{

"UniqueID":"1",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2025488806",

"TI":"Rapid nanopore metagenomic sequencing and predictive susceptibility testing of positive blood cultures from intensive care patients with sepsis.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 22 Jun 2023.",

"AU":"Harris P.N.A.  
  
Bauer M.J.  
  
Luftinger L.  
  
Beisken S.  
  
Forde B.M.  
  
Balch R.  
  
Cotta M.  
  
Schlapbach L.  
  
Raman S.  
  
Shekar K.  
  
Kruger P.  
  
Lipman J.  
  
Bialasiewicz S.  
  
Coin L.  
  
Roberts J.A.  
  
Paterson D.L.  
  
Irwin A.D.",

"AO":"Harris, Patrick N.A. ORCID: https://orcid.org/0000-0002-2895-0345  
  
Schlapbach, Luregn ORCID: https://orcid.org/0000-0003-2281-2598  
  
Bialasiewicz, Seweryn ORCID: https://orcid.org/0000-0001-9474-6943  
  
Coin, Lachlan ORCID: https://orcid.org/0000-0002-4300-455X  
  
Irwin, Adam D. ORCID: https://orcid.org/0000-0001-8974-6789",

"IN":"(Harris, Bauer, Forde, Balch, Cotta, Lipman, Roberts, Paterson, Irwin) University of Queensland, Faculty of Medicine, UQ Centre for Clinical Research, Royal Brisbane and Women's Hospital Campus, Brisbane, Australia  
  
(Harris) Central Microbiology, Pathology Queensland, Royal Brisbane and Women's Hospital, Brisbane, Australia  
  
(Harris, Roberts) Herston Infectious Disease Institute, Royal Brisbane and Women's Hospital Campus, Brisbane, Australia  
  
(Luftinger, Beisken) Ares Genetics GmbH, Carlbergergasse 66, Vienna 1230, Austria  
  
(Schlapbach) University Children's Hospital Zurich, University of Zurich, Zurich, Switzerland  
  
(Schlapbach, Raman) Child Health Research Centre, The University of Queensland, Brisbane, QLD, Australia  
  
(Raman) Paediatric Intensive Care Unit, Queensland Children's Hospital, South Brisbane, Australia  
  
(Shekar) Adult Intensive Care Services, The Prince Charles Hospital, Brisbane, QLD, Australia  
  
(Shekar) University of Queensland, Faculty of Medicine, Brisbane, Australia  
  
(Kruger) Intensive Care Unit, Princess Alexandra Hospital, Woolloongabba, QLD, Australia  
  
(Kruger) Department of Anaesthesiology and Critical Care, The University of Queensland, St Lucia, QLD, Australia  
  
(Lipman) Intensive Care Unit, Royal Brisbane and Women's Hospital, Brisbane, Australia  
  
(Lipman, Roberts) Division of Anaesthesiology Critical Care Emergency and Pain Medicine, Nimes University Hospital, University of Montpellier, Nimes, France  
  
(Lipman) Jamieson Trauma Institute, Royal Brisbane and Women's Hospital, Brisbane, Australia  
  
(Bialasiewicz) University of Queensland, Faculty of Science, School of Chemistry and Molecular Biosciences, Australian Centre for Ecogenomics, St Lucia, Brisbane, Australia  
  
(Coin) Department of Microbiology and Immunology, The Peter Doherty Institute for Infection and Immunity, University of Melbourne, Melbourne, VIC, Australia  
  
(Roberts) Departments of Pharmacy and Intensive Care Medicine, Royal Brisbane and Women's Hospital, Brisbane, Australia  
  
(Paterson) ADVANCE-ID, Saw Swee School of Public Health, National University of Singapore, Singapore  
  
(Irwin) Infection Management and Prevention Service, Queensland Children's Hospital, Brisbane, QLD, Australia",

"PB":"medRxiv",

"MH":"adult  
  
\*algorithm  
  
\*antibiotic sensitivity  
  
\*artificial intelligence  
  
\*blood culture  
  
\*bloodstream infection  
  
computer model  
  
controlled study  
  
\*DNA sequence  
  
drug combination  
  
female  
  
\*genetic susceptibility  
  
human  
  
infectious agent  
  
\*intensive care  
  
intensive care unit  
  
intermethod comparison  
  
\*machine learning  
  
major clinical study  
  
male  
  
\*metagenomics  
  
\*nanopore  
  
nanopore sequencing  
  
nonhuman  
  
population abundance  
  
prediction  
  
prospective study  
  
Pseudomonas aeruginosa  
  
\*sepsis  
  
Staphylococcus aureus  
  
\*whole genome sequencing  
  
antibiotic agent",

"DU":"antibiotic agent [m]",

"OD":"adult [m]  
  
\*algorithm [m]  
  
\*antibiotic sensitivity [m]  
  
\*artificial intelligence [m]  
  
\*blood culture [m]  
  
\*bloodstream infection [m]  
  
computer model [m]  
  
controlled study [m]  
  
\*DNA sequence [m]  
  
drug combination [m]  
  
female [m]  
  
\*genetic susceptibility [m]  
  
human [m]  
  
infectious agent [m]  
  
\*intensive care [m]  
  
intensive care unit [m]  
  
intermethod comparison [m]  
  
\*machine learning [m]  
  
major clinical study [m]  
  
male [m]  
  
\*metagenomics [m]  
  
\*nanopore [m]  
  
nanopore sequencing [m]  
  
nonhuman [m]  
  
population abundance [m]  
  
prediction [m]  
  
prospective study [m]  
  
Pseudomonas aeruginosa [m]  
  
\*sepsis [m]  
  
Staphylococcus aureus [m]  
  
\*whole genome sequencing [m]",

"AB":"Background: Direct metagenomic sequencing from positive blood culture (BC) broths, to identify bacteria and predict antimicrobial susceptibility, has been previously demonstrated using Illumina-based methods, but is relatively slow. We aimed to evaluate this approach using nanopore sequencing to provide more rapid results. Method(s): Patients with suspected sepsis in 4 intensive care units were prospectively enrolled. Human-depleted DNA was extracted from positive BC broths and sequenced using nanopore (MinION). Species abundance was estimated using Kraken2, and a cloud-based artificial intelligence (AI) system (AREScloud) provided in silico antimicrobial susceptibility testing (AST) from assembled contigs. These results were compared to conventional identification and phenotypic AST. Result(s): Genus-level agreement between conventional methods and metagenomic whole genome sequencing (MG-WGS) was 96.2% (50/52), but increased to 100% in monomicrobial infections. In total, 262 high quality AREScloud AST predictions across 24 samples were made, exhibiting categorical agreement (CA) of 89.3%, with major error (MA) and very major error (VME) rates of 10.5% and 12.1%, respectively. Over 90% CA was achieved for some taxa (e.g. Staphylococcus aureus), but was suboptimal for Pseudomonas aeruginosa (CA 50%). In 470 AST predictions across 42 samples, with both high quality and exploratory-only predictions, overall CA, ME and VME rates were 87.7%, 8.3% and 28.4%. VME rates were inflated by false susceptibility calls in a small number of species / antibiotic combinations with few representative resistant isolates. Time to reporting from MG-WGS could be achieved within 8-16 hours from blood culture positivity. Conclusion(s): Direct metagenomic sequencing from positive BC broths is feasible and can provide accurate predictive AST for some species and antibiotics, but is sub-optimal for a subset of common pathogens, with unacceptably high VME rates. Nanopore-based approaches may be faster but improvements in accuracy are required before it can be considered for clinical use. New developments in nanopore sequencing technology, and training of AI algorithms on larger and more diverse datasets may improve performance.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"2",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38092671",

"TI":"In vivo dose response and efficacy of the beta-lactamase inhibitor, durlobactam, in combination with sulbactam against the Acinetobacter baumannii-calcoaceticus complex.",

"SO":"Antimicrobial Agents & Chemotherapy. :e0080023, 2023 Dec 11",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"O'Donnell J  
  
Tanudra A  
  
Chen A  
  
Newman J  
  
McLeod SM  
  
Tommasi R",

"MH":"O'Donnell, John ORCID: https://orcid.org/0000-0001-5502-8738",

"DU":"O'Donnell, John  
  
Tanudra, Angela  
  
Chen, April  
  
Newman, Joseph  
  
McLeod, Sarah M  
  
Tommasi, Ruben",

"OD":"O'Donnell, John. Entasis Therapeutics Inc., Waltham, Massachusetts, USA.  
  
Tanudra, Angela. Entasis Therapeutics Inc., Waltham, Massachusetts, USA.  
  
Chen, April. Entasis Therapeutics Inc., Waltham, Massachusetts, USA.  
  
Newman, Joseph. Omega Therapeutics, Watertown, Massachusetts, USA.  
  
McLeod, Sarah M. Entasis Therapeutics Inc., Waltham, Massachusetts, USA.  
  
Tommasi, Ruben. Entasis Therapeutics Inc., Waltham, Massachusetts, USA.",

"AB":"durlobactam pharmacodynamics pharmacokinetics sulbactam",

"FTURL":"NOTNLM",

"PM":"Multi-drug resistant (MDR) Acinetobacter baumannii is emerging as a pathogen of increasing prevalence and concern. Infections associated with this Gram-negative pathogen are often associated with increased morbidity and mortality and few therapeutic options. The beta-lactamase inhibitor sulbactam used commonly in combination with ampicillin demonstrates intrinsic antibacterial activity against A. baumannii acting as an inhibitor of PBP1 and PBP3, which participate in cell wall biosynthesis. The production of beta-lactamases, particularly class D oxacillinases, however, has limited the utility of sulbactam resorting to increased doses and the need for alternate therapies. Durlobactam is a non-beta-lactam beta-lactamase inhibitor that demonstrates broad beta-lactamase inhibition including class D enzymes produced by A. baumannii and has shown potent in vitro activity against MDR A. baumannii, particularly carbapenem-resistant isolates in susceptibility and pharmacodynamic model systems. The objective of this study is to evaluate the exposure-response relationship of sulbactam and durlobactam in combination using in vivo neutropenic thigh and lung models to establish PK/PD exposure magnitudes to project clinically effective doses. Utilizing established PK/PD determinants of %T>MIC and AUC/MIC for sulbactam and durlobactam, respectively, non-linear regressional analysis of drug exposure was evaluated relative to the 24-hour change in bacterial burden (log10 CFU/g). Co-modeling of the data across multiple strains exhibiting a broad range of MIC susceptibility suggested net 1-log10 CFU/g0 reduction can be achieved when sulbactam T>MIC exceeds 50% of the dosing interval and durlobactam AUC/MIC is 10. These data were ultimately used to support sulbactam-durlobactam dose selection for Phase 3 clinical trials.",

"DJ":"Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"3",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38104480",

"TI":"Patient-reported frailty phenotype (PRFP) vs. International Myeloma Working Group frailty index (IMWG FI) proxy: A comparison between two approaches to measuring frailty.",

"SO":"Journal of Geriatric Oncology. 15(2):101681, 2023 Dec 16.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Murugappan MN  
  
King-Kallimanis BL  
  
Bhatnagar V  
  
Kanapuru B  
  
Farley JF  
  
Seifert RD  
  
Stenehjem DD  
  
Chen TY  
  
Horodniceanu EG  
  
Kluetz PG",

"MH":"Murugappan, Meena N  
  
King-Kallimanis, Bellinda L  
  
Bhatnagar, Vishal  
  
Kanapuru, Bindu  
  
Farley, Joel F  
  
Seifert, Randall D  
  
Stenehjem, David D  
  
Chen, Ting-Yu  
  
Horodniceanu, Erica G  
  
Kluetz, Paul G",

"DU":"Murugappan, Meena N. ORISE Fellow, Office of Oncologic Diseases, Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration (U.S. FDA), Silver Spring, MD, USA Department of Pharmaceutical Care and Health Systems, University of Minnesota - College of Pharmacy, Minneapolis, MN, USA. Electronic address: Meena.Murugappan@fda.hhs.gov.  
  
