 2) реакция 3) отсутствие 4) наличие
Lack 1) недостаток, отсутствие 2) доступность 3) мера 4)итог
Common 1) распространенный 2) редкий 3) средний 4) одинаковый
Complete 1) полный 2) частичный 3) редкий 4) общий
Complex 1) сложный 2) простой 3) начальный 4) базовый
To refer to 1) ссылаться на 2) заботиться о 3) намекать на 4) зависеть от
Weak 1) слабый 2) стабильный 3) исходный 4) конкретный
Platelet 1) тромбоцит 2) лейкоцит 3) подтверждение 4) исключение
Weight 1) вес 2) рост 3) отторжение 4) уменьшение
To consume 1) потреблять 2) запасать 3) различать 4) замечать
To store 1) запасать, хранить 2) потреблять 3) различать 4) замечать

Almost 1) почти 2) через 3) вместо 4) против
To be responsible for 1) быть ответственным за 2) несмотря на 3) исходя из 4) наряду с
To range 1) колебаться в известных пределах 2) отрицать 3) предлагать 4) увеличивать
To take into account 1) принимать во внимание 2) в соответствии с 3) ссылаться на 4) делать заключение
To be due to 1) быть обусловленным 2) наводить на мысль 3) ссылаться на 4) быть доступным
To separate 1) отделять 2) упоминать 3) предлагать 4) использовать
To suppose 1) предполагать 2) упоминать 3) исключать 4) составлять
To increase 1) увеличивать 2) разрабатывать 3) улучшать 4) снижать
Influence 1) влияние 2) движение 3) изучение 4) накопление
In particular 1) в особенности 2) что касается 3) на основании 4) вследствие
Severe 1) тяжелый 2) открытый 3) оптимальный 4) актуальный
Susceptible 1) восприимчивый 2) твердый 3) определенный 4) одинаковый
To consist of 1) состоять из 2) заключаться в 3) приводить к 4) исключать из
To conclude

1) Делать вывод 2) Выполнять 3) Отделять 4) Получать
To observe 1) Наблюдать 2) Отрицать 3) Предлагать 4) Измерять
Cause 1) Исход 2) Причина 3) Сравнение 4) Осложнение
Findings 1) полученные данные 2) исследование 3)наблюдение 4) лечение
Mortality 1) смертность 2) заболеваемость 3) результат 4) открытие
Morbidity 1) смертность 2) заболеваемость 3) последовательность 4) доступность
Trial 1) Клиническое испытание 2) сравнение 3) аннотация 4)структура
Target 1) мишень 2) лечение 3) сокращение 4) сообщение
Certain 1) определенный 2) последовательный 3) исходный 4) суммарный
Frequent 1) частый 2) редкий 3) исключительный 4) исходный
Available 1) доступный 2) исключительный 3) сопутствующий 4) рецидивирующий
To consider 1) Полагать 2) Разрабатывать 3) Выполнять 4) Предлагать
Proper 1) надлежащий 2) редкий 3) доказанный 4) избыточный
To contract 1) сокращаться 2) воспринимать 3) содержать 4) страдать

To constrict 1) сужаться 2) расширяться 3) добавлять 4) исключать
To divide 1) делить 2) прикреплять 3) измерять 4) зависеть
To damage 1) повреждать 2) наблюдать 3) исключать 4) определять
To injure 1) наносить повреждение, ранить 2) двигать 3) растворять 4) исследовать
To recover 1) выздоравливать 2) исследовать 3)наблюдать 4) исключать
To monitor 1) контролировать 2) растворять 3) поглощать 4) ссылаться
Выберите комбинацию номеров, соответствующую правильной последовательности разделов аннотации.
Аннотация англоязычной научной статьи (Abstract), как правило, имеет четкую структуру, соответствующую общепринятому порядку (общепринятой логике) изложения результатов научного исследования. Ниже приводится структура аннотации, заимствованной из международного научного журнала. **Background** **Materials and Methods** **Results** **Conclusions** Прочитайте (изучите) фрагменты данной аннотации, пронумерованные и расположенные в случайном порядке. Выберите комбинацию номеров, соответствующую правильной последовательности разделов аннотации. (1) Overall, communities with stronger public health capabilities had significantly fewer deaths. Future initiatives to strengthen pandemic preparedness and reduce health disparities in the United States should focus on local public health system capabilities. (2) We used data collected from the National Longitudinal Survey of Public Health Systems to classify each community into 1 of 3 ordinal categories indicating limited, intermediate, or comprehensive public health system capabilities. We used 2-part generalized linear models to estimate the relationship between public health system capabilities and COVID-19 death rates while controlling population and community characteristics associated with COVID-19 risk. (3) Efforts to contain the health effects of the COVID-19 pandemic have achieved less success in the United States than in many comparable countries. Previous research documented wide variability in the capabilities of local public health systems to carry out core disease prevention and control activities, but it is unclear how this variability relates to COVID-19 control. Our study explored this relationship by using a nationally representative sample of 725 US

communities.

(4) Across 3 waves of the pandemic in 2020, we found a significant negative association between COVID-19 mortality and public health system capabilities. Compared with comprehensive public health systems, intermediate public health systems had an average of 4.97 to 19.02 more COVID-19 deaths per 100 000 residents, while limited public health systems had an average of 5.95 to 18.10 more COVID-19 deaths per 100 000 residents.

1) (4), (3), (2), (1)

2) (2), (3), (1), (4)

3) (4), (1), (3), (2)

4) (3), (2), (4), (1)

Аннотация англоязычной научной статьи (Abstract), как правило, имеет четкую структуру, соответствующую общепринятому порядку (общепринятой логике) изложения результатов научного исследования. Ниже приводится структура аннотации, заимствованной из международного научного журнала.

Background

Materials and Methods

Results

Conclusions

Прочитайте (изучите) фрагменты данной аннотации, пронумерованные и расположенные в случайном порядке. Выберите комбинацию номеров, соответствующую правильной последовательности разделов аннотации.

We found that women with endometriosis had an increased risk of preterm birth before 37 gestational weeks overall (adjusted hazard rate [aHR] 1.6, 95% confidence interval [CI] 1.3-1.9) and very preterm birth before 32 gestational weeks (aHR 1.8, 95% CI 1.1-2.9) compared with women without endometriosis. Medically indicated preterm birth was more prominent in women with endometriosis in deliveries before 37 gestational weeks (aHR 2.4, 95% CI 1.8-3.2) whereas spontaneous labor contractions were more common before 32 gestational weeks (aHR 2.2, 95% CI 1.1-4.5) in women with endometriosis compared with women without endometriosis. Further, in the analyses restricted to women with a histologically verified diagnosis of endometriosis, the results were strengthened overall and showed that women with endometriosis had an increased risk of PPROM before 32 gestational weeks (aHR 3.49, 95% CI1.36-8.98).

Emerging evidence shows that women with endometriosis face a higher risk of preterm birth. However, the pathways are unclear. The objective of this study is to further investigate at different gestational ages the association between endometriosis and different pathways of preterm birth including, medically indicated preterm birth, premature pre-labor rupture of membranes (PPROM), and spontaneous labor contractions.

In this population-based cohort study we linked singleton pregnancies from the Aarhus Birth Cohort to the Danish National Patient Registry, the Danish Medical Birth Registry, the Danish National Pathology Registry and Data Bank, and the Danish in vitro fertilization registry to gather information on endometriosis status, outcomes and maternal characteristics. We investigated preterm birth before 37 completed weeks of gestation and very preterm birth before 32 completed weeks of gestation. We explored different pathways including medically indicated preterm birth defined as induction of labor with intact membranes and no prior labor contractions, PPROM defined as rupture of membranes, and spontaneous labor contractions defined as contractions with intact membranes resulting in labor.

(4) Endometriosis was associated with both preterm and very preterm birth; however, apparently through different pathways. Women with endometriosis were more prone to have medically indicated preterm

births before 37 gestational weeks and spontaneous preterm births before 32 gestational weeks compared with women without endometriosis.

1) (4), (3), (1), (2)

2) (1), (2), (4), (3)

3) (2), (3), (1), (4)

4) (3), (1), (2), (4)

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Прочитайте (изучите) фрагменты данной аннотации, пронумерованные и расположенные в случайном порядке. Выберите комбинацию номеров, соответствующую правильной последовательности разделов аннотации.

(1) Abnormalities in resting ECG and CGM and their correlation with disease severity raises concerns about the need for cardiovascular follow-ups of psoriatic patients, especially those with severe disease.

(2) Cardiogoniometry (CGM), a spatiotemporal electrocardiologic method may be useful as a cardiovascular diagnostic tool. Increased incidence of coronary artery or myocardial involvement and defects in automatic setting of heart activity have been reported in psoriasis which could be related to the presence of systemic inflammation. Cardiogoniometry and the related parameters have been used in this study as a diagnostic technique in psoriasis patients.

(3) There was significant difference between the psoriasis patients and the controls in terms of heart rate (76.37 ± 14.41 vs 72.53 ± 9.684, p = 0.02), myocardial ischemia score (-1.53 ± 2.63 vs -0.46 ± 0.73, p = 0.037), corrected QT interval (392.64 ± 26.00 vs 377.26 ± 22.34, p = 0.017) and QTD (32.00 ± 17.88 vs 6.67 ± 15.16, p < 0.001). No statistically significant difference was found in SDNN (36.37 ± 21.01 vs 26.90 ± 14.88, p = .29). There were moderate correlations between PASI and SDNN (r = 0.427, p = 0.009), heart rate (r = 0.427, p = .009) and score (r = 0.481, p = .004).

(4) Thirty patients with psoriasis and 30 healthy, age and sex-matched individuals with no history of cardiovascular diseases or traditional coronary risk factors were enrolled. Duration and severity of the disease, using psoriasis severity and area index (PASI) score were recorded. Electrocardiography and cardiogoniometry were performed. Heart rate, QT interval and QT dispersion (QTD) were measured. SDNN (standard deviation of normal R-R interval) and myocardial ischemia score were determined by cardiogoniometry.

1) (4), (3), (2), (1)
2) (1), (3), (4), (2)
3) (3), (4), (2), (1)
4) (2), (4), (3), (1)

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Прочитайте (изучите) фрагменты данной аннотации, пронумерованные и расположенные в случайном порядке. Выберите комбинацию номеров, соответствующую правильной последовательности разделов аннотации.

(1) Three months after surgery, patients with moderate carpal tunnel syndrome (CTS) reported, on average, no symptoms, and patients with severe disease had reduced but unresolved symptoms. Although symptoms diminished in both groups from the preoperative assessment to the 2-week postoperative assessment, patients with severe CTS had comparatively more severe symptoms at all time points with the exception of pain at 2 weeks and 1 year or longer after surgery, at which times there was no significant difference. At 1 year or longer after surgery, 1 (2%) patient with moderate CTS and 9 (19%) patients with severe CTS reported continued symptoms. Preoperative electrodiagnostic severity was the factor most predictive of symptom scores.

(2) We compared change in numbness and pain after carpal tunnel release in patients with electrophysiologically moderate and severe disease.

(3) We tested the primary null hypothesis that there is no difference in the total Carpal Tunnel Symptoms Scale score 3 months after surgery between patients with moderate and those with severe disease. Ninety-five patients (47 in the moderate cohort, and 48 in the severe cohort) who had miniopen carpal tunnel release between November 2011 and November 2013 were identified from our prospectively collected database. For each patient, the total Carpal Tunnel Symptoms Scale score, as well the numbness and pain subscale scores, at the preoperative and postoperative (2-wk, 1-mo, 2-mo, 3-mo, ≥ 1-y) visits were documented. The data were analyzed with repeated-measures analysis of variance.

(4) Patients with severe CTS experience considerable reduction in symptoms after surgery but should be informed that recovery may be more prolonged and, in some cases, incomplete 1 year after carpal tunnel release, particularly with regard to numbness.

1) (4), (1), (3), (2)

2) (2), (3), (1), (4)

3) (1), (3), (4), (2)

4) (3), (2), (1), (4)

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Прочитайте (изучите) фрагменты данной аннотации, пронумерованные и расположенные в случайном порядке. Выберите комбинацию номеров, соответствующую правильной последовательности разделов аннотации.

(1) Twenty-five years after their introduction into clinical practice, PPIs remain the mainstay of the treatment of acid-related diseases, where their use in gastroesophageal reflux disease, eosinophilic esophagitis, Helicobacter pylori infection, peptic ulcer disease and bleeding as well

as, and Zollinger–Ellison syndrome is appropriate. Prevention of gastroduodenal mucosal lesions (and symptoms) in patients taking non-steroidal anti-inflammatory drugs (NSAIDs) or antiplatelet therapies and carrying gastrointestinal risk factors also represents an appropriate indication. On the contrary, steroid use does not need any gastroprotection, unless combined with NSAID therapy. In dyspeptic patients with persisting symptoms, despite successful H. pylori eradication, short-term PPI treatment could be attempted. Finally, addition of PPIs to pancreatic enzyme replacement therapy in patients with refractory steatorrhea may be worthwhile.
(2) The topics, identified by a Scientific Committee, were assigned to experts selected by three Italian Scientific Societies, who independently performed a systematic search of the relevant literature using Medline/PubMed, Embase, and the Cochrane databases. Search outputs were distilled, paying more attention to systematic reviews and meta-analyses (where available) representing the best evidence. The draft prepared on each topic was circulated amongst all the members of the Scientific Committee. Each expert then provided her/his input to the writing, suggesting changes and the inclusion of new material and/or additional relevant references. The global recommendations were then thoroughly discussed in a specific meeting, refined with regard to both content and wording, and approved to obtain a summary of current evidence.
(3) The introduction of proton pump inhibitors (PPIs) into clinical practice has revolutionized the management of acid-related diseases. Studies in primary care and emergency settings suggest that PPIs are frequently prescribed for inappropriate indications or for indications where their use offers little benefit. Inappropriate PPI use is a matter of great concern, especially in the elderly, who are often affected by multiple comorbidities and are taking multiple medications and are thus at an increased risk of long-term PPI-related adverse outcomes as well as drug-to-drug interactions. Herein, we aim to review the current literature on PPI use and develop a position paper addressing the benefits and potential harms of acid suppression with the purpose of providing evidence-based guidelines on the appropriate use of these medications.
(4) Overall, PPIs are irreplaceable drugs in the management of acid-related diseases. However, PPI treatment, as any kind of drug therapy, is not without risk of adverse effects. The overall benefits of therapy and improvement in quality of life significantly outweigh potential harms in most patients, but those without clear clinical indication are only exposed to the risks of PPI prescription. Adhering with evidence-based guidelines represents the only rational approach to effective and safe PPI therapy.
1) (3), (2), (1), (4)
2) (1), (2), (3), (4)
3) (3), (2), (4), (1)
4) (4), (2), (1), (3)