King-Kallimanis, Bellinda L. LUNGevity Foundation, Chicago, IL, USA.  
  
Bhatnagar, Vishal. Oncology Center for Excellence U.S. Food and Drug Administration (U.S. FDA), Silver Spring, MD, USA.  
  
Kanapuru, Bindu. Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration (U.S. FDA), Silver Spring, MD, USA.  
  
Farley, Joel F. Department of Pharmaceutical Care and Health Systems, University of Minnesota - College of Pharmacy, Minneapolis, MN, USA.  
  
Seifert, Randall D. Department of Pharmaceutical Care and Health Systems, University of Minnesota - College of Pharmacy, Minneapolis, MN, USA.  
  
Stenehjem, David D. Department of Pharmacy Practice and Pharmaceutical Sciences, University of Minnesota - College of Pharmacy, Minneapolis, MN, USA.  
  
Chen, Ting-Yu. ORISE Fellow, Office of Oncologic Diseases, Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration (U.S. FDA), Silver Spring, MD, USA.  
  
Horodniceanu, Erica G. Oncology Center for Excellence U.S. Food and Drug Administration (U.S. FDA), Silver Spring, MD, USA.  
  
Kluetz, Paul G. Oncology Center for Excellence U.S. Food and Drug Administration (U.S. FDA), Silver Spring, MD, USA.",

"OD":"Frailty Patient-reported outcomes",

"AB":"NOTNLM",

"FTURL":"INTRODUCTION: Frailty assessments may help to identify patients at highest risk for treatment-related toxicity, early treatment discontinuation due to toxicity, and death in Multiple Myeloma. We aimed to compare the patient-reported frailty phenotype (PRFP) and a modified version of the International Myeloma Working Group frailty index (IMWG FI) in terms of their strengths, limitations, and classification of frailty in a cohort of patients with relapsed/refractory multiple myeloma (RRMM).  
  
MATERIALS AND METHODS: Data were pooled from six RRMM Phase 3 randomized clinical trials submitted to the Food and Drug Administration for regulatory review between 2010 and 2021. Patients were classified as fit, intermediate fit/pre-frail, or frail using both PRFP and the IMWG FI proxy. Agreement between the two approaches in classification of patient frailty was assessed using weighted Cohen's kappa. A contingency table and Venn diagram were generated to analyze overlap in categorization of patient frailty across the different severity groups. Descriptive statistics were used to summarize and compare the clinical and demographic characteristics of patients categorized as frail by PRFP vs. IMWG FI proxy.  
  
RESULTS: Of the 2,750 patients included in this analysis, IMWG FI proxy classified 16.4% (452) patients as frail, 28.1% (772) as intermediate fit/pre-frail, and 55.5% (1,526) as fit. Meanwhile, PRFP classified 21.7% (597) of patients as frail, 24.5% (675) as intermediate fit/pre-frail, and 53.8% (1478) as fit. Fair agreement was observed between PRFP and IMWG FI proxy (weighted Cohen's Kappa = 0.34 [0.31-0.37]). On average, patients who were categorized as frail by IMWG FI proxy were older and had higher Charlson Comorbidity Index scores than patients classified as frail by PRFP. In contrast, patients who were classified as frail by PRFP had worse EORTC QLQ-C30 Physical Functioning subscale summary scores as compared to patients in the IMWG FI proxy frail group (median score of 40 vs. 47 out of 100).  
  
DISCUSSION: Our analysis found fair concordance between IMWG FI proxy and PRFP. This demonstrates that while both frailty models measure the same underlying construct, the variables that constitute each approach may result in differing frailty categorizations for the same patient. Further prospective studies are needed to establish and compare the predictive and prognostic abilities of the different frailty indices in MM. Copyright Published by Elsevier Ltd.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"4",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027603116",

"TI":"Pre-Diagnosis Dietary Patterns and Risk of Multiple Myeloma in the NIH-AARP Diet and Health Study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 23 Sep 2023.",

"AU":"Castro F.  
  
Parikh R.  
  
Eustaquio J.C.  
  
Derkach A.  
  
Joseph J.M.  
  
Lesokhin A.M.  
  
Usmani S.Z.  
  
Shah U.A.",

"AO":"Shah, Urvi A. ORCID: https://orcid.org/0000-0001-8419-1091",

"IN":"(Castro, Lesokhin, Usmani, Shah) Myeloma Service, Department of Medicine, Memorial Sloan Kettering Cancer Center  
  
(Parikh) Department of Hematology/Oncology, Karmanos Cancer Institute, Wayne State University, Detroit, MI, United States  
  
(Eustaquio) Jacobs School of Medicine and Biomedical Science, University at Buffalo, United States  
  
(Derkach) Department of Epidemiology and Biostatistics, Memorial Sloan Kettering Cancer Center, United States  
  
(Joseph) Department of Cancer Prevention and Control, Roswell Park Comprehensive Cancer Center, United States  
  
(Lesokhin, Usmani, Shah) Department of Medicine, Weill Cornell Medical College, United States",

"PB":"medRxiv",

"MH":"adult  
  
body mass  
  
caloric intake  
  
Caucasian  
  
cohort analysis  
  
controlled study  
  
diagnosis  
  
\*dietary pattern  
  
education  
  
female  
  
follow up  
  
food frequency questionnaire  
  
\*healthy diet  
  
Healthy Eating Index 2015  
  
human  
  
incidence  
  
major clinical study  
  
male  
  
Mediterranean diet  
  
\*multiple myeloma  
  
nonhuman  
  
nurse  
  
oncologist  
  
piscivore  
  
\*plasma cell dyscrasia  
  
prospective study  
  
rare disease  
  
sample size  
  
sensitivity analysis  
  
vegan  
  
vegetarian  
  
vegetarian diet",

"DU":"adult [m]  
  
body mass [m]  
  
caloric intake [m]  
  
Caucasian [m]  
  
cohort analysis [m]  
  
controlled study [m]  
  
diagnosis [m]  
  
\*dietary pattern [m]  
  
education [m]  
  
female [m]  
  
follow up [m]  
  
food frequency questionnaire [m]  
  
\*healthy diet [m]  
  
Healthy Eating Index 2015 [m]  
  
human [m]  
  
incidence [m]  
  
major clinical study [m]  
  
male [m]  
  
Mediterranean diet [m]  
  
\*multiple myeloma [m]  
  
nonhuman [m]  
  
nurse [m]  
  
oncologist [m]  
  
piscivore [m]  
  
\*plasma cell dyscrasia [m]  
  
prospective study [m]  
  
rare disease [m]  
  
sample size [m]  
  
sensitivity analysis [m]  
  
vegan [m]  
  
vegetarian [m]  
  
vegetarian diet [m]",

"OD":"Background: Despite patient interest in knowing whether diet is linked to multiple myeloma (MM), there is limited research on dietary patterns and MM risk. Two studies have assessed this risk, albeit with a small number of MM cases. The EPIC-Oxford cohort and Oxford Vegetarian study (65 MM cases) showed that fish eaters, vegetarians and vegans had significantly reduced MM risk compared to meat eaters. The Nurses' Health Study and Health Professionals Follow-up Study (478 MM cases) showed a significantly increased MM risk in men with Empirical Dietary Inflammatory Pattern. Method(s): The NIH-AARP Diet and Health study is a prospective cohort of 567,169 persons who completed a food frequency questionnaire in 1995-1996 and were followed until December 2011. Healthy Eating Index-2015 (HEI-2015), Healthy Diet Score (HDS), alternate Mediterranean Diet (aMED) and healthful Plant-based Diet Index (hPDI) scores were calculated using a priori defined methods and grouped into quartiles, with higher scores reflecting healthier eating patterns. We prospectively evaluated the association between pre-diagnosis dietary patterns and MM incidence in this cohort. Hazard ratios (HR) and 95% confidence intervals (95%CI) were estimated using multivariate Cox proportional hazards models adjusted for age at study entry, sex, race, body mass index, education, and total energy intake (by residual method). Sensitivity analysis was conducted to assess reverse causality by excluding MM cases diagnosed within one year of follow-up. Result(s): Among 392,589 participants (after exclusions), a total of 1,366 MM cases (59% males 92% non-Hispanic whites) were identified during the follow-up period. Analysis revealed a significant association between hPDI scores and reduced MM risk (highest vs lowest quartile, HR 0.85 95%CI 0.73-1.0 p=0.043) (Table). In sensitivity analysis (1,302 MM cases), the association was no longer significant (HR 0.87 95%CI 0.74-1.03 p 0.09) but trended in the same direction. This may be due to small sample size, given MM is a rare disease. HEI-2015, HDS and aMED scores were not associated with MM risk. Conclusion(s): A healthful plant-based diet was associated with reduced MM risk in the NIH-AARP cohort. These results will help oncologists and patients make informed choices about their diet. To our knowledge, this is the largest epidemiologic study to date assessing pre-diagnosis dietary patterns and MM risk.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"5",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028429716",

"TI":"40 Hz Steady-State Responses in Human Auditory Cortex Depend on GABAergic Neuronal Inhibition.",

"SO":"bioRxiv. (no pagination), 2023. Date of Publication: 20 Oct 2023.",

"AU":"Toso A.  
  
Wermuth A.P.  
  
Arazi A.  
  
Braun A.  
  
Jong T.G.  
  
Uhlhaas P.J.  
  
Donner T.H.",

"AO":"Toso, Alessandro ORCID: https://orcid.org/0000-0003-2289-3455  
  
Arazi, Ayelet ORCID: https://orcid.org/0000-0003-3589-4908  
  
Donner, Tobias H. ORCID: https://orcid.org/0000-0002-7559-6019  
  
Braun, Anke ORCID: https://orcid.org/0000-0002-1946-7765  
  
Jong, Tineke Grent't ORCID: https://orcid.org/0000-0003-3177-5346  
  
Uhlhaas, Peter J. ORCID: https://orcid.org/0000-0002-0892-2224",

"IN":"(Toso, Wermuth, Arazi, Donner) Section Computational Cognitive Neuroscience, Department of Neurophysiology and Pathophysiology, University Medical Center Hamburg- Eppendorf, Hamburg, Germany  
  
(Braun) Department of Psychiatry, Charite Universitatsmedizin, Berlin, Germany  
  
(Jong, Uhlhaas) Institute of Neuroscience and Psychology, University of Glasgow, Glasgow, United Kingdom  
  
(Jong, Uhlhaas) Department of Child and Adolescent Psychiatry, Charite Universitatsmedizin, Berlin, Germany",

"PB":"bioRxiv",

"MH":"adult  
  
animal experiment  
  
animal model  
  
\*auditory cortex  
  
auditory nervous system  
  
clinical article  
  
controlled study  
  
human  
  
human cell  
  
low drug dose  
  
magnetoencephalography  
  
male  
  
\*nerve cell inhibition  
  
nerve cell network  
  
normal human  
  
oscillation  
  
pharmacology  
  
schizophrenia  
  
sensory stimulation  
  
\*steady state  
  
4 aminobutyric acid  
  
4 aminobutyric acid A receptor  
  
4 aminobutyric acid A receptor stimulating agent  
  
4 aminobutyric acid receptor  
  
aspartic acid  
  
glutamic acid  
  
lorazepam  
  
memantine  
  
n methyl dextro aspartic acid receptor  
  
n methyl dextro aspartic acid receptor blocking agent  
  
placebo  
  
preprint",

"DU":"preprint [other term]",

"OD":"4 aminobutyric acid  
  
4 aminobutyric acid A receptor  
  
4 aminobutyric acid A receptor stimulating agent  
  
4 aminobutyric acid receptor  
  
aspartic acid  
  
glutamic acid  
  
lorazepam  
  
memantine  
  
n methyl dextro aspartic acid receptor  
  
n methyl dextro aspartic acid receptor blocking agent  
  
placebo",

"AB":"adult  
  
animal experiment  
  
animal model  
  
\*auditory cortex  
  
auditory nervous system  
  
clinical article  
  
controlled study  
  
human  
  
human cell  
  
low drug dose  
  
magnetoencephalography  
  
male  
  
\*nerve cell inhibition  
  
nerve cell network  
  
normal human  
  
oscillation  
  
pharmacology  
  
schizophrenia  
  
sensory stimulation  
  
\*steady state",

"FTURL":"The 40 Hz auditory steady-state response (ASSR), an oscillatory brain response to periodically modulated auditory stimuli, is a promising, non-invasive physiological biomarker for schizophrenia and related disorders. Because the 40Hz oscillation is injected into the brain by means of the sensory input, ASSR responses measured in the cortex may, in principle, just result from the passive propagation of stimulus oscillations across the auditory pathways, without any intracortical generation or amplification. Alternatively, the ASSR responses may involve cortical circuit interactions that amplify the stimulus-evoked oscillation, which would imply it as mechanistic signature of cortical circuit dysfunctions. Here, we tested whether the 40 Hz ASSR in human auditory cortex depends on two key synaptic components of neuronal interactions within cortical circuits: excitation via N-methyl-aspartate glutamate (NMDA) receptors and inhibition via gamma-amino-butyric acid (GABA) receptors. We combined magnetoencephalography MEG recordings with placebo-controlled, low-dose pharmacological interventions in the same healthy human participants. All participants exhibited a robust 40 Hz ASSR in auditory cortices (stronger on the right) under placebo. The GABAA receptor-agonist lorazepam increased the amplitude of this ASSR, while no effect was detectable under the NMDA-blocker memantine. Our findings indicate that the 40 Hz ASSR in auditory cortex involves synaptic (and likely intracortical) inhibition via the GABA-A receptor, thus highlighting its utility as a mechanistic signature of cortical circuit dysfunctions involving GABAergic inhibition.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"6",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38086595",

"TI":"Lisdexamphetamine versus methylphenidate for paediatric patients with attention-deficit hyperactivity disorder and type 1 diabetes (LAMAinDiab): protocol for a multicentre, randomised cross-over clinical trial in an outpatient telemedicine-supported setting.",

"SO":"BMJ Open. 13(12):e078112, 2023 Dec 12.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Michalak A  
  
Chrzanowski J  
  
Kusmierczyk-Koziel H  
  
Klejman E  
  
Blaziak K  
  
Mianowska B  
  
Szadkowska A  
  
Chobot AP  
  
Jarosz-Chobot P  
  
Mysliwiec M  
  
Makowska I  
  
Kalenik A  
  
Zamarlik M  
  
Wolanczyk T  
  
Fendler W  
  
Butwicka A",

"MH":"Michalak, Arkadiusz ORCID: http://orcid.org/0000-0002-6088-9636  
  
Makowska, Iwona ORCID: http://orcid.org/0000-0003-4830-6343  
  
Fendler, Wojciech ORCID: http://orcid.org/0000-0002-5083-9168",

"DU":"Michalak, Arkadiusz  
  
Chrzanowski, Jedrzej  
  
Kusmierczyk-Koziel, Hanna  
  
Klejman, Ewa  
  
Blaziak, Katarzyna  
  
Mianowska, Beata  
  
Szadkowska, Agnieszka  
  
Chobot, Agata P  
  
Jarosz-Chobot, Przemyslawa  
  
Mysliwiec, Malgorzata  
  
Makowska, Iwona  
  
Kalenik, Anna  
  
Zamarlik, Monika  
  
Wolanczyk, Tomasz  
  
Fendler, Wojciech  
  
Butwicka, Agnieszka",

"OD":"Michalak, Arkadiusz. Department of Biostatistics and Translational Medicine, Medical University of Lodz, Lodz, Poland.  
  
Michalak, Arkadiusz. Department of Pediatrics, Diabetology, Endocrinology and Nephrology, Medical University of Lodz, Lodz, Poland.  
  
Michalak, Arkadiusz. Clinical Trials' Unit, Medical University of Lodz, Lodz, Poland.  
  
Chrzanowski, Jedrzej. Department of Biostatistics and Translational Medicine, Medical University of Lodz, Lodz, Poland.  
  
Kusmierczyk-Koziel, Hanna. Department of Pediatrics, Diabetology, Endocrinology and Nephrology, Medical University of Lodz, Lodz, Poland.  
  
Klejman, Ewa. Department of Biostatistics and Translational Medicine, Medical University of Lodz, Lodz, Poland.  
  
Blaziak, Katarzyna. Clinical Trials' Unit, Medical University of Lodz, Lodz, Poland.  
  
Mianowska, Beata. Department of Pediatrics, Diabetology, Endocrinology and Nephrology, Medical University of Lodz, Lodz, Poland.  
  
Szadkowska, Agnieszka. Department of Pediatrics, Diabetology, Endocrinology and Nephrology, Medical University of Lodz, Lodz, Poland.  
  
Chobot, Agata P. Department of Pediatrics, University Clinical Hospital in Opole, Opole, Poland.  
  
Chobot, Agata P. Department of Pediatrics, Institute of Medical Sciences, University of Opole, Opole, Poland.  
  
Jarosz-Chobot, Przemyslawa. Department of Children's Diabetology, Medical University of Silesia, Katowice, Poland.  
  
Mysliwiec, Malgorzata. Department of Pediatrics, Diabetology and Endocrinology, Medical University of Gdansk, Gdansk, Poland.  
  
Makowska, Iwona. Child and Adolescent Psychiatric Department, Medical University of Lodz, Lodz, Poland.  
  
Makowska, Iwona. Child and Adolescent Psychiatry Unit, Medical University of Lodz, Lodz, Poland.  
  
Kalenik, Anna. Department of Child Psychiatry, Medical University of Warsaw, Warszawa, Poland.  
  
Zamarlik, Monika. Faculty of Health Sciences, Institute of Public Health, Jagiellonian University, Krakow, Poland.  
  
Zamarlik, Monika. Polish Federation for Support for Children and Adolescents with Diabetes, Warszawa, Poland.  
  
Wolanczyk, Tomasz. Department of Child Psychiatry, Medical University of Warsaw, Warszawa, Poland.  
  
Fendler, Wojciech. Department of Biostatistics and Translational Medicine, Medical University of Lodz, Lodz, Poland wojciech.fendler@umed.lodz.pl.  
  
Fendler, Wojciech. Clinical Trials' Unit, Medical University of Lodz, Lodz, Poland.  
  
Butwicka, Agnieszka. Department of Biostatistics and Translational Medicine, Medical University of Lodz, Lodz, Poland.  
  
Butwicka, Agnieszka. Department of Medical Epidemiology and Biostatistics, Karolinska Institute, Stockholm, Sweden.  
  
Butwicka, Agnieszka. Division of Mental Health Services, R&D Department, Akershus University Hospital, Lorenskog, Norway.  
  
Butwicka, Agnieszka. Institute of Clinical Medicine, Faculty of Medicine, University of Oslo, Oslo, Norway.",

"AB":"Adolescent  
  
Humans  
  
Child  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Methylphenidate/tu [Therapeutic Use]  
  
\*Methylphenidate  
  
Lisdexamfetamine Dimesylate/tu [Therapeutic Use]  
  
Diabetes Mellitus, Type 1/dt [Drug Therapy]  
  
\*Diabetes Mellitus, Type 1  
  
Outpatients  
  
Blood Glucose Self-Monitoring  
  
Blood Glucose  
  
Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
Treatment Outcome  
  
Randomized Controlled Trials as Topic  
  
Multicenter Studies as Topic",

"FTURL":"Behavior Child & adolescent psychiatry Impulse control disorders Paediatric endocrinology Protocols & guidelines Randomized Controlled Trial",

"PM":"NOTNLM",

"DJ":"INTRODUCTION: Attention deficit hyperactivity disorder (ADHD) affects 5%-10% of paediatric population and is reportedly more common in children with type 1 diabetes (T1D), exacerbating its clinical course. Proper treatment of ADHD in such patients may thus provide neurological and metabolic benefits. To test this, we designed a non-commercial second phase clinical trial comparing the impact of different pharmacological interventions for ADHD in children with T1D.  
  
METHODS AND ANALYSIS: This is a multicentre, randomised, open-label, cross-over clinical trial in children and adolescents with ADHD and T1D. The trial will be conducted in four reference paediatric diabetes centres in Poland. Over 36 months, eligible patients with both T1D and ADHD (aged 8-16.5 years, T1D duration >1 year) will be offered participation. Patients' guardians will undergo online once-weekly training sessions behaviour management for 10 weeks. Afterward, children will be randomised to methylphenidate (long-release capsule, doses 18-36-54 mg) versus lisdexamphetamine (LDX, 30-50-70 mg). Pharmacotherapy will continue for 6 months before switching to alternative medication. Throughout the trial, the participants will be evaluated every 3 months by their diabetologist and online psychological assessments. The primary endpoint (ADHD symptom severity, Conners 3.0 questionnaire) will be assessed by a blinded investigator. Secondary endpoints will include HbA1c, continuous glucose monitoring indices and quality-of-life (PedsQL).  
  
ETHICS AND DISSEMINATION: The trial is approved by Bioethical Committee at Medical University of Lodz and Polish regulatory agency (RNN/142/22/KE, UR/DBL/D/263/2022). The results will be communicated to the research and clinical community, and Polish agencies responsible for healthcare policy. Patient organisations focused on paediatric T1D will be notified by a consortium member. We hope to use the trial's results to promote collaboration between mental health professionals and diabetes teams, evaluate the economic feasibility of using LDX in patients with both diseases and the long run improve ADHD treatment in children with T1D.  
  
TRIAL REGISTRATION NUMBERS: EU Clinical Trials Register (EU-CTR, 2022-001906-24) and NCT05957055. Copyright © Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
SJT761GEGS (Lisdexamfetamine Dimesylate)  
  
0 (Blood Glucose)  
  
0 (Central Nervous System Stimulants)",

"TN":"Clinical Trial Protocol  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"7",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028194501",

"TI":"Dissecting the causal relationships between childhood-onset asthma and major mental disorders: a univariable and multivariable Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 10 Oct 2023.",

"AU":"Chen B.  
  
Xue M.  
  
Zhang L.  
  