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(1) We compared comorbidities between migraine and tension headache in patients treated in a tertiary pediatric headache clinic.
(2) The study cohort comprised 401 patients: 200 with migraine and 201 with tension headache. The main organic comorbidities were atopic disease, asthma, and first-reported iron-deficiency

anemia; all occurred with statistical significance more often with migraine than with tension headache (Familial Mediterranean fever was six times more frequent in the migraine group than in the tension headache group, but the difference was not statistically significant. Nonorganic comorbidities (psychiatric, social stressors) were associated significantly more often with tension headache than with migraine (48.3% versus 33%; p=0.03).
(3) Files of patients with migraine or tension headache attending a pediatric headache clinic were retrospectively reviewed for the presence of organic comorbidities. Additionally, patients were screened with the self-report Strengths and Difficulties Questionnaire to identify nonorganic comorbidities. If necessary, patients were referred to a pediatric psychiatrist, psychologist or social worker for further evaluation.
(4) Children and adolescents with migraine or tension headache treated in a dedicated clinic have high rates of organic and nonorganic comorbidities. In this setting, patients with migraine have significantly more organic comorbidities, and patients with tension headache, significantly more nonorganic comorbidities.
1) (1), (3), (2), (4)
2) (4), (3), (2), (1)
3) (1), (2), (4), (3)
4) (2), (1), (3), (4)

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(1) Serum TSH levels, used as continuously distributed variable and categorized according to the clinical cut-offs 0.3 and 3.0 mIU/L or according to quintiles, were not consistently associated with parameters of lung function or CPET
(2) Thyroid dysfunction has been described to be linked to a variety of cardiovascular morbidities. Through this pathway thyroid function might also be associated with cardiorespiratory function and exercise capacity. So far only few patient-studies with small study populations investigated the association between thyroid dysfunction and exercise capacity. Thus, the aim of our study was to investigate the association of serum thyroid-stimulating hormone (TSH) levels with lung function and cardiopulmonary exercise testing (CPET) in the general population.
(3) Data from the two independent cross-sectional population-based studies (Study of Health in Pomerania [SHIP] and SHIP-Trend-0) were pooled. SHIP was conducted between 2002 and 2006 and SHIP-Trend-0 between 2008 and 2012. Participants were randomly selected from population registries. In total, 4206 individuals with complete data were available for the present analysis. Thyroid function was defined based on serum TSH levels. Lung function was evaluated by forced expiratory volume in 1 s and forced vital capacity. CPET was based on symptom limited exercise tests on a bicycle in a sitting position according to a modified Jones protocol. Associations of serum TSH levels with lung function and CPET parameters were analysed by multivariable quantile regression adjusted for age, sex, height, weight, use of beta blockers, smoking status, and physical activity.
(4) Our results suggest that thyroid dysfunction is not associated with lung function and cardiopulmonary exercise capacity in the general population.
1) (4), (2), (1), (3)

2) (3), (1), (2), (4)
3) (2), (3), (1), (4)
4) (1), (3), (4), (2)

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(1) Empagliflozin improves outcomes in patients with heart failure with a preserved ejection fraction, but whether the effects are consistent in patients with and without diabetes remains to be elucidated.

(2) In patients with heart failure and a preserved ejection fraction enrolled in the EMPEROR-Preserved (Empagliflozin Outcome Trial in Patients With Chronic Heart Failure With Preserved Ejection Fraction), empagliflozin significantly reduced the risk of heart failure outcomes irrespective of diabetes status at baseline.

(3) Patients with class II through IV heart failure and a left ventricular ejection fraction >40% were randomized to receive empagliflozin 10 mg or placebo in addition to usual therapy. We undertook a prespecified analysis comparing the effects of empagliflozin versus placebo in patients with and without diabetes.

(4) Of the 5988 patients enrolled, 2938 (49%) had diabetes. The risk of the primary outcome (first hospitalization for heart failure or cardiovascular death), total hospitalizations for heart failure, and estimated glomerular filtration rate decline was higher in patients with diabetes. Empagliflozin reduced the rate of the primary outcome irrespective of diabetes status (hazard ratio, 0.79 [95% CI, 0.67, 0.94] for patients with diabetes versus hazard ratio, 0.78 [95% CI, 0.64, 0.95] in patients without diabetes; $P_{\text{interaction}}$=0.92). The effect of empagliflozin to reduce total hospitalizations for heart failure was also consistent in patients with and without diabetes. The effect of empagliflozin to attenuate estimated glomerular filtration rate decline during double-blind treatment was also present in patients with and without diabetes, although more pronounced in patients with diabetes (1.77 in diabetes versus 0.98 mL/min/1.73m^2 in patients without diabetes; $P_{\text{interaction}}$=0.01). Across these 3 end points, the effect of empagliflozin did not differ in patients with prediabetes or normoglycemia (33% and 18% of the patient population, respectively). When investigated as a continuous variable, baseline hemoglobin A1c did not modify the effects on the primary outcome ($P_{\text{interaction}}$=0.26). There was no increased risk of hypoglycemic events in either subgroup as compared with placebo.

1) (4), (2), (1), (3)
2) (3), (1), (2), (4)
3) (2), (3), (1), (4)
4) (1), (3), (4), (2)

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(1) We did a randomized double blind placebo controlled crossover study with two three-weeks treatment periods with gabapentin and placebo separated by a two-weeks washout period. Patients started at random with gabapentin or placebo, which was administered in identical capsules three times daily. We included 58 patients with CRPS type 1.

(2) Patients reported significant pain relief in favor of gabapentin in the first period. Therapy effect in the second period was less; finally resulting in no significant effect combining results of both periods. The CRPS patients had sensory deficits at baseline. We found that this sensory deficit was significantly reversed in gabapentin users in comparison to placebo users.

(3) Gabapentin had a mild effect on pain in CRPS I. It significantly reduced the sensory deficit in the affected limb. A subpopulation of CRPS patients may benefit from gabapentin.

(4) Complex Regional Pain Syndrome type one (CRPS I) or formerly Reflex Sympathetic Dystrophy (RSD) is a disabling syndrome, in which a painful limb is accompanied by varying symptoms. Neuropathic pain is a prominent feature of CRPS I, and is often refractory to treatment. Since gabapentin is an anticonvulsant with a proven analgesic effect in various neuropathic pain syndromes, we sought to study the efficacy of the anticonvulsant gabapentin as treatment for pain in patients with CRPS I.

1) (3), (1), (2), (4)
2) (1), (4), (2), (3)
3) (4), (1), (2), (3)
4) (2), (1), (4), (3)

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(1) We identifed patients with RA in the Symphony Health Solutions database (Integrated Dataverse) who initiated treatment with oral MTX in 2009 and had RA-related claims for each year through 2014. We then grouped the patients into 4 treatment cohorts, including those who (1) continued to use oral MTX, (2) switched to subcutaneous MTX, (3) switched to subcutaneous MTX and then added or switched to a biologic therapy, and (4) added or switched to a biologic therapy. The costs (in 2015 US dollars) for pharmaceuticals, offce visits, hospitalizations, and emergency department visits were estimated for each cohort.

(2) Our fndings that patients who switched to subcutaneous MTX incurred lower costs than patients who only used oral MTX before using biologics may provide useful information for patients and providers who are choosing between continued MTX use and adding or switching to a biologic based on treatment guidelines.

(3) Of the total 35,640 patients in this study, 15,599 patients continued to use oral MTX, with an average cost of $47,464 per patient in the full study period; 1802 patients switched to subcutaneous MTX, with an average per-patient cost of $59,058; 711 patients switched to subcutaneous MTX and then added or switched to a biologic agent, with an average per-patient cost of $175,391 and a mean time to a biologic use of 1184 days; and 17,528 patients added or switched to a biologic from oral MTX, with an average per-patient cost of $212,595 and a mean time to a biologic use of 478 days. Biologic treatments were responsible for the cost differences

between the cohorts; the nondrug costs were similar across the groups.
(4) Methotrexate (MTX) is the primary disease-modifying antirheumatic drug used for the treatment of rheumatoid arthritis (RA). Optimizing the use of oral and subcutaneous MTX may delay the use of expensive biologic therapies; the effect of such a delay on overall medical costs is currently unknown. The objective was to compare the 5-year healthcare costs of treatment pathways for patients with RA who initiate oral MTX in the United States.
1) (4), (2), (3), (1)
2) (1), (3), (2), (4)
3) (4), (1), (3), (2)
4) (3), (2), (4), (1)

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(1) Controversy exists about the timing of the initiation of parenteral nutrition in critically ill adults in whom caloric targets cannot be met by enteral nutrition alone.
(2) Late initiation of parenteral nutrition was associated with faster recovery and fewer complications, as compared with early initiation. (Funded by the Methusalem program of the Flemish government and others; EPaNIC ClinicalTrials.gov number, NCT00512122.)
(3) In this randomized, multicenter trial, we compared early initiation of parenteral nutrition (European guidelines) with late initiation (American and Canadian guidelines) in adults in the intensive care unit (ICU) to supplement insufficient enteral nutrition. In 2312 patients, parenteral nutrition was initiated within 48 hours after ICU admission (early-initiation group), whereas in 2328 patients, parenteral nutrition was not initiated before day 8 (late-initiation group). A protocol for the early initiation of enteral nutrition was applied to both groups, and insulin was infused to achieve normoglycemia.
(4) Patients in the late-initiation group had a relative increase of 6.3% in the likelihood of being discharged alive earlier from the ICU (hazard ratio, 1.06; 95% confidence interval [CI], 1.00 to 1.13; P = 0.04) and from the hospital (hazard ratio, 1.06; 95% CI, 1.00 to 1.13; P = 0.04), without evidence of decreased functional status at hospital discharge. Rates of death in the ICU and in the hospital and rates of survival at 90 days were similar in the two groups. Patients in the late-initiation group, as compared with the early-initiation group, had fewer ICU infections (22.8% vs. 26.2%, P = 0.008) and a lower incidence of cholestasis (P<0.001). The late-initiation group had a relative reduction of 9.7% in the proportion of patients requiring more than 2 days of mechanical ventilation (P = 0.006), a median reduction of 3 days in the duration of renalreplacement therapy (P = 0.008), and a mean reduction in health care costs of €1,110 (about $1,600) (P = 0.04).
1) (2), (1), (4), (3)
2) (1), (4), (2), (3)
3) (1), (3), (4), (2)
4) (3), (2), (1), (4)

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(1) 60 patients aged between 18 and 65 years with lumbago or sciatic neuritis of mechanical origin without need for surgical procedures were enrolled. Patients had to present with a proven medical history for back pain (lasting from 6 months to 5 years) and a painintensity [as evaluated with a Visual Analogic Scale (VAS)] equal or greater than 60 mm. Efficacy primary end-point was evaluated by means of a visual analogic scale (VAS) and a Disability Questionnaire (DQ). Consumption of paracetamol during the study period was the secondary efficacy end-point.

(2) The objective of this double-blind randomised, placebo-controlled study was to examine the efficacy and safety intramuscular vitamin B12 (Tricortin 1000) in the treatment of low back pain in patients with mechanical or irritative lumbago.

(3) Both treatment groups experienced a sharp decrease in pain and disability. However, comparison between groups at the end of the treatment period showed a statistically significant difference in favour of the active treatment both for VAS and DQ ($p < 0.0001$ and $p < 0.0002$, respectively). Consumption of paracetamol proved significantly higher in the placebo group than in the active treatment ($p < 0.0001$).

(4) The efficacy and safety of parenteral Vitamin B12 in alleviating low back pain and related disability and in decreasing the consumption of paracetamol was confirmed in patients with no signs of nutritional deficiency.

1) (4), (2), (3), (1)
2) (3), (1), (2), (4)
3) (2), (1), (3), (4)
4) (1), (3), (4), (2)

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(1) Patients who are critically ill can develop so-called intensive-care unit acquired weakness, which delays rehabilitation. Reduced muscle mass, quality, or both might have a role. The Early Parenteral Nutrition Completing Enteral Nutrition in Adult Critically Ill Patients (EPaNIC) trial (registered with ClinicalTrials.gov, number NCT00512122) showed that tolerating macronutrient defi cit for 1 week in intensive-care units (late parenteral nutrition [PN]) accelerated recovery compared with early PN. The role of weakness was unclear. Our aim was to assess whether late PN and early PN diff erentially aff ect muscle weakness and autophagic quality control of myofi bres.

(2) With late PN, 105 (34%) of 305 patients had weakness on fi rst assessment (median day 9 post-randomisation) compared with 127 (43%) of 295 patients given early PN (absolute diff erence –9%, 95% CI –16 to –1; p=0·030). Weakness recovered faster with late PN than with early PN (p=0·021). Myofi bre cross-sectional area was less and density was lower in critically

ill patients than in healthy controls, similarly with early PN and late PN. The LC3 (microtubule-associated protein light chain 3) II to LC3I ratio, related to autophagosome formation, was higher in patients given late PN than early PN (p=0·026), reaching values almost double those in the healthy control group (p=0·0016), and coinciding with less ubiquitin staining (p=0·019). A higher LC3II to LC3I ratio was independently associated with less weakness (p=0·047). Expression of mRNA encoding contractile myofi brillary proteins was lower and E3-ligase expression higher in muscle biopsies from patients than in control participants (p≤0·0006), but was unaff ected by nutrition.
(3) Tolerating a substantial macronutrient defi cit early during critical illness did not aff ect muscle wasting, but allowed more effi cient activation of autophagic quality control of myofi bres and reduced weakness.
(4) In this prospectively planned subanalysis of the EPaNIC trial, weakness (MRC sum score) was assessed in 600 awake, cooperative patients. Skeletal muscle biopsies, harvested from 122 patients 8 days after randomisation and from 20 matched healthy controls, were studied for autophagy and atrophy. We determined the signifi cance of diff erences with Mann-Whitney U, Median, Kruskal-Wallis, or χ^2 (exact) tests, as appropriate.
1) (4), (2), (3), (1)
2) (3), (1), (2), (4)
3) (1), (4), (2), (3)
4) (1), (3), (4), (2)

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(1) Guidelines were searched to identify adjuvant or neoadjuvant treatment options recommended in early invasive breast cancer. For each option, systematic literature searches identified the highest-ranking evidence. For radiotherapy risks, searches for dose-response relationships and modern organ doses were also undertaken.
(2) These benefits and risks inform treatment decisions for individuals and recommendations for groups of women.
(3) Adjuvant and neoadjuvant breast cancer treatments can reduce breast cancer mortality but may increase mortality from other causes. Information regarding treatment benefits and risks is scattered widely through the literature. To inform clinical practice we collated and reviewed the highest quality evidence.
(4) Treatment options recommended in the USA and elsewhere included chemotherapy (anthracycline, taxane, platinum, capecitabine), anti-human epidermal growth factor 2 therapy (trastuzumab, pertuzumab, trastuzumab emtansine, neratinib), endocrine therapy (tamoxifen, aromatase inhibitor, ovarian ablation/suppression) and bisphosphonates. Radiotherapy options were after breast conserving surgery (whole breast, partial breast, tumour bed boost, regional nodes) and after mastectomy (chest wall, regional nodes). Treatment options were supported by randomised evidence, including > 10,000 women for eight treatment comparisons, 1,000-10,000 for fifteen and < 1,000 for one. Most treatment comparisons reduced breast cancer mortality or recurrence by 10-25%, with no increase in non-breast-cancer death. Anthracycline chemotherapy and radiotherapy increased overall non-breast-cancer mortality. Anthracycline risk was from heart disease and leukaemia. Radiation-risks were mainly from heart disease, lung

cancer and oesophageal cancer, and increased with increasing heart, lung and oesophagus radiation doses respectively. Taxanes increased leukaemia risk.
1) (3), (1), (4), (2)
2) (4), (1), (3), (2)
3) (1), (3), (2), (4)
4) (3), (4), (2), (1)

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(1) Articles were required to: include an adult population with hip fracture and cognitive impairment, include a rehabilitation intervention, and be published between January 1, 2000 and November 19, 2021. Articles were excluded if they were opinion pieces, study protocols, conference abstracts, or if they did not describe the rehabilitation intervention. Relevant articles were searched on the following electronic databases: MEDLINE, EMBASE, CINAHL Plus, APA PsycINFO, Cochrane Library, Web of Science, and the Physiotherapy Evidence Database. All articles were double-screened by two reviewers and disagreements were resolved through consensus. Data were extracted and synthesized using descriptive approaches.
(2) Seventeen articles were included in this scoping review. We identified a variety of interventions targeting this population; about half were specific to physical rehabilitation, with the other half incorporating components that addressed multiple aspects of the care journey. Interventions had varying outcomes and no studies qualitatively explored patient or family experiences. All intervations were initiated in hospital, with less than half including cross-sectoral components. About half of the articles described modifying or tailoring the intervention to the participants' needs, but there was limited information on how to adapt rehabilitation interventions for individuals with cognitive impairment.
(3) Hip fractures are common fall-related injuries, with rehabilitation and recovery often complicated by cognitive impairment. Understanding what interventions exist, and in what settings, for people with hip fracture and co-occurring cognitive impairment is important in order to provide more evidence on rehabilitation and related outcomes for this population.
(4) More work is need to better understand patient, family, and provider experiences with rehabilitation interventions, how to tailor interventions for those with cognitive impairment, and how to successfully implement sustainable interventions across sectors.
1) (2), (1), (4), (3)
2) (3), (1), (2), (4)
3) (3), (4), (1), (2)
4) (2), (4), (1), (3)

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(1) We retrospectively studied consecutive patients who were admitted to the ICU of a French university-affiliated hospital between January 2014 and December 2018 and whose ICD-10 code indicated acute stroke. Patients with isolated subarachnoid hemorrhage or posttraumatic stroke were excluded.