Ren P.",

"AO":"(Chen, Xue, Zhang) Data Science R&D Center of Yanchang Technology, Sichuan, Chengdu 610041, China  
  
(Ren) School of Life Sciences and Engineering, Southwest University of Science and Technology, Sichuan, Mianyang 621010, China",

"IN":"medRxiv",

"PB":"adult  
  
anxiety  
  
\*asthma  
  
attention deficit hyperactivity disorder  
  
autism  
  
bipolar disorder  
  
\*childhood  
  
controlled study  
  
depression  
  
genome-wide association study  
  
human  
  
major depression  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
mental health  
  
pleiotropy  
  
randomized controlled trial  
  
schizophrenia  
  
sensitivity analysis  
  
preprint",

"MH":"preprint [other term]",

"DU":"adult  
  
anxiety  
  
\*asthma  
  
attention deficit hyperactivity disorder  
  
autism  
  
bipolar disorder  
  
\*childhood  
  
controlled study  
  
depression  
  
genome-wide association study  
  
human  
  
major depression  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
mental health  
  
pleiotropy  
  
randomized controlled trial  
  
schizophrenia  
  
sensitivity analysis",

"OD":"Background: Asthma with a childhood-onset is found to be associated with increased risk of severe mental illnesses in later life. However, the causal relationships between childhood-onset asthma and major mental disorders remained unclear. Method(s): We conducted a two-sample Mendelian randomization (MR) analysis to investigate the causal effects of childhood-onset asthma (n=327,670) on six major mental illnesses, including major depressive disorders (n=143,265), bipolar disorder (n=353,899), schizophrenia (n=130,644), anxiety (n=10,240), autism (n=46,350), and ADHD (n=225,534) using summary statistics of genome-wide association studies (GWAS). The inverse variance weighted (IVW) method, along with weighted median and MR-Egger were employed for the causal estimates. Multiple sensitivity analyses were conducted to examine the robustness of the estimates. Moreover, the direct effects of childhood-onset asthma on mental disorders after accounting for the effects of adult-onset asthma were evaluated through the multivariable MR (MVMR) analysis. Result(s): We found that genetically determined childhood-onset asthma significantly increased the risk of depression (IVW OR=1.059, 95%CI:1.025-1.095, p=5.72e-04) and bipolar disorder (IVW OR=1,065, 95%CI:1.027-1.105, p=6.75e-04), but not associated with other mental disorders. Further MVMR analysis indicated that the causal relationships remained significant with the adjustment of adult-onset asthma. Interestingly, we found that childhood- and adult-onset asthma exerted distinct causal effects on depression and bipolar disorders. No significant heterogeneity and horizontal pleiotropy were found to influence the causal estimates. Conclusion(s): MR analysis indicated a significant causal relationship between genetically determined childhood-onset asthma and increased risk of depression and bipolar disorder in later life. The causal effects of childhood-onset asthma were distinct to the adult-onset asthma. Further studies were warranted to investigate the mechanisms underlying the causal relationships.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"8",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"1",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38104575",

"TI":"Efficacy and safety of the muscarinic receptor agonist KarXT (xanomeline-trospium) in schizophrenia (EMERGENT-2) in the USA: results from a randomised, double-blind, placebo-controlled, flexible-dose phase 3 trial.",

"SO":"Lancet. 2023 Dec 14",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Kaul I  
  
Sawchak S  
  
Correll CU  
  
Kakar R  
  
Breier A  
  
Zhu H  
  
Miller AC  
  
Paul SM  
  
Brannan SK",

"MH":"Kaul, Inder  
  
Sawchak, Sharon  
  
Correll, Christoph U  
  
Kakar, Rishi  
  
Breier, Alan  
  
Zhu, Haiyuan  
  
Miller, Andrew C  
  
Paul, Steven M  
  
Brannan, Stephen K",

"DU":"Kaul, Inder. Karuna Therapeutics, Boston, MA, USA.  
  
Sawchak, Sharon. Karuna Therapeutics, Boston, MA, USA.  
  
Correll, Christoph U. Department of Psychiatry, Zucker Hillside Hospital, Glen Oaks, NY, USA Departments of Psychiatry and Molecular Medicine, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY, USA Department of Child and Adolescent Psychiatry, Charite Universitatsmedizin Berlin, Berlin, Germany.  
  
Kakar, Rishi. Segal Trials, Miami Lakes, FL, USA.  
  
Breier, Alan. Department of Psychiatry, Indiana University School of Medicine, Indianapolis, IN, USA.  
  
Zhu, Haiyuan. Karuna Therapeutics, Boston, MA, USA.  
  
Miller, Andrew C. Karuna Therapeutics, Boston, MA, USA.  
  
Paul, Steven M. Karuna Therapeutics, Boston, MA, USA. Electronic address: spaul@karunatx.com.  
  
Brannan, Stephen K. Karuna Therapeutics, Boston, MA, USA.",

"OD":"BACKGROUND: New treatments with new mechanisms are urgently needed for people with schizophrenia. Xanomeline is a dual M1 and M4-preferring muscarinic receptor agonist that does not block D2 dopamine receptors, unlike all currently approved treatments for schizophrenia. Xanomeline-trospium (KarXT) combines xanomeline with the peripherally restricted muscarinic receptor antagonist trospium chloride with the goal of ameliorating xanomeline-related adverse events associated with peripheral muscarinic receptors. The EMERGENT-2 trial aimed to assess the efficacy and safety of KarXT in people with schizophrenia experiencing acute psychosis.  
  
METHODS: EMERGENT-2 was a randomised, double-blind, placebo-controlled, flexible-dose, 5-week, inpatient, phase 3 trial in people with schizophrenia. Participants were adults aged 18-65 years with a diagnosis of schizophrenia who had a recent worsening of psychosis warranting hospital admission, a Positive and Negative Syndrome Scale (PANSS) score of 80 or higher, and a Clinical Global Impression-Severity score of 4 or higher. The participants were recruited from 22 inpatient sites in the USA, and were randomly assigned (1:1) to KarXT or placebo twice per day. Participants randomly assigned to KarXT received 50 mg xanomeline and 20 mg trospium twice per day for the first 2 days and then 100 mg xanomeline and 20 mg trospium twice per day for days 3-7. Beginning on day 8, KarXT dosing was flexible with an optional increase to 125 mg xanomeline and 30 mg trospium twice per day and the option to return to 100 mg xanomeline and 20 mg trospium based on tolerability. The primary endpoint was change from baseline to week 5 in PANSS total score. Efficacy analyses used the modified intention-to-treat population (all randomly assigned participants who received at least one trial medication dose and had at least one post-baseline PANSS assessment). Least squares mean change from baseline, SE, and least squares mean difference between the KarXT and placebo groups at week 5, along with the 95% CI and two-sided p values were calculated for the primary and secondary continuous efficacy endpoints. Safety analyses included all participants receiving at least one trial medication dose and used descriptive statistics. This trial is registered with ClinicalTrials.gov (NCT04659161).  
  
FINDINGS: From Dec 16, 2020, to April 13, 2022, of 407 people who were screened, 252 participants meeting enrolment criteria were randomly assigned to the KarXT (n=126) or placebo (n=126). Baseline PANSS total scores were 98.3 (KarXT n=126) and 97.9 (placebo n=125). The trial met the primary endpoint with a mean change from baseline to week 5 in PANSS total score that favoured KarXT (-21.2 points, SE 1.7) versus placebo (-11.6 points, 1.6 least squares mean difference -9.6 95% CI -13.9 to -5.2 p<0.0001, Cohen's d effect size=0.61). All secondary endpoints were also met, and favoured KarXT versus placebo (p<0.05). The most common adverse events with KarXT versus placebo were constipation (27 [21%] vs 13 [10%]), dyspepsia (24 [19%] vs 10 [8%]), headache (17 [14%] vs 15 [12%]), nausea (24 [19%] vs seven [6%]), vomiting (18 [14%] vs one [1%]), hypertension (12 [10%] vs one [1%]), dizziness (11 [9%] vs four [3%]), gastro-oesophageal reflux disease (eight [6%] vs zero [0%]), and diarrhoea (seven [6%] vs four [3%]). Treatment-emergent adverse event rates of extrapyramidal motor symptoms (KarXT, zero [0%] vs placebo, zero [0%]), akathisia (one [1%] vs one [1%]), weight gain (zero [0%] vs one [1%]), and somnolence (six [5%] vs five [4%]) were similar between the KarXT and placebo groups, as were adverse event-related discontinuation rates (nine [7%] vs seven [6%]).  
  
INTERPRETATION: In the EMERGENT-2 trial, KarXT was effective in reducing positive and negative symptoms and was generally well tolerated. These results support the potential for KarXT to represent a new class of effective and well tolerated antipsychotic medicines based on activating muscarinic receptors, not the D2 dopamine receptor-blocking mechanism of all current antipsychotic medications. Results from additional trials, including the identical EMERGENT-3 trial and the 52-week, open-label EMERGENT-4 and EMERGENT-5 trials, will provide additional information on the efficacy and safety of KarXT in people with schizophrenia.  
  
FUNDING: Karuna Therapeutics. Copyright © 2023 Elsevier Ltd. All rights reserved.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"Yes",

},

{

"UniqueID":"9",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022075808",

"TI":"Effects of Elexacaftor/Tezacaftor/Ivacaftor on Sputum Viscoelastic Properties, Airway Infection and Inflammation in Patients with Cystic Fibrosis.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 27 Dec 2022.",

"AU":"Addante A.  
  
Voller M.  
  
Schaupp L.  
  
Fentker K.  
  
Bardua M.  
  
Kuppe A.  
  
Duerr J.  
  
Piehler L.  
  
Rohmel J.  
  
Thee S.  
  
Kirchner M.  
  
Ziehm M.  
  
Lauster D.  
  
Haag R.  
  
Gradzielski M.  
  
Stahl M.  
  
Mertins P.  
  
Boutin S.  
  
Graeber S.Y.  
  
Mall M.A.",

"AO":"nan",

"IN":"(Addante, Voller, Schaupp, Bardua, Kuppe, Duerr, Piehler, Rohmel, Thee, Stahl, Graeber, Mall) Department of Pediatric Respiratory Medicine, Immunology and Critical Care Medicine, Cystic Fibrosis Center, Charite - Universitatsmedizin Berlin, Freie Universitat Berlin, Humboldt-Universitat zu Berlin, Berlin, Germany  
  
(Addante, Voller, Schaupp, Bardua, Kuppe, Duerr, Piehler, Rohmel, Thee, Stahl, Graeber, Mall) German Center for Lung Research (DZL), Associated Partner Site, Berlin, Germany  
  
(Fentker, Kirchner, Ziehm, Mertins) Proteomics Platform, Max-Delbruck-Center for Molecular Medicine, Berlin Institute of Health, Berlin, Germany  
  
(Fentker, Lauster, Haag) Institute for Chemistry and Biochemistry, Freie Universitat Berlin, Berlin, Germany  
  
(Gradzielski) Stranski-Laboratorium fur Physikalische und Theoretische Chemie, Institut fur Chemie, Technische Universitat Berlin, Berlin, Germany  
  
(Thee, Stahl, Graeber, Mall) Berlin Institute of Health at Charite, Universitatsmedizin Berlin, Berlin, Germany  
  
(Boutin) Department of Infectious Diseases, Medical Microbiology and Hygiene, University of Heidelberg, Heidelberg, Germany  
  
(Boutin) Translational Lung Research Center (TLRC), University of Heidelberg, Heidelberg, Germany",

"PB":"medRxiv",

"MH":"allele  
  
child  
  
clinical trial  
  
controlled study  
  
\*cystic fibrosis  
  
female  
  
\*flow kinetics  
  
human  
  
\*inflammation  
  
major clinical study  
  
male  
  
microbiome  
  
mucus  
  
nonhuman  
  
observational study  
  
prospective study  
  
Pseudomonas aeruginosa  
  
\*respiratory tract infection  
  
\*respiratory tract inflammation  
  
school child  
  
\*sputum  
  
Young modulus  
  
\*elexacaftor plus ivacaftor plus tezacaftor  
  
proteome",

"DU":"\*elexacaftor plus ivacaftor plus tezacaftor [m]  
  
proteome [m]",

"OD":"allele [m]  
  
child [m]  
  
clinical trial [m]  
  
controlled study [m]  
  
\*cystic fibrosis [m]  
  
female [m]  
  
\*flow kinetics [m]  
  
human [m]  
  
\*inflammation [m]  
  
major clinical study [m]  
  
male [m]  
  
microbiome [m]  
  
mucus [m]  
  
nonhuman [m]  
  
observational study [m]  
  
prospective study [m]  
  
Pseudomonas aeruginosa [m]  
  
\*respiratory tract infection [m]  
  
\*respiratory tract inflammation [m]  
  
school child [m]  
  
\*sputum [m]  
  
Young modulus [m]",

"AB":"Background: We recently demonstrated that the triple combination CFTR modulator therapy elexacaftor/tezacaftor/ivacaftor (ELX/TEZ/IVA) improves lung ventilation and airway mucus plugging determined by multiple-breath washout and magnetic resonance imaging in CF patients with at least one F508del allele. However, effects of ELX/TEZ/IVA on viscoelastic properties of airway mucus, chronic airway infection and inflammation have not been studied. The aim of this study was, therefore, to determine the effects of ELX/TEZ/IVA on airway mucus rheology, microbiome and inflammation in CF patients with one or two F508del alleles aged 12 years and older. Method(s): In this prospective observational study, we assessed sputum rheology, the microbiome, inflammation markers and proteome before and 8 to 16 weeks after initiation of ELX/TEZ/IVA. Result(s): In total, 59 patients with CF and at least one F508del allele and 10 healthy controls were enrolled in this study. ELX/TEZ/IVA improved the elastic modulus (G' -6.3 Pa IQR, -17.9 to 1.2 P<0.01) and viscous modulus (G'' -1.6 Pa IQR, -3.6 to 0.5 P<0.05) of CF sputum. Further, ELX/TEZ/IVA improved the microbiome alpha-diversity (0.6 IQR, 0.0 to 1.2 P<0.001) and decreased the relative abundance of Pseudomonas aeruginosa in CF sputum. ELX/TEZ/IVA also reduced IL-8 (-11.7 ng/ml, IQR, -36.5 to 11.2 P<0.05) and free NE activity (-27.5 microg/ml, IQR, - 64.5 to -3.5 P<0.001), and shifted the CF sputum proteome towards healthy. Conclusion(s): Our data demonstrate that ELX/TEZ/IVA improves sputum viscoelastic properties, chronic airway infection and inflammation in CF patients with at least one F508del allele, however, without reaching levels close to healthy.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"10",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38047328",

"TI":"A novel synthetic method for backbone-cyclized polypeptide POL7080 with the help of hydrophobic-support materials.",

"SO":"Organic & Biomolecular Chemistry. 2023 Dec 04",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Gu X  
  
Chen W  
  
Guo T  
  
Chang X  
  
Zhang S  
  
Bai B  
  
Ma S",

"MH":"Ma, Shutao ORCID: http://orcid.org/0000-0003-1206-2375",

"DU":"Gu, Xiaotong  
  
Chen, Weijin  
  
Guo, Ting  
  
Chang, Xiaohong  
  
Zhang, Shenyan  
  
Bai, Bingfang  
  
Ma, Shutao",

"OD":"Gu, Xiaotong. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.  
  
Chen, Weijin. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.  
  
Guo, Ting. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.  
  
Chang, Xiaohong. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.  
  
Zhang, Shenyan. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.  
  
Bai, Bingfang. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.  
  
Ma, Shutao. Department of Medicinal Chemistry, Key Laboratory of Chemical Biology (Ministry of Education), School of Pharmaceutical Sciences, Cheeloo College of Medicine, Shandong University. 44 West Wenhua Road, Jinan 250012, China. mashutao@sdu.edu.cn.",

"AB":"nan",

"FTURL":"nan",

"PM":"Murepavadin (POL7080) in phase III clinical trials, a backbone-cyclized polypeptide composed of 14 amino acids, has a novel mode of action and shows a specific and efficient bactericidal effect against multidrug-resistant Pseudomonas aeruginosa. It is a potential candidate to treat severe P. aeruginosa infections in the future and still has significant commercial value for further research and development. In this paper, we report a liquid-phase peptide synthetic route for this valuable candidate polypeptide assisted by hydrophobic-support materials (tags), which overcomes the difficulties of high cost and poor yield in the traditional solid-phase synthesis of macrocyclic peptides. Through the careful optimization of reaction conditions and the innovative strategy of synthetic post-treatment, we established a simple and efficient liquid-phase synthetic route suitable for POL7080 and other similar structures, with satisfactory yield, high purity and a production process not being controlled by scale.",

"DJ":"Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"11",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37805620",

"TI":"Does medication-related osteonecrosis of the jaw affect survival of patients with Multiple Myeloma?: Exploring a large single center database using artificial intelligence.",

"SO":"Clinical & Experimental Medicine. 2023 Oct 07",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Bittrich M  
  
Hetterich R  
  
Solimando AG  
  
Krebs M  
  
Loda S  
  
Danhof S  
  
Anton S  
  
Zhou X  
  
Kerscher A  
  
Beilhack A  
  
Kortum KM  
  
Rasche L  
  
Einsele H  
  
Knop S  
  
Hartmann S",

"MH":"Bittrich, Max  
  
Hetterich, Regina  
  
Solimando, Antonio G  
  
Krebs, Markus  
  
Loda, Sophia  
  
Danhof, Sophia  
  
Anton, Straub  
  
Zhou, Xiang  
  
Kerscher, Alexander  
  
Beilhack, Andreas  
  
Kortum, K Martin  
  
Rasche, Leo  
  
Einsele, Hermann  
  
Knop, Stefan  
  
Hartmann, Stefan",

"DU":"Bittrich, Max. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany. Bittrich\_M@ukw.de.  
  
Hetterich, Regina. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Solimando, Antonio G. Department of Biomedical Sciences and Human Oncology, Section of Internal Medicine 'G. Baccelli', University of Bari Medical School Bari, 70124, Bari, Italy.  
  
Krebs, Markus. Comprehensive Cancer Center Mainfranken, 97080, Wurzburg, Germany.  
  
Loda, Sophia. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Danhof, Sophia. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Anton, Straub. Department of Oral and Maxillofacial Plastic Surgery, University Hospital Wurzburg, 97070, Wurzburg, Germany.  
  
Zhou, Xiang. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Kerscher, Alexander. Comprehensive Cancer Center Mainfranken, 97080, Wurzburg, Germany.  
  
Beilhack, Andreas. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Beilhack, Andreas. Department of Biomedical Sciences and Human Oncology, Section of Internal Medicine 'G. Baccelli', University of Bari Medical School Bari, 70124, Bari, Italy.  
  
Kortum, K Martin. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Rasche, Leo. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Einsele, Hermann. Department of Internal Medicine II, University Hospital Wurzburg, 97080, Wurzburg, Germany.  
  
Knop, Stefan. Department of Internal Medicine 5, Hematology and Oncology, University Hospital of Paracelsus Medical Private University, 90419, Nuremberg, Germany.  
  
Hartmann, Stefan. Department of Oral and Maxillofacial Plastic Surgery, University Hospital Wurzburg, 97070, Wurzburg, Germany.",

"OD":"Artificial intelligence Multiple Myeloma Natural language processing Osteonecrosis of the jaw Propensity score matching Rare adverse events Rare diseases Real world evidence",

"AB":"NOTNLM",

"FTURL":"In addition to randomized clinical trials, consideration of Real-World Evidence is necessary for mirroring clinical reality. However, processing such evidence for large numbers of patients often requires considerable time and effort. This is particularly true for rare tumor diseases such as multiple myeloma (MM) or for adverse effects that occur even more rarely. In such cases, artificial intelligence is able to efficiently detect patients with rare conditions. One of these rare adverse events, and the most discussed, following bone protective treatment in MM is medication-related osteonecrosis of the jaw (MRONJ). The association of bone protective treatment to MM outcome has been intensively studied. However, the impact of MRONJ resulting from such treatment on MM prognosis and outcome is poorly understood. In this retrospective study, we therefore investigated the long-term effects of MRONJ. We used natural language processing (NLP) to screen individual data of 2389 MM patients to find 50 out of 52 patients with MRONJ matching our inclusion criteria. To further improve data quality, we then performed propensity score matching. In comparison to MM patients without MRONJ, we found a significantly longer overall survival (median 126 vs. 86 months) despite slightly worse clinical features. Copyright © 2023. The Author(s).",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"12",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026946307",

"TI":"Genomic Profiling to Contextualize the Results of Intervention for High-Risk Smoldering Myeloma.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 31 Aug 2023.",

"AU":"Kazandjian D.  
  
Diamond B.  
  
Papadimitriou M.  
  
Hill E.  
  
Sklavenitis-Pistofidis R.  
  
Ziccheddu B.  
  
Blaney P.  
  
Chojnacka M.  
  
Durante M.  
  
Maclachlan K.  
  
Young R.  
  
Usmani S.  
  
Davies F.  
  
Getz G.  
  
Ghobrial I.  
  
Korde N.  
  
Morgan G.  
  
Maura F.  
  
Landgren O.",

"AO":"nan",

"IN":"(Kazandjian, Diamond, Papadimitriou, Ziccheddu, Chojnacka, Durante, Maura, Landgren) Myeloma Institute, Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL, United States  
  
(Hill, Young) Myeloma Program, Lymphoid Malignancies Branch, Center for Cancer Research, National Cancer Institute, National Institutes of Health, Bethesda, MD, United States  
  
(Sklavenitis-Pistofidis, Ghobrial) Department of Medical Oncology, Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, United States  
  
(Blaney, Davies, Morgan) Myeloma Research Program, NYU Langone, Perlmutter Cancer Center, New York, NY, United States  
  
(Maclachlan, Usmani, Korde) Myeloma Service, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, NY, United States  
  
(Getz) Broad Institute of MIT and Harvard, Cambridge, MA, United States",

"PB":"medRxiv",

"MH":"adult  
  
clinical article  
  
clinical trial  
  
controlled study  
  
drug combination  
  
drug therapy  
  
early intervention  
  
female  
  
gene frequency  
  
gene mutation  
  
genetic susceptibility  
  
\*genomics  
  
human  
  
intervention study  
  
male  
  
oncogene myc  
  
outcome assessment  
  
\*protein fingerprinting  
  
risk assessment  
  
\*smoldering multiple myeloma  
  
treatment failure  
  
tumor suppressor gene  
  
\*whole genome sequencing  
  
apolipoprotein B mRNA editing enzyme catalytic polypeptide like  
  
carfilzomib  
  
dexamethasone  
  
endogenous compound  
  
lenalidomide",

"DU":"adult [m]  
  
clinical article [m]  
  
clinical trial [m]  
  
controlled study [m]  
  
drug combination [m]  
  
drug therapy [m]  
  
early intervention [m]  
  
female [m]  
  
gene frequency [m]  
  
gene mutation [m]  
  
genetic susceptibility [m]  
  
\*genomics [m]  
  
human [m]  
  
intervention study [m]  
  
male [m]  
  
oncogene myc [m]  
  
outcome assessment [m]  
  
\*protein fingerprinting [m]  
  
risk assessment [m]  
  
\*smoldering multiple myeloma [m]  
  
treatment failure [m]  
  
tumor suppressor gene [m]  
  
\*whole genome sequencing [m]",

"OD":"Early intervention for High-Risk Smoldering Multiple Myeloma (HR-SMM) achieves deeper and more prolonged responses compared to Newly Diagnosed (ND) MM. It is unclear if beneficial outcomes of interventional studies in HR-SMM are due to treatment of less complex, susceptible disease or inaccuracy in clinical definition of cases entered. Here, to gain greater biologic insight into treatment outcomes, we performed the first whole genome sequencing analysis of treated HR-SMM for 27 patients treated with carfilzomib, lenalidomide, and dexamethasone and lenalidomide maintenance (NCT01572480). Genomic features were pooled with another contemporary HR-SMM interventional study (E-PRISM NCT02279394) and compared to those of NDMM. We reveal that across interventional cohorts, the genomic landscape of HR-SMM is uniformly simple as compared to NDMM counterparts, with fewer inactivation events of tumor suppressor genes, fewer RAS pathway mutations, lower frequency of MYC disruption, and lower APOBEC contribution. The absence of these genomic events parallels that of indolent precursor conditions with low chance of progression, possibly explaining the overall superior outcomes across these trials. However, there remains a subgroup of patients harboring genomic complexity for whom early intervention with potent triplet therapy fails to sustain response and who experience resistant, progressive disease. Overall, these results suggest that clinical risk scores do not effectively discriminate between genomically indolent and aggressive disease. Furthermore, our study supports the use of genomics to contextualize the advantage of early intervention in SMM and to consider novel approaches for those with the most aggressive precursor states.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"apolipoprotein B mRNA editing enzyme catalytic polypeptide like [m]  
  
carfilzomib [m]  
  
dexamethasone [m]  
  
endogenous compound [m]  
  
lenalidomide [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"13",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028194501",

"TI":"Dissecting the causal relationships between childhood-onset asthma and major mental disorders: a univariable and multivariable Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 10 Oct 2023.",

"AU":"Chen B.  
  