(2) Although acute stroke is a leading cause of morbidity and mortality worldwide, data on outcomes of stroke patients requiring ICU admission are limited. We aimed to identify factors associated with a good neurological outcome (defined as a modified Rankin Scale score [mRS] of 0-2) 6 months after ICU admission.

(3) Acute stroke requiring ICU admission carried a poor prognosis, with less than a fifth of patients having a good neurological outcome at 6 months. Age and depth of coma independently predicted the outcome.

(4) The 323 identified patients had a median age of 67 [54.5-77] years; 173 (53.6%) were male. The main reasons for ICU admission were neurological failure (87%), hemodynamic instability (28.2%), acute respiratory failure (26%), and cardiac arrest (5.3%). At ICU admission, the Glasgow Coma Scale score was 6 [4-10] and the SAPSII was 54 [35-64]. The stroke was hemorrhagic in 248 (76.8%) patients and ischemic in 75 (23.2%). Mechanical ventilation was required in 257 patients (79.6%). Six months after ICU admission, 61 (19.5%) patients had a good neurological outcome (mRS, 0-2), 50 (16%) had significant disability (mRS, 3-5), and 202 (64.5%) had died; 10 were lost to follow-up. By multivariable analysis, factors independently associated with not having an mRS of 0-2 at 6 months were older age (odds ratio, 0.93/year; 95% confidence interval, 0.89-0.96; $P < 0.01$) and lower Glasgow Coma Scale score at ICU admission (odds ratio, 1.23/point; 95% confidence interval, 1.07-1.40; $P < 0.01$).

1) (2), (1), (4), (3)
2) (3), (1), (2), (4)
3) (3), (4), (1), (2)
4) (2), (4), (1), (3)

Аннотация англоязычной научной статьи (Abstract), как правило, имеет четкую структуру, соответствующую общепринятому порядку (общепринятой логике) изложения результатов научного исследования. Ниже приводится структура аннотации, заимствованной из международного научного журнала.

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(1) Disease progression studies supported pivotal roles for regional amyloid beta (Aβ) and tau deposition, and identified underlying genetic contributions to Alzheimer's disease (AD). Vascular disease, immune response, inflammation, resilience, and sex modulated disease course. Biologically coherent subgroups were identified at all clinical stages. Practical algorithms and methodological changes improved determination of Aβ status. Plasma Aβ, phosphorylated tau181, and neurofilament light were promising noninvasive biomarkers. Prognostic and diagnostic models were externally validated in ADNI but studies are limited by lack of ethnocultural cohort diversity.

(2) ADNI has had a profound impact in improving clinical trials for AD.

(3) The Alzheimer's Disease Neuroimaging Initiative (ADNI) has accumulated 15 years of clinical, neuroimaging, cognitive, biofluid biomarker and genetic data, and biofluid samples available to researchers, resulting in more than 3500 publications. This review covers studies

from 2018 to 2020.
(4) We identified 1442 publications using ADNI data by conventional search methods and selected impactful studies for inclusion.
1) (2), (1), (4), (3)
2) (3), (1), (2), (4)
3) (3), (4), (1), (2)
4) (2), (4), (1), (3)

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(1) The aim of this study was to describe the complications and survival rates of dental implants placed in patients suffering from oral lichen planus (OLP) and to present recommendations for implant treatment in this group of patients through a narrative review of the published studies.
(2) Eighteen studies were evaluated. The results showed that dental implant survival rates in patients with OLP were similar to those reported in the general population. Moreover, the existing literature seemed to imply that OLP is not a suspected risk factor for peri-implant diseases. However, patients suffering from erosive forms of OLP or desquamative gingivitis and poor oral hygiene were more susceptible to developing peri-implant diseases; in addition, oral squamous cell carcinoma was observed in a few cases of OLP.
(3) A search of the literature was conducted using four databases: PubMed/Medline, Web of Science, Cochrane, and Scopus with a stop date of May 2022.
(4) With the limitations of this narrative review, dental implants may be regarded as a safe and feasible therapeutic approach to the treatment of patients with well-controlled OLP. These patients should be monitored carefully during follow-up care. Well-designed prospective trials are required to validate the present findings.
1) (3), (1), (4), (2)
2) (4), (1), (3), (2)
3) (1), (3), (2), (4)
4) (3), (4), (2), (1)

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(1) A scoping review was conducted using a six-stage framework to help map current evidence on educational interventions designed to influence physicians' decisions or intention to establish practice in underserved areas. A search strategy was developed and used to conduct database searches. Data were synthesized according to the types of interventions and the location in the

medical education professional development trajectory, that influence physician intention or decision for rural and underserved practice locations.
(2) Various educational interventions can influence physician practice location: preferential admissions criteria, rural experiences during undergraduate and postgraduate medical training, and financial incentives. Educators and policymakers should consider the social identity, preferences, and motivations of aspiring physicians as they have considerable impact on the effectiveness of education initiatives designed to influence physician distribution in underserved locations.
(3) There were 130 articles included in the review, categorized according to four categories: preferential admissions criteria, undergraduate training in underserved areas, postgraduate training in underserved areas, and financial incentives. A fifth category was constructed to reflect initiatives comprised of various combinations of these four interventions. Most studies demonstrated a positive impact on practice location, suggesting that selecting students from underserved or rural areas, requiring them to attend rural campuses, and/or participate in rural clerkships or rotations are influential in distributing physicians in underserved or rural locations. However, these studies may be confounded by various factors including rural origin, pre-existing interest in rural practice, and lifestyle. Articles also had various limitations including self-selection bias, and a lack of standard definition for underservedness.
(4) Physician maldistribution is a global problem that hinders patients' abilities to access healthcare services. Medical education presents an opportunity to influence physicians towards meeting the healthcare needs of underserved communities when establishing their practice. Understanding the impact of educational interventions designed to offset physician maldistribution is crucial to informing health human resource strategies aimed at ensuring that the disposition of the physician workforce best serves the diverse needs of all patients and communities.
1) (3), (1), (4), (2)
2) (4), (1), (3), (2)
3) (1), (3), (2), (4)
4) (3), (4), (2), (1)

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(1) Whittemore and Knafl's integrative review methodology was used to structure and conduct the review. The literature search was conducted using CINAHL, MEDLINE, Nursing & Allied Health, MedicLatina, Sciencedirect, LILACS, and PubMed databases. Researchers performed the final search in January 2021.
(2) This review provides insight into both "expressive dimension" and "instrumental dimension" of nursing interventions that may humanise care to patients affected by COVID-19 in isolation units. This knowledge will allow nurses to improve their care practices, providing more holistic, humanised care for these patients.
(3) During the global pandemic, the increasing number of hospitalised patients affected by COVID-19 led to a shortage of nurses. This situation can cause nurses to focus their care on managing the acute aspects of the disease, neglecting interventions that can humanise their

practices and improve quality of care. This review aims to identify nurses' interventions that can humanise care for patients affected by COVID-19 in isolation units.
(4) A total of seven articles were included in this review. Interventions by nursing staff that may humanise care for patients affected by COVID-19 in isolation units fall within two themes: "expressive dimension interventions", related to the establishment of communication with patients and their families, providing psychological comfort, shared decision-making and patient education; and "instrumental dimension interventions", associated with providing patients physical comfort, and symptom management.
1) (3), (1), (4), (2)
2) (4), (1), (3), (2)
3) (1), (3), (2), (4)
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(1) This post hoc analysis assessed data from a randomized 12-week study that confirmed the noninferiority of duloxetine to pregabalin. In the previously published study, patients with DPNP with inadequate response to gabapentin were switched to duloxetine monotherapy, combination therapy of duloxetine plus gabapentin, or pregabalin monotherapy. Current, stable antidepressant use was allowed; 79 patients were concomitantly treated with antidepressants and 328 without antidepressants. In this post hoc analysis, improvement in the weekly mean of diary-based average daily pain ratings (numerical rating scale: 0-10) in antidepressant users and nonusers was analyzed using a longitudinal mixed-models repeated-measures (MMRM) analysis, including a test of the 3-way interaction (antidepressant subgroup by treatment by week) to assess whether the differences among treatment groups over 12 weeks differ between the antidepressant-use subgroups.
(2) In patients with DPNP inadequately treated with gabapentin without the concomitant use of antidepressants, switching to duloxetine instead of pregabalin may provide better pain reduction. Conversely, in nonresponders to gabapentin who are concomitantly using an antidepressant, switching to duloxetine or pregabalin may provide similar pain reductions.
(3) The 3-way interaction was significant ($P = 0.035$), demonstrating that treatment-group differences in pain reduction over time differ between the subgroups. Among patients without antidepressant use, patients treated with duloxetine had significantly greater pain reduction than pregabalin at Week 4 and at each successive week up to the 12-week endpoint (-2.8 for duloxetine and -2.1 for pregabalin; $P = 0.031$); patients treated with duloxetine plus gabapentin had greater pain reduction than pregabalin at Weeks 2, 3, 5, and 7 to 9 ($P \leq 0.05$) but not at endpoint (-2.4; $P = 0.222$). Among concomitant antidepressant users, no treatment-group differences were found.
(4) The objective was to examine the efficacy of duloxetine vs. pregabalin in the treatment for diabetic peripheral neuropathic pain (DPNP), comparing patient subgroups with and without concomitant antidepressant use.
1) (4), (3), (2), (1)
2) (2), (3), (1), (4)
3) (4), (1), (3), (2)

4) (3), (2), (4), (1)

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(1) The study included 35,640 patients (Table). Of these, 15,599 (43.8%) continued on oral MTX alone (Group 1), through the end of the follow-up period and 17,528 (49.2%) added or switched to a biologic agent (Group 2). The median time to adding a biologic in Group 2 was 170 days and 41.5% of the patients added a biologic within 90 days of initiating oral MTX. In addition, only 7% of patients switched from oral to SC MTX (Group 3) after a median of 534 days of oral therapy; 14.0% of these patients switched within the first 90 days of oral MTX treatment. Overall, 71% of patients who switched from oral to SC MTX remained on this treatment for approximately 3 years and those who added a biologic did so after a median of 289 days. Median time for progression to a biologic was significantly longer (823 days; time on oral + time on SC) for patients who received SC MTX vs those who received only oral drug (170 days) ($P<0.0001$).

(2) MTX is the anchor DMARD for RA treatment, but there is limited information about its appropriate use in clinical practice. This claims analysis was aimed at gaining insight into how MTX is employed for RA treatment in the US.

(3) The analysis used Symphony Health Solutions' anonymized patient-level claims data which captures ~274 million US patients. The analysis included RA patients identified by ICD-9 codes 714.0 and 714.30 who initiated treatment with oral MTX in 2009 and were followed to 2014. Information obtained included: demographic characteristics, switches from oral to subcutaneous (SC) MTX and/or biologics (with or without concomitant MTX), timing of treatment changes, and oral MTX or SC MTX dosing at the times of switches/additions or end of follow-up. Independent t-tests were used to assess significance of differences among treatment paths.

(4) In the US, MTX is frequently under-dosed, given for an inadequate length of time, and rarely switched to SC before the initiation of biologic therapy. More than 40% of RA patients who initiate treatment with oral MTX switched to or had a biologic added within 90 days after a median dose of only 15 mg/week. Switching to SC MTX prevents the need for or significantly extends time to a biologic. More appropriate optimization of MTX could lead to better control of RA and would be expected to produce significant cost savings.

1) (4), (3), (1), (2)
2) (1), (2), (4), (3)
3) (2), (3), (1), (4)
4) (3), (1), (2), (4)

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(1) Treatment with sc MTX monotherapy was associated with a delayed time to biologics. This may be due to increased treatment efficacy compared to oral MTX. Combination DMARD therapy was not associated with longer time to biologic initiation, potentially due to provincial regulations requiring a trial of combination DMARD therapy before initiating biologics. This study suggests that early use of sc MTX can potentially delay the need for more expensive biologic therapies.
(2) Data were obtained from a multi-center prospective cohort study of patients with early RA. The present analysis included participants who met 1987 or 2010 ACR criteria for RA, with <12 months symptom duration, moderate or high disease activity based on the DAS28 at baseline and treated with MTX. Patients treated with a biologic at baseline were excluded. Patients were followed until they started a biologic or they were censored due to loss to follow up or the end of the 3-year study period. Cox proportional hazards survival analysis was used to estimate effects of oral MTX study period. Cox proportional hazards survival analysis was used to estimate effects of oral MTX monotherapy, sc MTX monotherapy, and MTX combination therapy adjusting for age, gender, education level, symptom duration, comorbidities, baseline erosions, baseline DAS28, and corticosteroid use. Logistic regression analysis was used to determine predictors of ever vs. never biologic use.
(3) 1189 patients were included and 212 first events of biologic use. At baseline, 865 (71%) were female with mean (sd) age of 54 (15) years, symptom duration 6 (3) months, and DAS28 of 5.45 (1.2). Oral MTX monotherapy was used as initial treatment in 230 (20%), sc MTX monotherapy in 226 (20%), and MTX combination therapy in 664 (60%). In fully adjusted Cox regression models, patients treated with subcutaneous MTX monotherapy had a significantly delayed time to first biologic use (HR = 0.53, p = 0.02). There was no difference between MTX combination therapy and oral MTX monotherapy (HR = 0.95). In logistic regression models of ever vs. never biologic use, there were no significant differences between treatment strategies. Predictors of biologic use included younger age, use of corticosteroids, longer symptom duration, and higher baseline DAS28.
(4) Optimal treatment for moderate-severe early rheumatoid arthritis involves using a methotrexatebased, treat-to-target strategy aiming for remission. Achieving remission without using biologics may be preferable due to their high cost and potential risk of infection. However, it is still unknown which initial treatment strategy is preferable. Our objective was to compare effects of initial treatment with MTX oral monotherapy, MTX subcutaneous (sc) monotherapy, and MTX combination therapy on time to first use of biologic DMARDs in a large national early RA cohort.
1) (1), (2), (4), (3)
2) (4), (3), (2), (1)
3) (4), (2), (3), (1)
4) (1), (4), (3), (2)

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(1) Non-survival after cardiac arrest, coma, and therapeutic hypothermia following successful

resuscitation is associated with a transient increase in free T4, most probably due to inhibition of free T4 to T3 conversion. However, before routine clinical application, external validation of our finding to assess generalizability is warranted.
(2) The course and prognostic value of pituitary-thyroid axis hormones is not well studied after cardiac arrest. We aimed to study the prognostic role of the pituitary-thyroid axis response to resuscitation from cardiac arrest before, during and after therapeutic hypothermia.
(3) We included twenty-nine patients. TSH levels were comparable in non-survivors (n = 17) and survivors (n = 12). The free T4 levels were higher in non–survivors than in survivors (P = 0.001), whereas the free T3 levels were comparable. All samples' results similarly declined in both outcome groups up to 72 h after start of 24 h hypothermia. ROC curves analyses showed a maximum AUC of 0.83 (P = 0.003) for free T4 at the end of hypothermia with an optimal cut off C17.8 pmol/L to obtain 100 % specificity and positive predictive value for non-survival.
(4) We conducted a retrospective cohort study in consecutive comatose patients after out-of-hospital cardiac arrest who were sampled before, during and up to 48 h after a 24-h period of therapeutic hypothermia in the intensive care unit (ICU). Thyroid-stimulating hormone, total and free thyroxine (T4) and triiodothyronine (T3) were determined and compared between ICU outcome groups.
1) (1), (2), (3), (4)
2) (4), (2), (1), (3)
3) (2), (4), (3), (1)
4) (3), (1), (4), (2)

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(1) Migraine with aura is a prominent feature of CADASIL. Treatment responses are similar to those seen in the general migraine population and no complications were observed with triptans. Migraine with aura was associated with increased risk of encephalopathy suggesting they may share pathophysiological mechanisms. There was no increased stroke risk associated with migraine, but risk appeared to be reduced although this finding needs confirming.
(2) Migraine is common in Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy (CADASIL) but its treatment responses are not well described, and its relationship to stroke risk unknown. Encephalopathy is a less common presentation; it has been suggested it is related to migraine. We characterised migraine patterns and treatment responses in CADASIL, and examined associations between migraine and both stroke risk and encephalopathy.
(3) 300 symptomatic CADASIL patients were prospectively recruited from a national referral clinic over a nineteen-year period, from 1996 to 2015. Data was collected using a standardised questionnaire. Migraine was classified according to the International Classification of Headache Disorders, 3rd edition (beta version). A cross-sectional analysis was carried out on the data collected.
(4) Migraine was present in 226 (75.3%), and the presenting feature in 203 (67.7%). It was usually accompanied by aura (89.8%). Patients showed variable responses to a variety of drugs for migraine. Of 24 given triptans, 45.5% had consistent or partial responses. None had complications following triptans. Thirty-three (11.0%) patients experienced encephalopathy

lasting on average 8.1 ± 3.4 days. Patients with migraine with aura had higher odds of encephalopathy (OR = 5.4; 95%CI 1.6–28.4; p = 0.002). Patients with confusional aura had higher odds of encephalopathy than those with other aura types (OR = 2.5, 95%CI = 1.0–5.8, p = 0.04). There was also no increase in risk of encephalopathy with sex or age at onset of migraine. Migraineurs had a lower stroke risk than non-migraineurs (HR = 0.46, 95%CI 0.3–0.6, p = 2.1x10-6).
1) (4), (2), (3), (1)
2) (4), (3), (2), (1)
3) (2), (3), (4), (1)
4) (3), (2), (4), (1)

Определите, каким разделом научной статьи является нижеприведённый фрагмент:

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There were no significant differences between both groups in terms of age, gender, ethnicity, CT staging, and etiology parameters such as gall stone and alcohol rates, WBC, serum and urine amylase levels, and CRP, BUN, Cr, ALT, and AST amounts (all P> .05). *HVHF treatment results in improved clinical outcomes*: HVHF treatment significantly reduced abdominal pain (49 ± 15 hours vs 74 ± 36 hours, P< .05) and abdominal tenderness (67 ± 19 hours vs 105 ± 37 hours, P< .05) relief times in patients, compared with the control group. A similar trend was obtained for intubation times (123 ± 34 hours vs 165 ± 43 hours, P< .05), complication rates (11.1% vs 40.9%), surgery rates (16.7% vs 86.4%), death incidences (16.7% vs 31.8%), and average hospital stay (17.45 ± 6.32 days vs 25.32 ± 7.67 days), with all values markedly reduced in HVHF, compared with controls (all P< .05). *HVHF treatment results in improved clinical and grading indices*: Before treatment, APACHE II scores in the 2 groups were not significantly different. On day 3 of treatment, APACHE II scores of HVHF-treated patients were significantly lower than controls (6.3 ± 1.7 vs 9.2 ± 2.1, P< .05). *Dynamic changes of serum and urine amylase levels after treatment*: HVHF-treated patients and controls had similar serum amylase levels before treatment (P >.05). On day 3, serum amylase levels of 243.1 ± 42.0 and 477.8 ± 117.7 U/L were obtained for patients in the HVHF and control groups, respectively; indicating a significant decrease after HVHF treatment (P <.05). *Dynamic changes of renal function after treatment*: There were no differences in renal function indicators such as BUN and Cr levels between controls and HVHF-treated patients before treatment. On days 3 and 7 of the treatment period, HVHF-treated patients revealed significantly lower BUN (day 3, 7.1 ± 1.9 mM vs 11.6 ± 2.3 mM; day 7, 4.9 ± 0.7 mM vs 8.7 ± 1.4 mM; all P <.05) and Cr (day 3, 93 ± 23 mM vs 201 ± 43 mM; day 7, 79 ± 21 mM vs 175 ± 47 mM; all P <.05) than controls.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

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Patients were recruited from December 2014 to December 2016 in this perspective, nonrandomized controlled trial, which was carried out in the First Affiliated Hospital of Xinjiang Medical University, China. The study protocol was approved by the Ethics Committee, and informed consent was signed by patients and their families before the examination and treatment. *Inclusion criteria were as follows*: SAP patients who were 25 to 77 years of age, duration from disease onset to hospitalization was within 48 h, and disease progression to MODS with an APACHE II ranking of 7–34 and Balthazar CT staging between D and E. *Exclusion criteria were as follows*: acute renal failure before disease onset, pregnant women, and subjects with malignant tumors or immune defects. Patients with chronic kidney disease requiring regular hemofiltration or those with known biliary obstruction were also excluded.Patients were prospectively divided into 2 groups. The control group comprised 22 patients. Among these patients, 11 were male and 11 were female; and the average age of these patients was 50.55 ± 14.99 years. The HVHF group consisted of 18 patients. Among these patients, 14 were males and 4 were females; and the average age of these patients was 53.94 ±

16.46 years.The patients in the control group underwent fasting, decompression, and continuous intravenous perfusion of somatostatin during their hospitalization. For effective blood volume supplementation, lactated Ringer's solution was given. The nutrition supply was evaluated and provided by nutritionists from the Nutrition Department of our hospital. When patients were discharged, they were given health-related education and informed about the follow-ups, which were performed by phone, outpatient visits, and inpatient re-examination. Patient follow-up included 3 aspects: the prevention of recurrence, and the evaluation and treatment of local and general complications. Outpatient visits were performed once every 3 months. Patients were followed up for 2 years.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
No operation was converted to the conventional aortic valve replacement. There were 3 hospital deaths due to non-cardiac cause consisting of pneumonia, enterocolitis, and thrombotic thrombocytopenic purpura. Initial postoperative echocardiographic study of these 3 patients showed good cardiac function with well-working new aortic valves. The mean follow-up period was 28.2 ± 13.7 months. Survival rates were 84.6% at 30 months and 79.6% at 50 months. The number of patients left in the risk group at 30, 40 and 50 months was 21, 9 and 2. Freedom from the reoperation rate was 95.2% both at 30 and 50 months. Reoperation was recorded for 1 patient due to infective endocarditis 30 months after surgery. Recurrence of more-than-mild AR was not recorded aside from 1 re-operated patient. The peak pressure gradient, which had averaged to 66.0 ± 28.2 mmHg preoperatively, decreased to 23.4 ± 10.7,13.8 ± 5.5 and 13.3 ± 2.3 mmHg at 1 week, 1 year and 3 years after the operation, respectively. No calcification of pericardial cusp was detected with echocardiographic follow-up. All surviving patients were in good condition according to the New York Heart Association functional class 1. There was no thromboembolic event recorded during the follow-up period when patients received a small dose of daily aspirin. In terms of our original aortic valve reconstruction, we did not provide anticoagulation postoperatively. Anticoagulation with warfarin was employed for patients who had undergone the concomitant procedure including CABG, mitral valve replacement, mitral valve repair and tricuspid valve repair.Cardiac valve operation for dialysis patients is still challenging. Patients with ESRD requiring heart surgeries have higher risk for operative mortality and morbidity compared with non-ESRD patients [9]. The previous report showed that the mortality rate associated with cardiac valve operation in renal failure patients was 10–15%. In terms of aortic valve replacement in dialysis patients, one report from Japan showed a hospital mortality of 6.8% and an overall survival rate of 74.6% at 3 years/
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Bone morphogenetic proteins (BMP2–BMP15) are potent growth factors that belong to the transforming growth factor-β (TGF-β) superfamily. BMP9, also known as growth and differentiation factor 2 (GDF2), is a secreted, dimeric cytokine with pleiotropic functions under physiological and pathological conditions. BMP9 is described as a hematopoietic, hepatogenic, osteogenic, and chondrogenic factor that is also involved in neuronal differentiation, glucose homeostasis, tumor progression, and angiogenesis. The complexity of BMP9 function is further increased by the existence of three known alternative variants, circulating in plasma (i) as an unprocessed inactive form that can be further activated by furin cleavage (BMP9 precursor protein), (ii) an active form composed of the mature form non-covalently associated with two pro-domains (BMP9 pro-domain), and (iii) as an active mature ligand dimer without pro-domains (mature BMP9).Activin receptor-like kinase 1 (ALK1) is a specific type I receptor for BMP9 that is expressed on both blood and lymphatic endothelial cells. In addition to its expression in the endothelium, ALK1 has been reported in chondrocytes, cardiomyocytes, monocytes, neural crest stem cells, skin fibroblasts, microglia and myoblasts. While BMP9 has

recently been highlighted by the characterization of its binding to ALK1, the observed effects mediated by BMP9 are both pro- and anti-angiogenic and seem to depend on the context, and still need to be further elucidated. Moreover, BMP9 was shown to function in both pro- or antitumorigenic roles during tumor progression.ALK1 and its co-receptor endoglin (ENG) have been identified as causal genes for the genetic vascular disorder known as hereditary hemorrhagic telangiectasia (HHT). Interestingly, mutations in BMP9 have been identified in individuals with a vascular disorder phenotypically overlapping with HHT. This data suggest that BMP9 and BMP10 are redundant for vascular development, while BMP9 is critical for lymphatic development.These data suggest a possible hint towards a relationship between BMP9 signaling and RCC, that warrants further investigation.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
The role of bone morphogenic protein 9 (BMP9) signaling in angiogenesis has been controversial, with a number of studies showing that it acts either as a pro-angiogenic or, conversely, as an anti-angiogenic factor in a context-dependent manner. Notably, BMP9 was also reported to function in both pro- or anti-tumorigenic roles during tumor progression. It has therefore remained unclear whether selective BMP9 inhibition is a useful target for antibody therapy of cancer. To shed light on these questions, we characterized BMP9 expression in plasma of patients with different cancer indications and found elevated levels of pro-domains and precursor BMP9 with a strong response in renal cell carcinoma (RCC). These studies prompted us to evaluate the potential of selective anti-BMP9 cancer therapy in RCC. We generated a novel monoclonal therapeutic antibody candidate, mAb BMP9-0093, which selectively targets all different BMP9 variants but does not bind to the closest homolog BMP10. In vitro, mAb BMP9-0093 treatment inhibited signaling, endothelin-1 (ET-1) production and spreading of endothelial cells and restored BMP9-induced decrease in pericyte migration and attachment. Furthermore, BMP9-mediated epithelial–mesenchymal transition of renal cell carcinoma cells was reversed by mAb BMP9-0093 treatment in vitro. In vivo, mAb BMP9-0093 showed significant antitumor activity that was associated with an increase in apoptosis as well as a decrease in tumor cell proliferation and ET-1 release. Furthermore, mAb BMP9-0093 induced mural cell coverage of endothelial cells, which was corroborated by a reduction in vascular permeability demonstrated by a diminished penetration of omalizumab-Alexa 647 into tumor tissue. Our findings provide new evidence for a better understanding of BMP9 contribution to tumor progression and angiogenesis, which may result in the development of effective targeted therapeutic interventions.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Urinary Tract Infections (UTIs) represent the most frequent infections in among adults over 60[1] and represent more than one-third of all health care acquired infections [2]. Postoperative UTI complicates 1–2% of surgical procedures in the US [3–5]. Postoperative UTIs are associated with increased postoperative morbidity, readmission risk and perioperative mortality [3, 6]. Given the significant harms of postoperative UTI in elderly patients, it is important to identify opportunities to reduce UTI incidence in this population.
Defining the relationship between frailty and postoperative UTI may represent an important step towards achieving this goal. Frailty is defined as a state of decreased physiologic reserve and resilience [7] and has emerged as a critical construct in geriatric medicine [8]. Frailty has been recognized as an important risk factor for multiple adverse medical outcomes [8], including perioperative morbidity, mortality, and readmission [3, 9–12]. Preoperative screening for frailty has increasingly been used to identify patients at high risk for poor perioperative outcomes and to target interventions to prevent complications [8].
Frailty has been associated with UTI in certain outpatient cohorts not specifically undergoing