Xue M.  
  
Zhang L.  
  
Ren P.",

"AO":"nan",

"IN":"(Chen, Xue, Zhang) Data Science R&D Center of Yanchang Technology, Sichuan, Chengdu 610041, China  
  
(Ren) School of Life Sciences and Engineering, Southwest University of Science and Technology, Sichuan, Mianyang 621010, China",

"PB":"medRxiv",

"MH":"adult  
  
anxiety  
  
\*asthma  
  
attention deficit hyperactivity disorder  
  
autism  
  
bipolar disorder  
  
\*childhood  
  
controlled study  
  
depression  
  
genome-wide association study  
  
human  
  
major depression  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
mental health  
  
pleiotropy  
  
randomized controlled trial  
  
schizophrenia  
  
sensitivity analysis  
  
preprint",

"DU":"preprint [other term]",

"OD":"nan",

"AB":"adult  
  
anxiety  
  
\*asthma  
  
attention deficit hyperactivity disorder  
  
autism  
  
bipolar disorder  
  
\*childhood  
  
controlled study  
  
depression  
  
genome-wide association study  
  
human  
  
major depression  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
mental health  
  
pleiotropy  
  
randomized controlled trial  
  
schizophrenia  
  
sensitivity analysis",

"FTURL":"Background: Asthma with a childhood-onset is found to be associated with increased risk of severe mental illnesses in later life. However, the causal relationships between childhood-onset asthma and major mental disorders remained unclear. Method(s): We conducted a two-sample Mendelian randomization (MR) analysis to investigate the causal effects of childhood-onset asthma (n=327,670) on six major mental illnesses, including major depressive disorders (n=143,265), bipolar disorder (n=353,899), schizophrenia (n=130,644), anxiety (n=10,240), autism (n=46,350), and ADHD (n=225,534) using summary statistics of genome-wide association studies (GWAS). The inverse variance weighted (IVW) method, along with weighted median and MR-Egger were employed for the causal estimates. Multiple sensitivity analyses were conducted to examine the robustness of the estimates. Moreover, the direct effects of childhood-onset asthma on mental disorders after accounting for the effects of adult-onset asthma were evaluated through the multivariable MR (MVMR) analysis. Result(s): We found that genetically determined childhood-onset asthma significantly increased the risk of depression (IVW OR=1.059, 95%CI:1.025-1.095, p=5.72e-04) and bipolar disorder (IVW OR=1,065, 95%CI:1.027-1.105, p=6.75e-04), but not associated with other mental disorders. Further MVMR analysis indicated that the causal relationships remained significant with the adjustment of adult-onset asthma. Interestingly, we found that childhood- and adult-onset asthma exerted distinct causal effects on depression and bipolar disorders. No significant heterogeneity and horizontal pleiotropy were found to influence the causal estimates. Conclusion(s): MR analysis indicated a significant causal relationship between genetically determined childhood-onset asthma and increased risk of depression and bipolar disorder in later life. The causal effects of childhood-onset asthma were distinct to the adult-onset asthma. Further studies were warranted to investigate the mechanisms underlying the causal relationships.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"14",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37907548",

"TI":"Differences between centers in functional outcome of patients with ADHD after 1 year from the time of diagnosis.",

"SO":"Scientific Reports. 13(1):18738, 2023 10 31.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Cartabia M  
  
Finazzi S  
  
Bonati M",

"MH":"Cartabia, Massimo ORCID: http://orcid.org/0000-0002-3794-4772  
  
Finazzi, Stefano ORCID: http://orcid.org/0000-0002-3525-3249  
  
Bonati, Maurizio ORCID: http://orcid.org/0000-0003-3997-3726",

"DU":"Cartabia, Massimo  
  
Finazzi, Stefano  
  
Bonati, Maurizio",

"OD":"Cartabia, Massimo. Laboratory of Pharmacoepidemiology, Department of Public Health, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy.  
  
Finazzi, Stefano. Laboratory of Clinical Data Science, Department of Public Health,, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Ranica, BG, Italy.  
  
Bonati, Maurizio. Laboratory for Mother and Child Health, Department of Public Health, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Via Mario Negri, 2, 20156, Milano, Italy. maurizio.bonati@marionegri.it.",

"AB":"Humans  
  
\*Central Nervous System Stimulants  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
\*Methylphenidate  
  
Combined Modality Therapy  
  
Treatment Outcome",

"FTURL":"nan",

"PM":"nan",

"DJ":"Although the pharmacological therapy of ADHD has been widely studied, little has been done to compare the different therapeutic approaches (e.g., drug therapy vs. psychological treatments) and even less has been done to compare the outcome of the therapy between centers. This multicenter observational study aims to assess between-center variation in functional outcome of ADHD patients one year after the diagnosis, according to the treatment received. We used the Regional ADHD Registry data on 1429 patients enrolled in 16 ADHD centers in the 2011-2022 period. To evaluate the effectiveness of the therapy we used a generalized linear mixed model with the center as the random effect, including patient condition at diagnosis and center characteristics, weighting by the inverse of the propensity score of the treatment received by the patient. Between-center variation was expressed as the relative difference in odds-ratios between the observed and the expected number of patients whose condition improved, using the Clinical Global Impressions-Improvement Scale (CGI-I), and the relative 95% CI. Patients who received combined treatment were significantly more likely to improve compared to other treatment groups (65.5% vs 54.4% for methylphenidate alone, 53.4% for psychological treatment alone, or 40.5% for no therapy). Adjusted for patients and center characteristics, the log-odds ratio ranged from 0.85 (0.29-1.55 95% CI) to - 0.64 (- 1.17-- 0.18 95% CI). The mean expected probability of improvement after one year of therapy for an average patient with ADHD for each center was 47.7% in a center at the 25th percentile and 61.2% in a center at the 75th percentile of the outcome distribution after adjustments. The wide between-center variation in patient functional improvement one year after the diagnosis of ADHD could be largely explained by center-specific therapeutic approaches or attitudes. More careful and stringent work is needed to reduce differences in responses between centers, as could formal and periodic audit programs within and between centers. Copyright © 2023. The Author(s).",

"MV":"0 (Central Nervous System Stimulants)  
  
207ZZ9QZ49 (Methylphenidate)",

"TN":"Multicenter Study  
  
Observational Study  
  
Journal Article  
  
Research Support, Non-U.S. Gov't",

"If RCT or not":"No",

},

{

"UniqueID":"15",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027602726",

"TI":"No evidence for a causal contribution of bioavailable testosterone to ADHD in sex-combined and sex-specific two-sample Mendelian randomization studies.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 10 Sep 2023.",

"AU":"Dinkelbach L.  
  
Peters T.  
  
Grasemann C.  
  
Hebebrand J.  
  
Hinney A.  
  
Hirtz R.",

"AO":"(Dinkelbach) Department of Pediatrics III, University Hospital Essen, University of Duisburg-Essen, Essen, Germany  
  
(Peters, Hebebrand, Hinney) Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, University Hospital Essen, University of Duisburg-Essen, Essen, Germany  
  
(Peters, Hebebrand, Hinney) Center for Translational Neuro- and Behavioral Sciences, University Hospital Essen, University of Duisburg-Essen, Essen, Germany  
  
(Grasemann, Hirtz) Department of Pediatrics, Division of Rare Diseases and CeSER, St. Josef-Hospital, Ruhr-University Bochum, Bochum, Germany  
  
(Hirtz) Division of Pediatric Endocrinology and Diabetology, Department of Pediatrics II, University Hospital Essen, University of Duisburg-Essen, Essen, Germany  
  
(Hirtz) Center for Child and Adolescent Medicine, Helios University Hospital Wuppertal, Witten/Herdecke University, Wuppertal, Germany",

"IN":"medRxiv",

"PB":"adult  
  
adverse drug reaction  
  
\*attention deficit hyperactivity disorder  
  
biobank  
  
birth weight  
  
body mass  
  
controlled study  
  
cross-sectional study  
  
female  
  
genetic susceptibility  
  
genetic variability  
  
genome-wide association study  
  
human  
  
major clinical study  
  
male  
  
\*Mendelian randomization analysis  
  
null result  
  
pleiotropy  
  
randomized controlled trial  
  
risk assessment  
  
side effect  
  
endogenous compound  
  
sex hormone binding globulin  
  
\*testosterone",

"MH":"nan",

"DU":"adult [m]  
  
adverse drug reaction [m]  
  
\*attention deficit hyperactivity disorder [m]  
  
biobank [m]  
  
birth weight [m]  
  
body mass [m]  
  
controlled study [m]  
  
cross-sectional study [m]  
  
female [m]  
  
genetic susceptibility [m]  
  
genetic variability [m]  
  
genome-wide association study [m]  
  
human [m]  
  
major clinical study [m]  
  
male [m]  
  
\*Mendelian randomization analysis [m]  
  
null result [m]  
  
pleiotropy [m]  
  
randomized controlled trial [m]  
  
risk assessment [m]  
  
side effect [m]",

"OD":"The higher prevalence of attention-deficit/hyperactivity disorder (ADHD) in males raises the question of whether testosterone is implicated in ADHD risk. However, cross-sectional studies did not identify an association between ADHD and testosterone levels. Mendelian randomization (MR) studies can overcome limitations inherent to association studies, especially of reverse causation and residual confounding. In the current study, sex-combined and sex-specific two-sample MR analyses were conducted to address whether testosterone has a causal influence on ADHD risk. Sex-combined as well as sex-specific target-genetic variants for bioavailable testosterone were derived from a large genome-wide association study (GWAS) on up to 382,988 adult white European UK Biobank study participants. In our sex-specific analyses for ADHD, including data from 14,154 males and 4,945 females (17,948 and 16,246 controls respectively), no association between bioavailable testosterone and ADHD risk were found, neither in males (inverse-variance weighted (IVW): beta=0.09, 95%-CI [-0.10, 0.27]) nor in females (IVW: beta=-0.01, 95%-CI [-0.20, 0.19]). However, in the sex-combined analysis, including 38,691 cases and 186,843 controls, genetically predicted bioavailable testosterone was associated with ADHD risk (IVW: beta=0.24, 95%-CI [0.09, 0.39). The inclusion of birth weight and/or SHBG as additional variables in multivariable MR analyses did not alter this result. However, when correcting for potential BMI-driven pleiotropy by a multivariable MR study, all effect estimates for testosterone showed non-significant results. Taken together, no robust evidence for a causal effect of bioavailable testosterone on the risk for ADHD was found.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"endogenous compound [m]  
  
sex hormone binding globulin [m]  
  
\*testosterone [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"16",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"2",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38087450",

"TI":"Challenges, unmet needs and future directions - a critical evaluation of the clinical trial landscape in schizophrenia research. [Review]",

"SO":"Expert Review of Clinical Pharmacology. :1-8, 2023 Dec 12",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Wagner E  
  
Luykx JJ  
  
Strube W  
  
Hasan A",

"MH":"Wagner, Elias  
  
Luykx, Jurjen J  
  
Strube, Wolfgang  
  
Hasan, Alkomiet",

"DU":"Wagner, Elias. Department of Psychiatry, Psychotherapy and Psychosomatics, Faculty of Medicine, University of Augsburg, Augsburg, Germany.  
  
Wagner, Elias. Evidence-based psychiatry and psychotherapy, Faculty of Medicine, University of Augsburg, Augsburg, Germany.  
  
Luykx, Jurjen J. Department of Psychiatry, Amsterdam University Medical Center, Amsterdam, the Netherlands.  
  
Luykx, Jurjen J. Bipolar Outpatient Clinic, GGZ inGeest Mental Health Care, Amsterdam, The Netherlands.  
  
Luykx, Jurjen J. Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University Medical Center, Maastricht, the Netherlands.  
  