surgery [13, 14]. Frail adults may also plausibly be at increased risk to develop postoperative urinary tract infection [3, 11, 15], however the association between frailty and postoperative UTI may be confounded by other known risk factors for UTI, including advancing age, diabetes, malnutrition, and congestive heart failure[2, 16, 17]. Yet, to date, no dedicated studies have specifically focused on examining the relationship between frailty and postoperative UTI in elderly patients, while rigorously controlling for potential confounders.
The objective of this study is to investigate whether frailty is an independent risk factor for postoperative urinary tract infection, controlling for age and other relevant confounders. In this study, we utilized a large clinical database from the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) to investigate associations between frailty and postoperative UTI in elderly patients, controlling for other known UTI risk factors. This question is important because results may support efforts to minimize perioperative risk for frail adults and to identify opportunities to improve the health of this vulnerable population.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Background: Primary (week 16) results from the ongoing phase 3, double-blind AD Up study (NCT03568318) demonstrate a positive benefit-risk profile for upadacitinib + topical corticosteroid (TCS) in patients with moderate-to-severe atopic dermatitis.
Objective: We evaluated the efficacy and safety of upadacitinib + TCS through 52 weeks.
Methods: Patients aged 12 to 75 years with chronic moderate-to-severe atopic dermatitis (≥10% of body surface area affected, Eczema Area and Severity Index [EASI] ≥16, Validated Investigator's Global Assessment for atopic dermatitis [vIGA-AD] ≥3, and Worst Pruritus Numerical Rating Scale [WP-NRS] score ≥4) were randomized 1:1:1 to once-daily upadacitinib 15 mg + TCS, upadacitinib 30 mg + TCS, or placebo (PBO) + TCS (rerandomized at week 16 to upadacitinib + TCS). Safety and efficacy, including proportion of patients experiencing ≥75% improvement in EASI (EASI-75), vIGA-AD of clear/almost clear with improvement ≥2 grades (vIGA-AD 0/1), and WP-NRS improvement ≥4, were assessed through week 52. Missing data were primarily handled by nonresponse imputation incorporating multiple imputation for missing values due to coronavirus disease 2019 (COVID-19).
Results: Of 901 patients, 300 were randomized to upadacitinib 15 mg + TCS, 297 to upadacitinib 30 mg + TCS, and 304 to PBO + TCS. For all end points, efficacy for upadacitinib 15 mg + TCS and upadacitinib 30 mg + TCS at week 16 was maintained through week 52. At week 52, the proportions of patients treated with upadacitinib 15 mg + TCS and upadacitinib 30 mg + TCS who experienced EASI-75 were 50.8% and 69.0%, respectively; 33.5% and 45.2%, respectively, experienced vIGA-AD 0/1; and 45.3% and 57.5%, respectively, experienced WP-NRS improvement ≥4. Upadacitinib + TCS was well tolerated through 52 weeks; no new important safety risks beyond the current label were observed. No deaths were reported; major adverse cardiovascular events and venous thromboembolic events were infrequent (≤0.2/100 patient-years).
Conclusions: Results through 52 weeks demonstrate long-term maintenance of efficacy and a favorable safety profile of upadacitinib + TCS in patients with moderate-to-severe AD.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
We conducted a structured search using 5 electronic databases (Psychological Information Database [ProQuest], Web of Science, Scopus, Medical Literature Analysis and Retrieval System Online, and Cumulative Index of Nursing and Allied Health Literature). We applied a detailed review of indexing terms to identify suitable search terms and modified individual search strategies according to the database Medical Subject Headings/subject headings. We employed the following search strategy: (Intellectual disability) and (Genetic testing OR Genetic counselling) and (Patient education OR satisfaction OR attitude OR preference OR

consent OR resource). The final search strategy included a combination of keywords and Medical Subject Heading terms related to the experiences and opinions of people with intellectual disability receiving genetic testing/counselling (Supplemental Table 1). We ran the final search on January 29, 2021 and included citations from the year the databases were created to maximize the potential of the search to find relevant articles.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Of the total cohort, 20 (10%) patients had ≥30% MAP reduction within 4 hours after receiving clonidine (or at the first documented blood pressure), while 6.7% of patients who received clonidine without additional antihypertensive therapy had ≥30% MAP reductions. Of the subgroup that received clonidine plus an additional antihypertensive drug, 12.0% (15 of 125) had ≥30% MAP reduction. We observed 11 (14.7%) clonidine-only receiving patients that had a ≥30% reduction in either SBP, DBP, or MAP within 4 hours of receiving clonidine. Similarly, 32 (16%) patients in the total cohort had a ≥30% reduction in SBP, DBP, or MAP .
Patients with ≥30% reduction in MAP were older, with a median age of 78.0 (IQR 61.2–84.4) years, while those with <30% drop had a median age of 62.1 (IQR 51.8–75.1) years (P = 0.01). Women were also more likely to have precipitous declines in MAP (8.0% vs. 2.0% for men, P = 0.01). Finally, patients with vascular disease had a greater proportion of ≥30% MAP drops (6.0% vs. 4.0% without vascular disease, $P < 0.05$). There were no significant differences in the proportion of ≥30% reductions in MAP across other medical comorbidities. There were no significant differences in the proportion of patients with ≥30% MAP reductions between groups who received analgesics or sedatives and groups that did not receive these drug classes. Likewise, there was no statistically significant difference in the proportion with ≥30% MAP drops between patients who received nonclonidine antihypertensives within 4 hours of clonidine and those who received only clonidine (12.0% vs. 6.7%; P = 0.33 with chi-square testing).
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Measles RNA was analyzed with RT-PCR in 91 samples (23 urine samples and 68 nasal swabs). Thirty-three positive PCR products were sequenced and genotyped. In 2013, 2016, 2017, and 2018, three different viral genotypes were detected: D8, H1, and B3. An imported infection was confirmed on the basis of epidemiological information and genotyping. The measles cases detected in 2013 were identified as imported from Germany or import-related. Local outbreaks occurred in three regions – Sofia (local family outbreak), Razgrad, and Sliven. The majority of the patients were unvaccinated or incompletely vaccinated individuals from the Roma population. The index case from Sofia was a 31-year-old unvaccinated man who arrived from Germany, where he was in contact with a Turkish woman who had a rash. Measles cases from the other regions were also imported from Germany or Turkey. The measles genotype in all three regions was D8, variant "*D8-Frankfurt-Main*," circulating in Germany since February 2013. In 2016, there was one confirmed measles case in Bulgaria (H1 genotype). The patient was a 24-year-old woman with conjunctivitis and incomplete vaccination (1 dose of MMR) from the city of Stara Zagora. The woman had not traveled abroad, but she worked as a waitress at a roadside restaurant serving international drivers.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Objective: There is lack of information regarding the long-term behavior of aortic valve reconstruction with pericardium (AoR). A 16-year follow-up is reported here. *Methods*: Between 1988 and 1995, 92 consecutive patients had AoR with bovine or glutaraldehyde-treated autologous pericardium. The mean age was 30 years (range 12–68). There were 65% males, 92% in sinus rhythm, 84% had rheumatic etiology and 36% had 'other valve' surgery.

Mitral valve replacement with a mechanical prosthesis is a contraindication to the operation. *Results*: Hospital mortality was 2%. The reconstructed aortic valve performed well with excellent hemodynamics. The mean follow-up interval was 10.54 years, range 9–16 years (longer for group I, 12 versus 10 years) with 4% late deaths and seven patients lost to follow-up. Survival rate was 85±4%. There were no episodes of thromboembolism. Freedom from reoperation for the whole group was 68±5% at 10 years and 47±6% at 16 years. For group I, it was 68±9% at 10 years and 48±10% at 16 years, while for group II it was 72±6 and 45±8% at 10 and 15 years, respectively. Excluding endocarditis (one in group I and seven in group II) and 'other' reasons for reoperation (two in group I and three in group II), the freedom from structural valve degeneration (SVD) at 10 and 16 years was 78±1 and 55±10% for group I. For group II, it was 80±5% at 10 years and 58±9% at 15 years. *Conclusions*: AoR is feasible with good hemodynamics, low mortality and thromboembolic rate. Its behavior at 10 years is comparable to that of stentless aortic valve bioprosthesis. It can be performed with either xenopericardium or glutaraldehyde-treated autologous pericardium, but the latter has the advantage of being inexpensive and readily available.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
This prospective study was performed after the regional ethics committee approved the project, and written informed consent was obtained from all patients and controls before their inclusion. Thirty consecutive patients with newly diagnosed and histologically confirmed gastric cancer were included in this study. There were 20 men and 10 women with a median age of 64.3 (min: 34, max: 83) years. Patients who had a second cancer or received chemotherapy, radiotherapy, or blood transfusion before surgery were excluded from the study. Tumor staging was based on clinical information, radiologic reports (chest radiography, abdominal ultrasonography, and computerized tomography), operative findings, and pathology reports. The staging was made in accordance with the TNM staging system for gastric cancer and TNM staging was done according to the American Joint Committee on Cancer (AJCC). Tumors were histologically classified as intestinal or diffuse according to their Lauren type and were graded as well. The control subjects were 30 healthy volunteers with a median age of 41.3 (min: 18, max: 69) years. The absence of disease was confirmed by clinical history, physical examination, and routine laboratory tests, including liver and renal function tests. Five-milliliter venous blood samples were taken from the 30 healthy volunteers. The gastric cancer patients' blood samples were taken just before operation. The VEGF, hemoglobin, aspartate aminotransferase (AST), alanine aminotransferase (ALT), alpha-fetoprotein (AFP), and carcinoembryonic antigen (CEA) values of each patient diagnosed as having gastric cancer were recorded from the patient's file. Information about invasion and metastasis was recorded from the operation notes, and tumor differentiation, Lauren type, histological tumor type, T (depth of the tumor), and N (involvement of dissected lymph nodes) data were taken from pathology results. VEGF levels were compared with these results.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
In total, 39 patients were men (65%) and 21 patients werewomen (35%). In the gastric cancer group, 20 patientswere men (66.7%) and 10 patients were women (33.3%).In the control group, 19 were men (63.3%) and 11 werewomen (36.7%). The mean age in the gastric cancer groupwas 64.3 (min: 34, max: 83) years and the mean age in thecontrol group was 41.3 (min: 18, max: 69).The mean VEGF value of the gastric cancer patientswas 142 pg/mL (min: 40, max: 542.1), and the mean VEGFvalue of the control group was 104 pg/mL (min: 40, max:542). The mean hemoglobin value in the gastric cancer groupwas 10.453 g/dL (min: 4.2, max: 14.6), the mean AST valuewas 29.48 IU/L (min: 12, max: 79), and the mean ALTvalue was 25.93 IU/L (min: 3, max: 93).The distribution of the tumor types in the pathologyresults of 30 patients

operated on with gastric cancerwere adenocarcinoma in 24 patients (80%), signet ringcell adenocarcinoma in 4 patients (13.3%), early gastriccancer in 1 patient (3.3%), and malignant tumor showingneuroendocrine differentiation in 1 patient (3.3%). Themean VEGF levels in signet ring cell adenocarcinoma, earlygastric carcinoma, and well-differentiated neuroendocrinecarcinoma cases were 110, 384, and 40 pg/mL, respectively.Distant metastasis was not determined in 24 (80%)patients by ultrasound examination before the operation,but distant metastasis was seen in 6 (20%) patients. Themean VEGF value of the patients who had no radiologicalmetastasis before the operation was 155 pg/mL. In patientswho had radiological metastasis before the operation, themean VEGF value was 89 pg/mL. There was no significantcorrelation between these obtained VEGF values andradiologically proven metastasis ($P > 0.005$).According to the differentiations of tumor types, 4(13.3%) patients had well-differentiated tumors, 10 (33.3%)patients moderately differentiated, and 16 (53.3%) werepoorly differentiated. There was no statistically significant correlationbetween VEGF values and tumor differentiation ($P > 0.05$).
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Purpose. Breast cancer is one of the most common malignancies worldwide and the second most common cancer among Korean women. The prognosis of breast cancer is poor in patients with other primary cancers. However, there have been few clinical studies regarding this issue. Therefore, we analyzed the characteristics and prognosis of patients with breast cancer with multiple primary cancers (MPC). **Methods**. Data from the Korean Breast Cancer Society Registry were analyzed. Data from enrolled patients who underwent surgery for breast cancer were analyzed for differences in prognosis dependent on the presence of MPC, and which MPC characteristics affected their prognosis. **Results**. Among the 41,841 patients analyzed, 913 patients were found to have MPC, accounting for 950 total MPC. There was a significant difference in survival rates between the breast cancer only group and the MPC group. The 5-year survival rates were 93.6% and 86.7% and the 10-year survival rates were 87.5% and 70.4%, respectively. Among the 913 patients with MPC, patients with two or more MPC had significantly worse prognoses than patients with a single MPC. With respect to the time interval between breast cancer and MPC occurrence, patients with a 5-year or greater interval had significantly better prognoses than patients with less than 1 year between occurrences. Among MPC, thyroid cancer was the most common primary cancer. However, this type was not related to the prognosis of breast cancer. Gynecologic cancer, colorectal cancer, upper gastrointestinal cancer, and lung cancer were related to breast cancer prognosis. **Conclusions**. MPC were a poor prognostic factor for patients with breast cancer. Two or more MPC and a shorter time interval between occurrences were worse prognostic factors. Although MPC were a poor prognostic factor, thyroid cancer did not affect the prognosis of patients with breast cancer.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Breast cancer is one of the most common malignancies worldwide and the second most common cancer among Korean women. Although the incidence rate for breast cancer is increasing, the survival rate is also increasing owing to advances in diagnosis and treatment techniques compared to those of the past. In addition, as cancer survival rates and average life expectancy have increased, the incidence rate of multiple primary cancers (MPC) in addition to breast cancer has also increased. As a result, interest in MPC has increased, and various studies have been performed.
The criteria for diagnosing MPC are (1) definite malignant features of each mass; (2) each mass should be separated from other masses; and (3) the possibility of metastasis should be excluded. In addition, the time interval between MPC occurrences is usually defined as synchronous if it is less than 6 months and metachronous if it is more than 6 months; however, there is no definite

period. Several studies have shown that the prognosis for metachronous MPC is better than that for synchronous MPC.
Although many studies have been performed regarding MPC, these have usually taken the form of case reports. There have been several analytic clinical studies on MPC, but few analytic clinical studies related to breast cancer with MPC have been reported. Additionally, there have been very few large-scale studies of MPC. Therefore, this study was designed to compare the characteristics and prognosis of patients with breast cancer alone with those of patients with breast cancer and MPC using large-scale data.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Data collection. In this study, we used data approved by the Korean Breast Cancer Society registration system (KBCR). Since 1996, the KBCR has been registering cases submitted by breast surgeons at 110 training hospitals nationwide. The cause and date of death in the data were used in connection with the Korea Central Cancer Registration Data of the Ministry of Health and Welfare in collaboration with the Korean National Statistical Office to compile complete death statistics which were updated through 2014. This study was approved by Daejeon St. Mary's Hospital Institutional Review Board (no. DC17RESI0063). **Patients and clinical factors.** Of the 161,716 patients who underwent surgery for breast cancer, 41,841 patients were included in this study after the exclusion of patients younger than 18 years or of unknown age, and patients with observation period errors or missing data for analyzed clinical factors. Pathologic stage was determined based on the postoperative pathologic stage; however, for the 2,759 patients who underwent neoadjuvant chemotherapy or palliative chemotherapy, the preoperative clinical stage was used. The clinical characteristics analyzed were age, family history, breast cancer TNM stage, estrogen receptor (ER) or progesterone receptor (PR), human epidermal growth factor receptor 2 (HER2), Ki-67, p53, and MPCs. The range of family history was limited to breast cancer. The criteria for classifying age and Ki-67 into two groups, respectively, were set near the respective mean values. Overall survival was calculated from the date of surgery for the breast cancer to the date of death from any cause as specified in the data. Survival rates were compared based on overall survival. The extent of MPC was based on the data specified, but excluded breast cancer in the MPC category. The time interval between breast cancer and MPC occurrence was measured in units of years, and when two or more MPC were present in one patient, the shorter time interval between occurrences was adopted.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Characteristics of multiple primary cancer: The median follow-up period was 39 months (range, 0–289 months) for the 41,841 patients who underwent surgery for breast cancer from November 1990 to December 2014. A total of 950 MPCs were observed in 913 patients, and 37 patients were found to have two or more MPCs. For the observed MPCs, the occurrence site, the time interval relative to the occurrence of breast cancer, and the order of occurrence in relation to breast cancer are presented. The first incidence rate for MPCs was higher than for breast cancer. Thyroid cancer was the most common MPC (n=461, 48.5%), followed by gynecologic cancer (n=165, 17.4%).*Clinical characteristics*: The clinical characteristics of the enrolled patients were compared according to the presence or absence of MPCs. The presence of MPCs was significantly higher than the absence of MPCs in patients with the following characteristics: mean age (54.29±11.33 years), age 50 years or more (61.2%), positive family history (12.5%), Tis-1 (65.8%), N0 (69.2%), stage 0–I (55.5%), and HER2 positive (27.8%). *Factors associated with multiple primary cancer*: Factors significantly associated with MPCs were age 50 years or more, positive family history, stage 0–I, and HER2 positive in univariate analysis, and age 50 years. *Survival analysis*: The 5-year survival rates were 93.6% and 86.7% and the 10-year survival rates were 87.5% and 70.4% (log-rank $p<0.001$) in patients with breast cancer only or