Strube, Wolfgang. Department of Psychiatry, Psychotherapy and Psychosomatics, Faculty of Medicine, University of Augsburg, Augsburg, Germany.  
  
Hasan, Alkomiet. Department of Psychiatry, Psychotherapy and Psychosomatics, Faculty of Medicine, University of Augsburg, Augsburg, Germany.  
  
Hasan, Alkomiet. DZPG (German Center for Mental Health), partner site Munchen/Augsburg, Augsburg, Germany.",

"OD":"INTRODUCTION: Developing novel antipsychotic mechanisms of action and repurposing established compounds for the treatment of schizophrenia is of utmost importance to improve relevant symptom domains and to improve the risk/benefit ratio of antipsychotic compounds. Novel trial design concepts, pathophysiology-based targeted treatment approaches, or even the return to old values may improve schizophrenia outcomes in the future.  
  
AREAS COVERED: In this review of the clinical trial landscape in schizophrenia, we present an overview of the challenges and gaps in current clinical trials and elaborate on potential solutions to improve the outcomes of people with schizophrenia.  
  
EXPERT OPINION: The classic parallel group design may limit substantial advantages in drug approval or repurposing. Collaborative approaches between regulatory authorities, industry, academia, and funding agencies are needed to overcome barriers in clinical schizophrenia research to allow for meaningful outcome improvements for the patients.",

"AB":"Journal Article  
  
Review",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Schizophrenia antipsychotics clinical trial evidence-based medicine guidelines methodology novel compounds",

"MV":"NOTNLM",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"17",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2020673186",

"TI":"The Iron Content of Human Serum Albumin Modulates the Susceptibility of Acinetobacter baumannii to Cefiderocol.",

"SO":"bioRxiv. (no pagination), 2022. Date of Publication: 26 Aug 2022.",

"AU":"Escalante J.  
  
Nishimura B.  
  
Tuttobene M.R.  
  
Subils T.  
  
Mezcord V.  
  
Actis L.A.  
  
Tolmasky M.E.  
  
Bonomo R.A.  
  
Ramirez M.S.",

"AO":"Ramirez, Maria Soledad ORCID: https://orcid.org/0000-0002-9904-7890  
  
Actis, Luis A. ORCID: https://orcid.org/0000-0001-9644-9088  
  
Bonomo, Robert A. ORCID: https://orcid.org/0000-0002-3299-894X",

"IN":"(Escalante, Nishimura, Mezcord, Tolmasky, Ramirez) Center for Applied Biotechnology Studies, Department of Biological Science, College of Natural Sciences and Mathematics, California State University Fullerton, Fullerton, CA, United States  
  
(Tuttobene) Area Biologia Molecular, Facultad de Ciencias Bioquimicas y Farmaceuticas, Universidad Nacional de Rosario, Rosario, Argentina  
  
(Tuttobene) Instituto de Biologia Molecular y Celular de Rosario (IBR, CONICET-UNR), Rosario, Argentina  
  
(Subils) Instituto de Procesos Biotecnologicos y Quimicos de Rosario (IPROBYQ, CONICET-UNR), Rosario, Argentina  
  
(Actis) Department of Microbiology, Miami University, Oxford, United States  
  
(Bonomo) Research Service and GRECC, Louis Stokes Cleveland Department of Veterans Affairs Medical Center, Cleveland, OH, United States  
  
(Bonomo) Departments of Medicine, Pharmacology, Molecular Biology and Microbiology, Biochemistry, Proteomics and Bioinformatics, Case Western Reserve University, School of Medicine, Cleveland, OH, United States  
  
(Bonomo) CWRU-Cleveland VAMC Center for Antimicrobial Resistance and Epidemiology (Case VA CARES), Cleveland, OH, United States",

"PB":"bioRxiv",

"MH":"\*Acinetobacter baumannii  
  
Acinetobacter infection  
  
adult  
  
\*antibiotic sensitivity  
  
bacterial cell wall  
  
bactericidal activity  
  
bacterium culture  
  
bloodstream infection  
  
\*carbapenem resistance  
  
clinical trial  
  
controlled study  
  
culture medium  
  
cytosol  
  
\*drug synthesis  
  
drug therapy  
  
female  
  
gene expression  
  
human  
  
human tissue  
  
infectious agent  
  
iron transport  
  
lung infection  
  
male  
  
minimum inhibitory concentration  
  
mortality rate  
  
nonhuman  
  
\*pleura fluid  
  
\*protein expression  
  
protein function  
  
synthesis  
  
antibiotic agent  
  
\*cefiderocol  
  
ferric ion  
  
\*human serum albumin  
  
\*iron  
  
siderophore",

"DU":"antibiotic agent [m]  
  
\*cefiderocol [m]  
  
ferric ion [m]  
  
\*human serum albumin [m]  
  
\*iron [m]  
  
siderophore [m]",

"OD":"\*Acinetobacter baumannii [m]  
  
Acinetobacter infection [m]  
  
adult [m]  
  
\*antibiotic sensitivity [m]  
  
bacterial cell wall [m]  
  
bactericidal activity [m]  
  
bacterium culture [m]  
  
bloodstream infection [m]  
  
\*carbapenem resistance [m]  
  
clinical trial [m]  
  
controlled study [m]  
  
culture medium [m]  
  
cytosol [m]  
  
\*drug synthesis [m]  
  
drug therapy [m]  
  
female [m]  
  
gene expression [m]  
  
human [m]  
  
human tissue [m]  
  
infectious agent [m]  
  
iron transport [m]  
  
lung infection [m]  
  
male [m]  
  
minimum inhibitory concentration [m]  
  
mortality rate [m]  
  
nonhuman [m]  
  
\*pleura fluid [m]  
  
\*protein expression [m]  
  
protein function [m]  
  
synthesis [m]",

"AB":"Mortality rates of patients infected with Acinetobacter baumannii treated with cefiderocol (CFDC) were not as favorable as the best available treatment for pulmonary and bloodstream infections. Previous studies showed that the presence of human serum albumin (HSA) or HSA-containing fluids like human pleural fluid (HPF) or human serum (HS) in the growth medium is correlated with a decrease in the expression of genes associated with high-efficiency iron uptake systems. These observations may explain the less-than-ideal performance of CFDC in pulmonary and bloodstream infections because ferric siderophore transporters enhance penetration of CFDC into the cell's cytosol. Removal of HSA from HPF or HS resulted in a reduction of the minimal inhibitory concentration of CFDC. Concomitant with these results, there was an enhancement of the expression of genes associated with high-efficiency iron uptake systems. In addition to inducing modifications in iron-uptake gene expression, removal of HSA also decreased the expression of beta-lactam resistance genes. Taken together, these observations indicate that environmental HSA has a role in the expression levels of selected A. baumannii. Furthermore, removal of iron from HSA had the same effect as removal of HSA on the expression of genes associated with high-efficiency iron uptake systems, suggesting that at least one of the mechanisms by which HSA regulates the expression of selected genes is through acting as an iron supplier. IMPORTANCE Cefiderocol (CFDC) is a new antibiotic that combines its major bactericidal activity, i.e., inhibition of the Gram-negative bacterial cell wall synthesis, with a first in its class mechanism of cell penetration. The siderophore-like moiety facilitates entry through receptors that recognize ferric-siderophore complexes. Recent trials showed that treating pulmonary and bloodstream Acinetobacter baumannii infections with CFDC did not result in the same outcomes as treating other pathogens. Our studies indicated that exposure to human fluids that contain human serum albumin (HSA) increases the MIC values of CFDC. Results described in this work show that HSA is responsible for a reduction in susceptibility of A. baumannii to CFDC. Furthermore, the presence of HSA in the milieu produces a reduction in levels of expression of proteins associated with high-affinity iron uptake systems and enhanced expression of beta-lactam resistance-associated genes. Deferration of HSA was accompanied by a loss of the ability to modify these genes' expression levels. These results indicate that the microbiological activity of CFDC towards A. baumannii is attenuated in the presence of HSA-containing fluids. This unique insight opens up new avenues of investigation. Understanding this phenomenon's molecular mechanism will help define methodologies to increase treatment efficiency.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"18",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37995454",

"TI":"Antimicrobial efficacy of aloe-emodin mediated photodynamic therapy against antibiotic-resistant Pseudomonas aeruginosa in vitro.",

"SO":"Biochemical & Biophysical Research Communications. 690:149285, 2023 Nov 19.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Xie Y  
  
Li J  
  
Liu C  
  
Zhang X  
  
Zhang X  
  
Wang Q  
  
Zhang L  
  
Yang S",

"MH":"nan",

"DU":"Xie, Yun  
  
Li, Jiao  
  
Liu, Chengcheng  
  
Zhang, Xiaofei  
  
Zhang, Xinran  
  
Wang, Qi  
  
Zhang, Lixia  
  
Yang, Shaoqing",

"OD":"Xie, Yun. Department of Clinical Laboratory, Northwest Women's and Children's Hospital, Xi'an, China.  
  
Li, Jiao. Department of Clinical Laboratory, Northwest Women's and Children's Hospital, Xi'an, China.  
  
Liu, Chengcheng. Department of Pathogenic Microbiology and Immunology, School of Basic Medical Sciences, Xi'an Jiaotong University Health Science Center, Xi'an, China.  
  
Zhang, Xiaofei. Department of Clinical Laboratory, Northwest Women's and Children's Hospital, Xi'an, China.  
  
Zhang, Xinran. Department of Clinical Laboratory, Northwest Women's and Children's Hospital, Xi'an, China.  
  
Wang, Qi. Department of Clinical Laboratory, Second Affiliated Hospital of Xi'an Jiaotong University, Xi'an, China.  
  
Zhang, Lixia. Department of Clinical Laboratory, Shaanxi Provincial People's Hospital, Xi'an, China. Electronic address: 2541871021@qq.com.  
  
Yang, Shaoqing. Department of Oral Biology, School of Stomatology, The Fourth Military Medical University, Xi'an, China. Electronic address: yangsq85@qq.com.",

"AB":"Aloe-emodin Antimicrobial photodynamic therapy Burn injury Multidrug-resistant Pseudomonas aeruginosa",

"FTURL":"NOTNLM",

"PM":"Multidrug-resistant Pseudomonas aeruginosa is a common pathogen that causes topical infections following burn injuries. Antimicrobial photodynamic therapy (aPDT) has emerged as a promising approach for treating antibiotic-resistant bacterial infections. The objective of this study was to evaluate the aPDT efficacy of aloe-emodin (AE), which is a photosensitizer extracted from traditional Chinese herbs, on antibiotic-sensitive and antibiotic-resistant P. aeruginosa in vitro. In this study, we confirmed the effectiveness of AE-mediated aPDT against both standard and MDR P. aeruginosa, explored the effects of irradiation time and AE concentration on bacterial survival in AE-mediated aPDT, and observed the structural damage of P. aeruginosa by using transmission electron microscope. Our results showed that neither AE nor light irradiation alone caused cytotoxic effects on P. aeruginosa. However, AE-mediated aPDT effectively inactivated both antibiotic-sensitive and antibiotic-resistant P. aeruginosa. The transmission electron microscope investigation showed that aPDT mediated by AE primarily caused damage to the cytoplasm and cell membrane. Our findings suggest that AE is a photosensitizer in the aPDT of MDR P. aeruginosa-caused topical infections following burn injuries. Future investigations will concentrate on the safety and efficacy of AE-mediated aPDT in animal models and clinical trials. Copyright © 2023 Elsevier Inc. All rights reserved.",

"DJ":"Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"19",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38102941",

"TI":"Harnessing the Power of CAR-NK Cells: A Promising Off-the-Shelf Therapeutic Strategy for CD38-Positive Malignancies.",

"SO":"Iranian Journal Of Immunology: IJI. 20(4), 2023 Dec 16.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Asadi M  
  
Kiani R  
  
Razban V  
  
Faraji SN  
  
Ahmadi A  
  
Fallahi J  
  
Ramezani A  
  
Erfani N",

"MH":"Asadi, Maryam  
  
Kiani, Razie  
  
Razban, Vahid  
  
Faraji, Seyed Nooreddin  
  
Ahmadi, Amirhossein  
  
Fallahi, Jafar  
  
Ramezani, Amin  
  
Erfani, Nasrollah",

"DU":"Asadi, Maryam. Department of Molecular Medicine, School of Advanced Medical Sciences and Technologies, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Asadi, Maryam. Department of Immunology, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Asadi, Maryam. Shiraz Institute for Cancer Research, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Kiani, Razie. Shiraz Institute for Cancer Research, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Razban, Vahid. Department of Molecular Medicine, School of Advanced Medical Sciences and Technologies, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Faraji, Seyed Nooreddin. School of Advanced Medical Sciences and Technologies, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Ahmadi, Amirhossein. Department of Biological Science and Technology, Faculty of Nano and Bio Science and Technology, Persian Gulf University, Bushehr, Iran.  
  