with MPCs, respectively. Following adjustment for other factors, the hazard ratio (HR) for overall survival increased with MPCs (HR, 2.192; p<0.001). Other independent factors affecting overall survival were age, pathologic stage, ER or PR, Ki-67, and p53. *Survival differences between the factors related to multiple primary cancer*: We compared the survival rates of 913 patients with breast cancer with MPCs based on factors related to MPCs and found that the survival rate of patients with two or more MPCs was worse than that of those with a single MPC (HR, 2.853; p=0.029). Additionally, analysis of patients with time intervals between breast cancer and MPC occurrence of 5 years or more and less than 10 years (HR, 0.432; p=0.023) or 10 years or more (HR, 0.379; p=0.010) showed better prognosis in these groups than in patients with a time interval between occurrences of within 1 year. Thus, longer time intervals between occurrences resulted in better prognoses.
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Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Most surgeons treat aortic valve lesions with a replacement which offers a satisfactory solution to the problem. The awareness of long-term problems of the available prosthesis and the standardization and universal acceptance of the repair techniques on the atrioventricular valves have awakened interest in aortic valve repair. The most important consideration in determining the feasibility of aortic valve repair is the quality of aortic valve leaflets. When deficient, a leaflet can be extended or replaced by bovine or autologous pericardium or other material. Single cusp extension is demanding and does not yield consistent results. It is our contention that cusp extension or replacement of the three aortic cusps with a single strip of pericardium is technically more reliable. This report describes up to 16 years follow-up in 92 consecutive patients who underwent aortic valve reconstruction utilizing this technique.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Between 2008 and 2015, 1114 patients underwent aortic valve procedures at our institution with 393 (35%) being repairs. Out of the 393 repairs, 92 consecutive patients had aortic valve reconstruction utilizing pericardium. Initially, commercially available bovine pericardium was used. However, it was thought that glutaraldehyde-treated autologous pericardium would be a better material. Therefore, this material was utilized in most of the patients. The autologous pericardium was treated with 0.5% buffered glutaraldehyde solution for 10 min and rinsed for 10 min prior to use.
All patients' diagnoses were established by color Doppler transthoracic echocardiography. Cardiac catheterization was only done to rule out coronary artery disease in older patients or if there was a discrepancy between clinical data and echocardiography findings. The mean age for the whole group was 30 years with a range from 12 to 68. The left ventricular function was normal or mildly impaired in most of the patients. Other valve surgery was performed in 36% of the cases.
Surgery was performed utilizing cardiopulmonary bypass with single or bicaval venous cannulation and a body temperature of 30–32.8°C. Myocardial protection was achieved initially with cold crystalloid cardioplegia, but since 2011 it has been achieved with antegrade and retrograde cold blood cardioplegia. Mitral valve replacement with a mechanical prosthesis is considered a contraindication to this operation. Transesophageal echocardiograph (TEE) was used in all patients to assess the valves preoperatively and the result of surgery postoperatively. The idea was to end up with a competent aortic valve with a large surface of coaptation and with a minimal gradient.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
There was no operative mortality in group I patients, and two mortalities in group II patients for

a 2% total hospital mortality. One patient died of myocardial failure and low cardiac output and the other from hemorrhage due to coronary sinus rupture. There were no major morbidities. Patients were routinely placed on Aspirin 100 mg once per day. Nine patients were anticoagulated with Coumadin because of atrial fibrillation.
The patients were followed up with clinical evaluation and transthoracic echocardiography at 3 months and 6 months then thereafter every 1–2 years or more frequently if indicated. The mean follow-up was 10.5±5 years with a range from 9 to 16 years. Seven patients were lost to follow-up, three from group I and four from group II. The mean follow-up was longer for group I patients (12 versus 10 years). Four patients died late, three cardiac (one from group I and two from group II) and one from a car accident (group II). In addition, three patients died at reoperation, two in group I and one in group II for a reoperation hospital mortality of 7%. No thromboembolic events were detected in any patient. Excluding patients who needed reoperation 90% of the survivors are asymptomatic in NYHA-FC I–II.
In group I, at 16 years, only seven patients remain with no reoperation and we continue to follow up. Five of those had good aortic valve function with minimal AR and mild echocardiographic gradients, though one aortic valve shows thickening and calcification. The remaining two patients have developed considerable thickening, calcification, and stenosis with mean gradients of 42 and 52 mmHg, respectively. Additionally, one of them has considerable mitral and tricuspid valve disease. These two patients, though mildly symptomatic at present, will likely require reoperation. In group II, at 16 years, 28 patients remain with no reoperation and we continue to follow up. Thirteen patients have a perfectly functional aortic valve with some thickening, but not more than trace AR and very minimal gradients. However, one of those with mitral valve (MV) repair at the time of AoR now has considerable MV disease. Eight patients have mild disease, six patients have moderate dysfunction (in addition, two have considerable MV disease) and one patient has considerable aortic valve stenosis.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
OBJECTIVES: The study aimed to assess the long-term follow-up of patients with an autologous pericardial aortic valve (APAV) replacement and to analyze in vivo histopathological changes in implanted APAVs. METHODS: From 2010 to 2011, 15 patients (mean age, 34 years) underwent aortic valve replacement with the glutaraldehyde-treated autologous pericardium. All patients were followed up after discharge. RESULTS: The mean clinical follow-up was 11.43 ± 4.50 years. APAV-related in-hospital and late mortalities were both 0%. Five (33%) patients required reoperation because of a prolapse of the right coronary cusp (n = 1), infective endocarditis (n = 1) or fibrocalcific de-generation (n = 3). Freedom from endocarditis, fibrocalcific degeneration and reoperation at the end of follow-up was 93, 80 and 67%, respectively. The remaining 10 patients were alive and well with a mean New York Heart Association class of 1.10 ± 0.32 and normally functioning aortic valves (peak pressure gradient: 7.70 ± 3.41 mmHg; mean pressure gradient: 1.79 ± 0.64 mmHg). Histopathology revealed that (i) a thin factor VIII-positive layer (endothelialization) was found on all non-endocarditis APAVs and (ii) an elastic band was found in 3 cases (in vivo >9 years). CONCLUSIONS: APAV replacement is a procedure with a low mortality. APAVs adapt to new environmental demands by producing an elastic band and by endothelialization, whereas myofibroblast/osteoblast transdifferentiation seems to be responsible for the fibrocalcification of APAVs.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
The replacement of diseased valves with mechanical or bioprosthetic valves is the most common treatment for end-stage valvular heart diseases. However, anticoagulant-related complications of the mechanical prosthesis have been a major problem in long-term patient outcomes.

Bioprosthesis achieves a superior initial hemodynamic result at the expense of accelerated degeneration in young patients due to fibrosis and/or calcification. The precise mechanism(s) remains to be elucidated, but an immune reaction between the host and implanted bioprosthesis has been shown to be a potent stimulator of valvular degeneration. Therefore, it is necessary to look for autologous substitutes for these valvular prostheses. The autologous pericardial aortic valve (APAV), molded with the autologous pericardium and treated briefly with glutaraldehyde, was introduced in 1988 by Duran et al. Theoretically this autologous tissue should experience reduced degeneration because of a lack of antigenicity. Furthermore, animal studies and short-term follow-up analyses of several clinical studies have demonstrated the efficacy and safety of the procedure. However, there are few data regarding the long-term follow-up in patients who underwent APAV replacement. Furthermore, few data are available about the long-term histopathological changes in the implanted APAV in vivo. This report summarizes our experience with this technique in 15 patients. We prospectively evaluated the clinical outcome and analyzed the potential mechanism of fibrocalcific degeneration by evaluating the histological characteristics of the excised APAVs.

1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:

Valve replacement was performed uneventfully in all patients. The mean aortic annulus diameter was 25.1 ± 4.2 (range 20.1–34.9) mm. Cardiopulmonary bypass time was 115.33 ± 12.65 (range 100–129) min, and aortic cross-clamp time was 88.20 ± 18.79 (range 57–128 min; Table 2). Intraoperative TEE showed a very mild degree of aortic valve regurgitation in 15 patients. The mean length of hospital stay was 17.27 ± 5.65 (range 11–28) days, and the mean intensive care unit (ICU) stay was 3.00 ± 1.77 (range 1–6) days.

Valve function and NYHA functional class

The peak and mean pressure gradients were reduced from pre-operative 26.34 ± 20.88 to 9.44 ± 4.18 mmHg ($P < 0.05$) and from preoperative 14.98 ± 12.47 to 4.77 ± 1.45 mmHg ($P < 0.05$) within 10 days, respectively. After 6 months, 14 (93%) patients reported a significant improvement in symptoms, and NYHA class improved from preoperative 2.43 ± 0.51 to 1.43 ± 0.62 at 6 months and 1.43 ± 0.51 at 1 year (all $P < 0.05$), respectively.

Reoperations, mortality and long-term outcome

The follow-up was performed between the operation dates of the patients (1996–97) to the end of December 2010, and the mean follow-up time was 11.43 ± 4.50 (range 0.42–14.08) years. There were five (33%) reoperations (Table 3). As shown in Table 4, the causes of reoperation were the prolapse of the right coronary cusp in 1 patient (Patient 1, 7%) at 5 months, endocarditis in 1 patient (Patient 2, 7%) at 2 years and fibrocalcific degeneration of APAVs in 3 patients (20%) at 9 (Patient 3), 13 (Patient 4) and 14 years (Patient 5). All of these patients underwent mechanical prosthesis replacement at our institution. Freedom from endocarditis, fibrocalcific degeneration and reoperation at the end of follow-up was 93, 80 and 67%, respectively. All of these patients were in NYHA Class I or II, with a mean of 1.10 ± 0.32. In these 10 patients, the aortic valves functioned normally, with a peak pressure gradient of 7.70 ± 3.41 mmHg and a mean pressure gradient of 1.79 ± 0.64 mmHg; no regurgitation was detected by TTE, and no thromboembolic or hemorrhagic event or endocarditis occurred during follow-up. Overall, no patient died during the first hospital stay. There was 1 patient (Patient 3) who died of severe renal dysfunction 5 days after the second operation. The APAV-related mortality was therefore 0%.

1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:

Patients

To avoid permanent anticoagulation and to reduce the potential risk of immune response-related early tissue deterioration, 15 patients with aortic valve disease underwent APAV replacement from 2013 to 2014. The study was approved by our hospital's ethics committee for human

research, and full informed consent was obtained from each patient. The medical records of the 15 patients were reviewed, including clinical history, perioperative echocardiograms, operative notes and preoperative and post-operative transthoracic echocardiographic (TTE) reports. This study included eight men and seven women with a mean age of 34 ± 12 (range 19–59) years. The etiologies of valvular disease were infective in 6 (40%) cases, rheumatic in 5 (33%), congenital in 3 (20%) and degenerative in 1 (7%). According to the New York Heart Association (NYHA) functional classification, 9 patients were in Class I/II and 6 in Class III/IV. Coronary angiography was performed only in men older than 45 years, unless otherwise indicated by the clinical data. No patient in this series had coronary disease.

Surgery

Briefly, after opening the chest, a rectangular strip of the pericardium was excised with a total length of approximately 3.5 times the aortic annulus diameter measured by intraoperative transesophageal echocardiography (TEE) and a width of 2.5 times annulus diameter. After clearing of the overlying fatty tissue, the pericardium was sandwiched between the suitable molds to re-produce the three-valve leaflets with measures corresponding to the different aortic valve diameters, fixed in 0.2% glutaraldehyde solution for 10 min and then taken out and rinsed five times with normal saline. On standard cardiopulmonary bypass, the diseased aortic valve was excised, leaving a 1.5-mm edge. The aortic annulus diameter was measured again, and the molded pericardium was trimmed into the required size and a trifoliate shape. Subsequently, the prepared APAV was sutured directly to the aortic valve remnant with 4-0 polypropylene running sutures following a technique described in detail elsewhere. Aortic valvular competency was examined by injecting saline into the left ventricle through the valve with a bulb syringe and by TEE. Additional procedures included the repair of a ventricular septal defect in 3 (20%) patients, mitral valve repair in 1 (7%) and tricuspid valve repair in 1 (7%). **Follow-up**

All patients were followed up prospectively with serial echocardiography, which was performed preoperatively, 6 months and 1 year after operation and annually thereafter. The patients were also interviewed by telephone every 6 months and asked to answer the questions designed to evaluate their quality of life and heart function.

1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:

Gastric cancer is one of the most common cancers worldwide, accounting for about 8% of new cancers. The incidence of gastric cancer has declined rapidly over the past few decades in most parts of the world, but it is still one of the most common cancer types worldwide. Incidence rates for gastric cancer are highest in East Asia (China, Japan, and Korea), East Europe, and South America, and the 5-year survival rate for gastric cancer is poor. Altogether, gastric cancer still accounts for more than 10% of cancer deaths worldwide, being the second most frequent cause of cancer death following lung cancer. The main prognostic factors in gastric cancer are clinicopathological characteristics of the disease including tumor size, stage, and grade. There are prognostic models to predict the outcome of gastric cancer patients. However, the prognostic factors do not fully predict individual clinical outcomes. Better markers are needed to identify patients with poor prognosis at the time of diagnosis. Researchers have focused on the potential role of new biological factors involved in the carcinogenic process as prognostic markers in patients with gastric cancer. Angiogenesis is defined as the process of new capillary formation from preexisting vasculature. In regulating tumor angiogenesis, the vascular endothelial growth factor (VEGF) family plays a determinant role. VEGF induces cell proliferation, differentiation, and migration of vascular endothelial cells. VEGF is also required for the establishment of vascularization in malignant tumors, which benefits primary tumor growth and metastasis. Recently, targeting constitutive VEGF and/or its receptors has become an attractive approach for cancer therapy. In this study, we investigated, in a consecutive series of 30 gastric cancer patients undergoing surgery, the possible correlation of VEGF with clinicopathological features in an effort to identify gastric cancer patients with different prognoses who could benefit from

tailored and targeted treatments.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Metabolomics emerged as an important tool to gain insights on how the body responds to therapeutic interventions. Bariatric surgery is the most effective treatment for severe obesity and obesity-related co-morbidities. Our aim was to conduct a systematic review of the available data on metabolomics profiles that characterize patients submitted to different bariatric surgery procedures, which could be useful to predict clinical outcomes including weight loss and type 2 diabetes remission. For that, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses - PRISMA guidelines were followed. Data from forty-seven original study reports addressing metabolomics profiles induced by bariatric surgery that met eligibility criteria were compiled and summarized. Amino acids, lipids, energy-related and gut microbiota-related were the metabolite classes most influenced by bariatric surgery. Among these, higher pre-operative levels of specific lipids including phospholipids, long-chain fatty acids and bile acids were associated with post-operative T2D remission. As conclusion, metabolite profiling could become a useful tool to predict long term response to different bariatric surgery procedures, allowing more personalized interventions and improved healthcare resources allocation.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The prevalence of obesity (body-mass index [BMI] ≥ 30kg/m^2) has risen in the last 40 years in all countries for which epidemiologic data are available (1). In Germany, 16.3% of the population was obese in 2017 (e1). Obesity has a clear effect on overall mortality, which rises by 29% with every 5 kg/m^2 increase in BMI (hazard ratio [HR]: 1.29; 95% confidence interval: [1.27; 1.32]). The life expectancy of persons with a BMI in the range of 40–45 kg/m^2 is reduced by eight to ten years. This effect is comparable to that of cigarette smoking (2). 25.6% of persons with BMI ≥ 40 kg/m^2 suffer from type 2 diabetes (T2DM), and 50.9% from arterial hypertension. This corresponds to a 7.4-fold increase of the risk of T2DM and a 6.4-fold increase of the risk of arterial hypertension compared to persons of normal weight (e2). Among persons with BMI ≥ 30 kg/m^2, 14.9% have T2DM and 40.9% have arterial hypertension (e2). In western Europe, 3.3% [3.0; 3.6] of all cancers in men and 7.8% [7.1; 8.5] of all cancers in women can be attributed to obesity (3). Table 1 contains a description of five tumor entities for which a strong epidemiologic association with obesity has been shown in a global meta-analysis (4). 13% of the overall healthcare costs of obesity associated diseases (such as T2DM) in Germany, amounting to 5.2 billion euros per year, are attributable to obesity (e3). These data highlight the urgency of effective treatment and improved secondary prevention.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Database searches identified 5,751 potential studies, while additional 297 studies identified from other sources (Fig. 1). After duplication removal, 4,886 studies were eligible for the title and abstract screening. Ten out of 368 full-text articles were included. Articles were excluded because they did not include older adults (n = 270) or non-specific CLBP (n = 67), or no mentioning of factors associated with the prevalence/incidence of non-specific CLBP (n = 21). Kappa coefficients for abstract screening, full-text screening, as well as AXIS and Quality in Prognosis Studies evaluations were 0.82, 0.69, 0.79, and 0.75, respectively ($P < .01$).
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Delirium is an acute disturbance in attention and awareness with additional disturbances in cognition [1]. Hyperactive delirium may manifest as a combative patient who does not follow

the rules of treatment, while hypoactive delirium may manifest as a somnolent patient who is disengaged and inattentive. Delirium may be a prodromal symptom of deranged homeostasis and an early sign of infection or hypoxia. The COVID-19 pandemic brought a catastrophic reduction in delirium monitoring, prevention, and patient care due to organizational issues, lack of personnel, increased use of benzodiazepines and restricted family visitation [2]. These limitations led to increases in delirium incidence, a situation that should never be repeated [3]. The direct result was a world full of deeply sedated, lightly monitored patients, cared for in inadequately staffed ICUs where delirium monitoring and prevention became a very low priority [4].
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The study was approved by the Ethics Committee of the Medical University of Warsaw. Patients of the Department of Pediatric Pneumonology and Allergy, Medical University of Warsaw, with stable asthma and asthma exacerbation were enrolled into the study between November 2018 and October 2019. The stable asthmatic group was recruited from outpatient clinic, and the acute asthmatic group from patients admitted to the hospital because of exacerbation. The study involved only children who were able to perform lung function tests, whose parents/caregivers signed informed consent for participation. The asthma diagnosis and severity assessment were based on Global Initiative for Asthma (GINA) guidelines.[1] The current asthma control was determined using the Asthma Control Test (ACT) and, for children below 12 years of age, the childhood Asthma Control Test (cACT). The exclusion criteria included diagnosis of other chronic pulmonary disease, congenital lung malformation, history of prematurity, low birth weight, need for mechanical ventilation in neonatal period, or diagnosis of bronchopulmonary dysplasia. In those who underwent chest radiography, presence of consolidation or hilar adenopathy was considered as a reason for exclusion.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The study examined cross-sectional associations of personality with BMI and obesity among men and women in a large late midlife community sample. Personality was significantly associated with BMI and to a lesser extent with obesity, and these associations differed between men and women. Also, it was suggested that the interrelations of the five personality traits should be considered in future research of personality and health outcomes.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Marijuana remains illegal at the federal level, but the movement to legalize marijuana at the state level has gained momentum across the USA. In recent years, support for legalization has amplified, and currently, 28 states and the District of Columbia have legalized marijuana in some form. As legalization shifts toward leniency, businesses involved with the growing sales of marijuana will undoubtedly expand. Thus, in consideration of the expanding marijuana market and the known potential risks associated with marijuana use including dependence, respiratory and cardiovascular risks, cognitive impairment, and increased motor vehicle accidents, there is awareness that establishing advertising regulations surrounding the sale of marijuana could help to protect the health of young people.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
In June 2016, we consulted NORML to identify states with legal medical and/or recreational marijuana use. We reviewed websites of state government agencies overseeing the licensing of marijuana dispensaries for lists of licensed marijuana dispensaries for each of these 24 states (note, some states passed/enacted medical marijuana policies later in 2016, but our sample only included those in effect by June 2016). State government agencies were contacted via phone when a list could not be obtained from their website. For some states, comprehensive lists were

not yet available; dispensary lists could only be given to registered medical patients, or dispensaries were not legally allowed by the state but were still operational according to an online dispensary directory Leafly, which is well regarded as a source for dispensaries and describes itself as “the world’s largest cannabis information resource”(Leafly 2017a). In such cases, when a list of dispensaries could not be obtained from the state agency, a list of dispensaries for the state was drawn from Leafly.com.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Among the 100 dispensary websites chosen for analysis, three were excluded because one site was a Facebook page (i.e., not a regular website and thus had limited dispensary information), one website was no longer working once the codes were finalized (a 2-week lapse in time), and one was for a company that provided guidance for dispensary businesses trying to navigate the regulatory environment. We did not replace these three excluded websites. This left 97 dispensary websites for analysis (9 in Nevada, 8 in Oregon, and 10 in each of the following states: AZ, CA, CO, IL, MI, MT, NM, and WA). Among these 97 websites, 72 had only a medical license, 24 had a license for both medical and recreational sales, and 1 dispensary in CO had only a recreational license.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The goal was to identify factors that might affect likelihood of seeking health-related interventions for young adults with adverse childhood experiences (ACEs). We tested whether ACEs were associated with regulatory focus (tendency toward promoting good outcomes versus preventing bad outcomes), and patient activation (the intention to take active charge of one's health). We further tested whether promotion and prevention and patient activation were associated with each other and with health. Students at a public university (N = 321) completed online questionnaires assessing ACEs, regulatory focus, patient activation, and health. Results suggest that using a prevention focus may be effective in health messages aimed to reach individuals with high levels of ACEs. Furthermore, individuals with high levels of ACEs may benefit from interventions aimed at increasing patient activation.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Adverse childhood experiences (ACEs), such as maltreatment, exposure to violence, and parental incarceration, are stressful and potentially traumatic events during childhood. ACEs are associated with a large number of health risk behaviors and mental and physical health outcomes; as well as greater use of emergency and mental and physical health services; and greater use of psychotropic medications. If individuals with high levels of ACEs utilize more health care services but are less healthy, there may be a disconnect between what they need and how health care services are being marketed to them. These individuals may also be utilizing services in a sub-optimal manner, for example, to address health issues after they have turned into significant problems rather than relying on preventive strategies In this study, we examined the relationship of two such factors to ACEs and to each other: (1) regulatory focus (i.e., the types of health goals that individuals are likely to pursue), which may be useful in framing health-related messages to fit the health-related motivations of individuals with high levels of ACEs; and (2) patient activation, that is, the beliefs, knowledge, confidence, and skills necessary to take charge of one’s health, which may be useful in designing health-related interventions for individuals with high levels of ACEs.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Participants were undergraduates at a large public Midwestern university, recruited through Psychology classes offering course credit for research participation. The sample consisted of 321 students (76% female, 23% male, 1% “other”), with a median age of 19.0 (SD = 3.1, range = 18–49). Participants included freshmen (32%), sophomores (28%), juniors (19%), and seniors

(21%). Participants responded to the questionnaire through the university's secure online survey service (Qualtrics). The measures in this study formed a subset of a larger survey examining other relationships between ACEs and health . The current measures were interspersed among other measures in the larger study. Informed consent was obtained for all research procedures, and participants received course credit for completing the survey.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
As shown in Table 1, median number of ACEs was 3. Participants' average promotion and prevention scores were very close to those reported (Lockwood et al., 2002) in Canadian undergraduates (6.9 vs. 7.0 for promotion, and 5.3 vs. 5.4 for prevention). Although students' physical summary scores were above average, their mental summary scores were below average compared to 1998 norms.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Low concentration of trace elements has been associated with poor prognosis and mortality in HIV infection.The aim of this study was to investigate the level of some trace elements and some hematological parameters of HIV-seropositive subjects attending University of Calabar Teaching Hospital Clinic as well as prevalence of trace elements deficiency and anemic status and compare same with HIV-seronegative control.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Trace elements are micronutrients that are essential for normal body metabolism. They are required in minute amount by living organisms. They are essential for the host defense against infection and act as activators in controlling biological functions. Changes in the levels of micronutrients and its effects have been described in inflammatory responses, cancer cases, as well as parasitic and viral infections. The human immune function has been reported to depend on nutritional status. Serum trace elements such as copper and zinc have been reported to be useful in the diagnosis of viral hepatic disease.
Zinc is an integral part of more than 200 enzymes (metallo-enzymes) and plays a crucial role in nucleic acid metabolisms, cell replication, tissue repairs, and growth. On one hand, its deficiency leads to severe alteration of the thymic function and subsequent loss of T-cell-mediated responses and increased susceptibility to infectious diseases. On the other hand, copper functions as a scavenger of free radicals in biological membranes and structures via its presence in cytosolic erythrocyte superoxide dismutases.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
In this cross-sectional study, a total of 150 subjects were enrolled. Seventy (70) of these were HIV-infected subjects on anti-retroviral therapy (ART), while 30 were HIV ART naïve subjects attending the HIV clinic, University of Calabar Teaching Hospital. Fifty (50) apparently healthy HIV seronegative individuals were recruited as controls. Concentration of serum levels of zinc and copper was done using atomic absorption spectrometric method, while complete blood count was determined using automated blood analyzer. CD4+ T-cell count was done using cyflow cytometer.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The sample comprised 5,286 Danish individuals aged 49-63 years from the Copenhagen Ageing and Midlife Biobank (CAMB) with complete information on measured BMI, personality assessed by the NEO Five Factor Inventory (NEO FFI), and sociodemographic factors including sex, age and educational length. Analysis of variance and logistic regression models were used to investigate associations between personality and BMI as well as obesity. Personality traits were analyzed separately and combined in the same model.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The mean age of the HIV-infected subjects was 35.97 ± 10.32 years, while that of the control was 29.84 ± 7.38 years. Thirty five percent (35%) of the HIV-infected subjects were males while the females constituted 65%. Of the 100 HIV-infected subjects analyzed for zinc, copper, and hematological parameters, 25(25%), 3(3%), and 56(56%) were zinc deficient, copper deficient and anemic, respectively. Only 9% of the controls were anemic. The highest prevalence of zinc deficiency 17/35 (48.57%) was found among the males while the highest prevalence of copper deficiency 2/65 (3.08%) was found among the females.Gender was found as a predictor of zinc deficiency. Copper and zinc showed weak positive correlation with CD4+ T-cell count.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
The introduction of Highly Active Anti-Retroviral Therapy (HAART) has led to a dramatic decrease in both morbidity and mortality associated with HIV/AIDS1 or virus-related cancers as Kaposi Sarcoma. On the other hand, different long-term comorbidities such as diabetes mellitus, hypertriglyceridemia, hypercholesterolemia, metabolic syndrome, hypertension, endocrine disorders, osteopenia, neurocognitive disorders, non-AIDS-defining cancers and lipodystrophy have been observed during therapy, despite virological control. Body fat changes (BFC) are common in HIV-infected patients receiving HAART, ranging from 2 to 84% in subjects receiving protease inhibitors (PI) and from 0 to 4% in patients not receiving PI. The large variability in the prevalence of BFC is mainly due to the lack of a standardized definition to date and to the utilization of non-quantitative diagnostic procedures.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
We performed a retrospective cohort study using Medicare data evaluating rates of PSA testing and prostate biopsy among men without prostate cancer between 2011-2014. To ensure complete assessment of medical care, we included men with continuous enrollment in Medicare Parts A and B and excluded those enrolled in Medicare Advantage plans. We identified men with prevalent and incident prostate cancer using established methods. These men were excluded, as they no longer represent a population suitable for screening. Men developing prostate cancer during the study period were censored at the time of diagnosis.We assessed PSA testing and biopsy rates before and after policy implementation among patients of ACO and non-ACO aligned physicians. To control for secular trends, difference-in-differences methods were used to determine the effects of ACO implementation.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Between March 2013 and February 2016, 565 women were recruited with a mean BMI of 29.3 and mean gestational age of 15.5 weeks. The incidence of GDM did not differ between the two groups, 37 of 241 (15.4%) in the intervention group compared with 36 of 257 (14.1%) in the control group (relative risk 1.1, 95% CI 0.71-1.66, P=.71).. The primary study outcome (incidence of GDM) did not differ between the two groups, 37 of 241 (15.4%) in the intervention group compared with 36 of 257 (14.1%) in the control group (relative risk 1.1, 95% CI 0.71–1.66, P5.71). Women in the intervention group had significantly less gestational weight gain . The intervention resulted in lower dietary glycemic index and glycemic load and increased exercise compared with women in a control group. However, only differences in dietary glycemic load and exercise participation persisted after multiple correction.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Raloxifene and tamoxifen are FDA approved for breast cancer risk reduction; in 2013, the US Preventive Services Task Force (USPSTF) recommended these drugs for breast cancer risk reduction in an older cohort of women. Information on use of raloxifene and tamoxifen for breast cancer risk reduction in the general population is believed low; however, there is little

literature on this. 1) Abstract 2) Introduction 3) Materials and Methods 4) Results
Определите, каким разделом научной статьи является нижеприведенный фрагмент Rotavirus is one of the leading causes of severe diarrhoea in children in both developed and developing countries, and is estimated to cause over half a million deaths worldwide with much of this mortality burden concentrated in developing countries]. Two separate vaccines against rotavirus have been recently developed and licensed in many countries throughout the world. Early observations of vaccine impact in the USA, Australia and several countries in Latin America and Europe have highlighted the enormous promise such vaccines hold for preventing rotavirus-associated diarrhoea. Clinical trials have estimated that vaccine recipients benefit from a 49–98% reduction in the risk of severe rotavirus diarrhoea depending on the setting, with lower efficacy being observed in low-income regions of Africa and Asia. However, predicting the population-level impact of vaccination requires an understanding of the dynamics of infection. This can be achieved through mathematical modelling studies rooted in biological and epidemiological data. 1) Abstract 2) Introduction 3) Materials and Methods 4) Results
Определите, каким разделом научной статьи является нижеприведенный фрагмент All personality traits except for neuroticism were significantly associated with BMI, with extraversion (p value ranged from <0.001 to 0.012) and agreeableness (p value ranged from 0.001 to 0.002) being the most consistent predictors of BMI among men and women, respectively. Furthermore, extraversion among men (high scores) ($p = 0.016$) and agreeableness among women (low scores) ($p = 0.026$) were the only personality traits significantly associated with obesity when adjusting for duration of education. 1) Abstract 2) Introduction 3) Materials and Methods 4) Results
Определите, каким разделом научной статьи является нижеприведенный фрагмент Obesity defined as a BMI of ≥ 30 kg/m 2 is a major public health problem associated with an elevated risk of developing a wide range of comorbidities such as type 2 diabetes, cardiovascular disease, and cancer . An alarming increase in the prevalence of obesity has been reported during the last decades with more than half a billion adults worldwide classified as obese in 2014 . Furthermore, it has been estimated that 3.4 million individuals die of obesity-related causes each year . Today, more than 47% of the Danish adult population is overweight with a BMI ≥ 25 kg/m 2 , and more than 13% are categorized as obese. Furthermore, there is evidence that the prevalence of overweight and obesity peaks in midlife men and women aged 50–60 years. 1) Abstract 2) Introduction 3) Materials and Methods 4) Results
Определите, каким разделом научной статьи является нижеприведенный фрагмент Harmful algal blooms (HAB) have been increasing in frequency and intensity most likely due to changes on global conditions, which constitute a significant threat to wild shellfish and its commercial farming. This study evaluated the impact of increasing seawater temperature and acidification on the accumulation/elimination dynamics of HAB-toxins in shellfish. Mytilusgalloprovincialis were acclimated to four environmental conditions simulating different climate change scenarios: i) current conditions, ii) warming, iii) acidification and iv) interaction of warming with acidification. Once acclimated, mussels were exposed to the paralytic shellfish toxins (PSTs) producing dinoflagellate Gymnodiniumcatenatum for 5 days and to non-toxic diet during the subsequent 10 days. The present work is the first assessing the combined effect of climate change drivers on accumulation/elimination of PSTs (paralytic shellfish toxins) , in mussels, indicating that warming and acidification may lead to lower toxicity values but longer toxic episodes. PSTs are responsible for the food poisoning syndrome, paralytic shellfish poisoning (PSP) in humans. This study can be considered as the first step to build models for predicting shellfish toxicity under climate change scenarios. 1) Abstract 2) Introduction 3) Materials and Methods 4) Results
Определите, каким разделом научной статьи является нижеприведенный фрагмент

Most coastal areas are highly productive and simultaneously vulnerable ecosystems that have been continuously affected by multiple man-made pressures. The impacts of climate change are likely to deteriorate environmental conditions and worsen ecological problems in these sensitive coastal ecosystems, where bivalves play a significant role. Bivalves are of high ecological importance, increasing local biomass, promoting biodiversity, and being responsible for some ecosystem engineering processes. In addition, these molluscs are an import source of protein for human consumption, representing valuable resources for coastal populations. The Intergovernmental Panel on Climate Change (IPCC) indicates that, not only, the water temperature increased in the last century, but also acidification occurred, with a decrease of the water pH by almost 0.6 pH units. While IPCC values are projected for the end of the century, global ocean conditions, coastal areas and intertidal organisms, such as shellfish, are nowadays being frequently challenged with abrupt changes of environmental conditions.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Mussel collection and acclimation. One hundred and twenty immature Mediterranean mussels, Mytilusgalloprovincialis (53.78 ± 6.22 mm), were harvested in Aveiro Lagoon in July 2016, when blooms of G. catenatum were not occurring. Upon collection, mussels were immediately shipped to IPMA facilities (Lisbon) in a thermally isolated container. Mussels were cleaned from macro-algae, barnacles or any other epibiont, and placed in four 150 L tank systems, subdivided into 6 replicates. Each tank systems was equipped with a protein skimmer, UV disinfection ,biological filtration and chemical filtration to maintain seawater quality.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Impact of warming and acidification on mussels toxicity. A marked increase of PSTs accumulation was observed in mussels during the uptake period in all treatments . The highest toxin levels were determined in mussels at the current conditions of temperature and pH , which in terms of shellfish toxicity expressed as saxitoxin equivalents after multiplying the toxins concentration with the respective toxicity factor, reached levels of 1493.8 ± 202.4 μg STX eq. kg−1 at day 5.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведенный фрагмент
Marijuana product advertising will become more common, as the use of medical and/or recreational marijuana becomes increasingly legal in the USA. In this study, we investigate the marketing tactics being used on marijuana dispensary websites in the USA that could influence substance use behaviors. One hundred dispensary websites were randomly selected from 10 states that allowed the legal use of medical or recreational marijuana and had at least 10 operational dispensaries. Our findings indicate that marijuana dispensary websites are easily accessible to youth. In addition, only a small amount of the websites advised consumers about possible side effects or contraindications. This study suggests the need for surveillance of marijuana commercialization and online advertising especially in the context of state policy reforms.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Thyroid cancers are the most common endocrine tumors and are more prevalent in women and elderly individuals. Although the incidence of thyroid tumors can be high in a population, epidemiological studies indicate that only a small fraction of tumors are malignant. Some rare thyroid malignancies that derive from the follicular thyroid epithelia are poorly differentiated and frequently metastasize early. In contrast, differentiated thyroid carcinomas (DTCs) generally exhibit a good prognosis and excellent outcomes.The therapy for intermediate and high-risk DTCs includes a combination of surgery, radioiodine ablation, and thyroid stimulating hormone (TSH) suppressive therapy. However, although DTCs are slow-growing tumors, disease recurrence can occur. In approximately 10% of DTC recurrence cases, tumor

progression leads to a more aggressive phenotype, metastatic spread, and further loss of iodide uptake ability.In the past several years, targeted therapeutic approaches have been developed as an option to control disease progression. Unfortunately, multikinase inhibitors that target angiogenesis and oncogenic pathways have deleterious side effects and do not result in a cure. Although a significant increase in the progression-free survival rate has been observed with the use of multikinase inhibitors, the diversity of tumor types and tumor resistance that develops during progression impede this unique therapeutic strategy. However, tumor metabolic behavior is known to become quite different as cells transform into malignant cells. Interestingly, some metabolic feature changes are observed in several tumor types. Although the physiological function of the thyroid gland is very well described, its metabolic control and adaptations remain elusive, especially in thyroid cancer. Studies on tumor metabolism show that improved glycolysis and glutaminolysis are necessary to maintain rapid cell proliferation, tumor progression, and resistance to cell death. In this review, we discuss some metabolic adaptations identified in thyroid carcinoma that could be used as future therapeutic targets in this disease.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
OBJECTIVES: To characterize the voice quality of individuals with dysphonia and to investigate possible correlations between the degree of voice deviation (D) and scores on the Dysphonia Risk Screening Protocol-General (DRSP), the Voice-Related Quality of Life (V-RQOL) measure and the Voice Handicap Index, short version (VHI-10). **METHODS**: The sampleincluded 200 individuals with dysphonia. Following laryngoscopy, the participants completed the DRSP, the V-RQOL measure, and the VHI-10; subsequently, voice samples were recorded for auditory-perceptual and acoustic analyses. The correlation between the score for each questionnaire and the overall degree of vocal deviation was analyzed, as was the correlation among the scores for the three questionnaires. **RESULTS**: Most of the participants (62%) were female, and the mean age of the sample was 49 years. The most common laryngeal diagnosis was organic dysphonia (79.5%). The mean D was 59.54, and the predominance of roughness had a mean of 54.74. All the participants exhibited at least one abnormal acoustic aspect. The mean questionnaire scores were DRSP, 44.7; V-RQOL, 57.1; and VHI-10, 16. An inverse correlation was found between the V-RQOL score and D; however, a positive correlation was found between both the VHI-10 and DRSP scores and D. **CONCLUSION**: A predominance of adult women, organic dysphonia, moderate voice deviation, high dysphonia risk, and low to moderate quality of life impact characterized our sample. There were correlations between the scores of each of the three questionnaires and the degree of voice deviation. It should be noted that the DRSP monitored the degree of dysphonia severity, which reinforces its applicability for patients with different laryngeal diagnoses.
1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
The participants included 200 patients of all ages and genders who had dysphonia caused by various laryngeal and speech diagnoses determined at the Hospital of Otorhinolaryngology. All the patients underwent laryngeal assessment, completed the study questionnaires, and underwent voice sample recording; afterward, they were sequentially and randomly included in our sample.The voice recordings were conducted in an acoustically insulated room utilizing a desktop computer (Hewlett-Packard Company, United States) equipped with Audacity software (Germany). The following data were obtained for all patients in the study: age; laryngeal diagnosis; scores on the DRSP, V-RQOL measure, and VHI-10; and recorded voice samples based on CAPE-V tasks.Spectrographic analyses were performed using Spectrogram software. Abnormalities were defined as the presence of at least one of the following aspects: instability, subharmonic/frequency bifurcation, noise at high and/or low frequencies, breaks in frequency, voice breaks, and the absence of harmonics above 3.0 kHz.The V-RQOL comprises ten questions that investigate the physical and socio-emotional dimensions of voice disorders. Responses on this measure range from one (“not a problem”) to five (“as bad as it can be”); the

overall score ranges from zero (maximum impact on quality of life) to 100 (no impact).The laryngeal diagnoses, which were defined by the same team of otorhinolaryngologists, were later classified according to the type of dysphonia (behavioral or organic). Behavioral dysphonia (BD) is considered to be derived from the inappropriate use of the voice, including poor vocal technique, muscle tension, and vocal abuse/misuse, while organic dysphonia (OD) is the result of injuries to the muscles or nerves that regulate voice production and has no behavioral component. The BD group included patients with vocal fold edema, functional dysphonia, vestibular phonation, minor structural alterations, glottis gap, benign mass lesions, or normal examination in the presence of voice deviations; patients with OD presented vocal fold paralysis, laryngeal dystonia, postsurgical vocal fold scar, chronic laryngitis and/or laryngeal stenosis.

1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Of the 200 participants, 124 (62%) were female and 76 (38%) were male. The age of our participants ranged from 7 to 84 years; the mean age was 49 years (standard deviation [SD]=16.6 years) with the following distribution: 7 to 19 years – 16 patients (8%); 20 to 45 years – 58 patients (29%), 46 to 59 years – 69 patients (34%) and 60 years and older – 58 patients (29%).All diagnoses were classified as either organic (79.5%) or behavioral (20.5%) dysphonia.The APA (auditory perceptual analysis) results indicated that our patients had moderate dysphonia; their mean overall degree of voice deviation (D) was 59.54 (SD=18.10), and they had a mean predominance of roughness of 54.74 (SD=17.26). The means for the remainder of the APA parameters were as follows: breathiness, 44.57 (SD=19.46); strain, 25.39 (SD=25.89); loudness, 19.61 (SD=24.42) and that fifty-seven percent of the participants did not exhibit loudness abnormalities; and pitch, 26.07 (SD=25.41), where the majority (52%) of the pitch abnormalities were low-pitched vocalizations. Additionally, the following vocal aspects were also noted: asthenia (mean=1.17, SD=7.45), instability (mean=4.58, SD=16.45), bitonal voice (mean=1.12, SD=7.79), and hypernasal voice (mean=0.38, SD=5.30). All the participants (100%) had at least one abnormal component on the AA (acoustic analysis), particularly the presence of noise at low frequencies (96.5%), abnormalities in the harmonious series (96.0%), the presence of noise at high frequencies (71.5%), a frequency to where the harmonics appeared well defined, a mean=1,426.7 Hz, and an average jitter of 1%. Regarding the DRSP score tertiles, the first tertile was associated with a lower D, and the third tertile was associated with a higher D. There was a moderate correlation among the three scales in our study. The V-RQOL was inversely correlated with the VHI-10 and DRSP, indicating that higher voice-related quality of life was associated with lower voice handicap scores and a lower risk of dysphonia. A positive correlation was found between the VHI-10 and DRSP, indicating that higher voice handicap scores were associated with a higher risk of dysphonia.There was an inverse correlation between V-RQOL scores and the overall degree of voice deviation and a positive correlation between both the VHI-10 and DRSP scores and the overall degree of voice deviation.The present study found a predominance of adult women, organic dysphonia, and moderate-grade voice deviation. The sample showed a high risk of dysphonia with a low-to-moderate impact on patient quality of life.

1) Abstract 2) Introduction 3) Materials and Methods 4) Results

Определите, каким разделом научной статьи является нижеприведённый фрагмент:
Severe acute pancreatitis (SAP) is one of the most common acute severe diseases in clinical practice. At the early stage, an enormous release of inflammatory cytokines and toxins in the blood results in systemic inflammatory response syndrome (SIRS), which is the major cause of multiple organ dysfunction syndrome (MODS).According to the studies, SAP is a devastating disease that is associated with mortality ranging from less than 10% to as high as 85%. The main causes of this disease include gallbladder and biliary stone, hypertriglyceridemia, alcohol, pancreatic structure, and secondary AP.Therefore, efficacious clinical therapies to prevent disease progression and improve prognosis are urgently needed.In recent years, with the

increasing understanding of SAP disease mechanism, multiple studies have considered SAP as a severe SIRS resulting from pancreatic autodigestion; that is, inflammatory cells are activated to release significant amounts of cytokines, and its downstream reactions are critical to SAP progression. SAP-induced ischemia, injury, necrosis and endotoxemia lead to increased levels of tumor necrosis factor-α (TNF-α) and interleukin-1β (L-1β) in the circulation; and further induce IL-6 and IL-8 production. This sequentially results in hypercytokinemia, SIRS, shock, loss of inner homeostasis, and organ dysfunction. Therefore, preventing and blocking SIRS initiation and progression is a key in the treatment of SAP, and plays a critical role in the prevention and control of MODS initiation and development. At present, the therapeutic strategy for SAP has switched the priority from surgery to comprehensive treatment with nonsurgical methods, with use of short-term high-volume veno-venous hemofiltration, which has a beneficial impact on the management of SAP. High-volume hemofiltration (HVHF) can selectively eliminate serum molecules smaller than the pore size of the filter membrane used. Indeed, important amount of cytokines released during SAP can be filtered out by HVHF. In using HVHF to treat pig models of septic shock, it was found that hemofiltration at 6 L/h improved arterial pressure, cardiac output, and left and right ventricular diastolic function. Some recent clinical reports have shown that HVHF relieves SAP symptoms, shortens the disease course, lowers mortality, and reduces hospitalization time.

1) Abstract 2) Introduction 3) Materials and Methods 4) Results