Fallahi, Jafar. Department of Molecular Medicine, School of Advanced Medical Sciences and Technologies, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Ramezani, Amin. Shiraz Institute for Cancer Research, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Erfani, Nasrollah. Department of Immunology, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.  
  
Erfani, Nasrollah. Shiraz Institute for Cancer Research, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.",

"OD":"CAR NK Cell CD38 Malignancy Multiple Myeloma",

"AB":"NOTNLM",

"FTURL":"Background: CD38 is highly expressed on multiple myeloma (MM) cells and has been successfully targeted by different target therapy methods. This molecule is a critical prognostic marker in both diffuse large B-cell lymphoma and chronic lymphocytic leukemia.  
  
Objective: We have designed and generated an anti-CD38 CAR-NK cell applying NK 92 cell line. The approach has potential application as an off-the-shelf strategy for treatment of CD38 positive malignancies.  
  
Methods: A second generation of anti-CD38 CAR-NK cell was designed and generated, and their efficacy against CD38-positive cell lines was assessed in vitro. The PE-Annexin V and 7-AAD methods were used to determine the percentage of apoptotic target cells. Flow cytometry was used to measure IFN-gamma, Perforin, and Granzyme-B production following intracellular staining. Using in silico analyses, the binding capacity and interaction interface were evaluated.  
  
Results: Using Lentivirus, cells were transduced with CD38 construct and were expanded. The expression of anti-CD38 CAR on the surface of NK 92 cells was approximately 25%. As we expected from in silico analysis, our designed CD38-chimeric antigen receptor was bound appropriately to the CD38 protein. NK 92 cells that transduced with the CD38 chimeric antigen receptor, generated significantly more IFN-gamma, perforin, and granzyme than Mock cells, and successfully lysed Daudi and Jurkat malignant cells in a CD38-dependent manner.  
  
Conclusion: The in vitro findings indicated that the anti-CD38 CAR-NK cells have the potential to be used as an off-the-shelf therapeutic strategy against CD38-positive malignancies. It is recommended that the present engineered NK cells undergo additional preclinical investigations before they can be considered for subsequent clinical trial studies.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Asadi, Maryam ORCID: https://orcid.org/0000-0002-8609-0160  
  
Kiani, Razie ORCID: https://orcid.org/0000-0003-0525-4854  
  
Razban, Vahid ORCID: https://orcid.org/0000-0002-8966-6081  
  
Faraji, Seyed Nooreddin ORCID: https://orcid.org/0000-0002-1726-8316  
  
Ahmadi, Amirhossein ORCID: https://orcid.org/0000-0002-6113-5238  
  
Fallahi, Jafar ORCID: https://orcid.org/0000-0002-8485-9247  
  
Ramezani, Amin ORCID: https://orcid.org/0000-0001-5655-8722  
  
Erfani, Nasrollah ORCID: https://orcid.org/0000-0002-4158-9128",

"If RCT or not":"No",

},

{

"UniqueID":"20",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024396043",

"TI":"N-linked glycosylation of the M-protein variable region: Glycoproteogenomics reveals a new layer of personalized complexity in multiple myeloma.",

"SO":"bioRxiv. (no pagination), 2023. Date of Publication: 06 Apr 2023.",

"AU":"Langerhorst P.  
  
Baerenfaenger M.  
  
Kulkarni P.  
  
Nadal S.  
  
Wijnands C.  
  
Post M.A.  
  
Noori S.  
  
vanDuijn M.M.  
  
Joosten I.  
  
Dejoie T.  
  
van Gool A.J.  
  
Gloerich J.  
  
Lefeber D.J.  
  
Wessels H.J.C.T.  
  
Jacobs J.F.M.",

"AO":"Langerhorst, Pieter ORCID: https://orcid.org/0000-0002-4718-1764  
  
Wessels, Hans J.C.T. ORCID: https://orcid.org/0000-0001-5957-3127  
  
vanDuijn, Martijn M. ORCID: https://orcid.org/0000-0002-6654-994X",

"IN":"(Langerhorst, Kulkarni, Wijnands, Joosten, van Gool, Gloerich, Wessels, Jacobs) Department of Laboratory Medicine, Radboud University Medical Center, Nijmegen, Netherlands  
  
(Baerenfaenger, Post, Lefeber) Department of Neurology, Donders Institute for Brain, Cognition, and Behavior, Radboud University Medical Center, Nijmegen, Netherlands  
  
(Baerenfaenger) Division of BioAnalytical Chemistry, Vrije Universiteit Amsterdam, Amsterdam, Netherlands  
  
(Kulkarni) Medical BioSciences Department, Radboud University Medical Center, Nijmegen, Netherlands  
  
(Kulkarni) Department of Human Genetics, Radboud University Medical Center, Nijmegen, Netherlands  
  
(Nadal) CY Cergy Paris Universite, CNRS, BioCIS, Cergy-Pontoise, France  
  
(Noori, vanDuijn) Department of Neurology, Erasmus University Medical Center, Rotterdam, Netherlands  
  
(Dejoie) Biochemistry Laboratory, Centre Hospitalier Universitaire (CHU), Nantes, France",

"PB":"bioRxiv",

"MH":"adult  
  
cancer patient  
  
clinical article  
  
clinical trial  
  
controlled study  
  
female  
  
fucosylation  
  
genomics  
  
glycoproteomics  
  
\*glycosylation  
  
human  
  
human cell  
  
light chain  
  
male  
  
\*multiple myeloma  
  
plasma cell dyscrasia  
  
sialylation  
  
endogenous compound  
  
glycan  
  
M protein  
  
polyclonal antibody",

"DU":"adult [m]  
  
cancer patient [m]  
  
clinical article [m]  
  
clinical trial [m]  
  
controlled study [m]  
  
female [m]  
  
fucosylation [m]  
  
genomics [m]  
  
glycoproteomics [m]  
  
\*glycosylation [m]  
  
human [m]  
  
human cell [m]  
  
light chain [m]  
  
male [m]  
  
\*multiple myeloma [m]  
  
plasma cell dyscrasia [m]  
  
sialylation [m]",

"OD":"Multiple Myeloma (MM) is a plasma cell malignancy characterized by a monoclonal expansion of plasma cells that secrete a characteristic M-protein. This M-protein is crucial for diagnosis and monitoring of MM in the blood of patients. Recent evidence has emerged suggesting that N-glycosylation of the M-protein variable (Fab) region contributes to M-protein pathogenicity, and that it is a risk factor for disease progression of plasma cell disorders. Current methodologies lack the specificity to provide a site-specific glycoprofile of the Fab regions of M-proteins. Here, we introduce a novel glycoproteogenomics method that allows detailed M-protein glycoprofiling by integrating patient specific Fab region sequences (genomics) with glycoprofiling by glycoproteomics. Genomic analysis uncovered a more than two-fold increase in the Fab Light Chain N-glycosylation of M-proteins of patients with Multiple Myeloma compared to Fab Light Chain N-glycosylation of polyclonal antibodies from healthy individuals. Subsequent glycoproteogenomics analysis of 41 patients enrolled in the IFM 2009 clinical trial revealed that the majority of the Fab N-glycosylation sites were fully occupied with complex type glycans, distinguishable from Fc region glycans due to high levels of sialylation, fucosylation and bisecting structures. Together, glycoproteogenomics is a powerful tool to study de novo Fab N-glycosylation in plasma cell dyscrasias.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"endogenous compound [m]  
  
glycan [m]  
  
M protein [m]  
  
polyclonal antibody [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"21",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027949444",

"TI":"Genetically mediated associations between chronotype and neuroimaging phenotypes in the UK Biobank: a Mendelian randomisation study.",

"SO":"bioRxiv. (no pagination), 2023. Date of Publication: 03 Sep 2023.",

"AU":"Williams J.A.  
  
Russ D.  
  
Bravo-Merodio L.  
  
Gkoutos G.  
  
Bellgrove M.A.  
  
Bagshaw A.P.  
  
Chechlacz M.",

"AO":"Russ, Dominic ORCID: https://orcid.org/0000-0002-2705-2068  
  
Bravo-Merodio, Laura ORCID: https://orcid.org/0000-0001-8878-8434  
  
Gkoutos, Georgios ORCID: https://orcid.org/0000-0002-2061-091X  
  
Williams, John A. ORCID: https://orcid.org/0000-0002-0357-5454  
  
Bellgrove, Mark A. ORCID: https://orcid.org/0000-0003-0186-8349  
  
Bagshaw, Andrew P. ORCID: https://orcid.org/0000-0001-6217-1292  
  
Chechlacz, Magdalena ORCID: https://orcid.org/0000-0003-1811-3946",

"IN":"(Williams, Russ, Bravo-Merodio, Gkoutos) Institute of Cancer and Genomic Sciences, Centre for Computational Biology, University of Birmingham, Birmingham, United Kingdom  
  
(Williams, Russ, Bravo-Merodio, Gkoutos) Institute for Translational Medicine, University of Birmingham, Birmingham, United Kingdom  
  
(Williams) Mammalian Genetics Unit, Medical Research Council Harwell Institute, Harwell, United Kingdom  
  
(Bellgrove) Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Melbourne, VIC, Australia  
  
(Bagshaw, Chechlacz) Centre for Human Brain Health, University of Birmingham, Birmingham, United Kingdom  
  
(Bagshaw, Chechlacz) School of Psychology, University of Birmingham, Birmingham, United Kingdom",

"PB":"bioRxiv",

"MH":"adult  
  
angular gyrus  
  
\*biobank  
  
brain region  
  
brain size  
  
controlled study  
  
\*eveningness  
  
feedback system  
  
female  
  
genetic transcription  
  
genetic variability  
  
genome-wide association study  
  
gray matter volume  
  
human  
  
human experiment  
  
inferior temporal gyrus  
  
major clinical study  
  
male  
  
\*Mendelian randomization analysis  
  
\*neuroimaging  
  
\*phenotype  
  
randomized controlled trial  
  
single nucleotide polymorphism  
  
sleep time  
  
superior parietal lobule  
  
superior temporal gyrus  
  
suprachiasmatic nucleus  
  
\*surface area  
  
thickness  
  
three-dimensional imaging  
  
white matter",

"DU":"nan",

"OD":"nan",

"AB":"adult [m]  
  
angular gyrus [m]  
  
\*biobank [m]  
  
brain region [m]  
  
brain size [m]  
  
controlled study [m]  
  
\*eveningness [m]  
  
feedback system [m]  
  
female [m]  
  
genetic transcription [m]  
  
genetic variability [m]  
  
genome-wide association study [m]  
  
gray matter volume [m]  
  
human [m]  
  
human experiment [m]  
  
inferior temporal gyrus [m]  
  
major clinical study [m]  
  
male [m]  
  
\*Mendelian randomization analysis [m]  
  
\*neuroimaging [m]  
  
\*phenotype [m]  
  
randomized controlled trial [m]  
  
single nucleotide polymorphism [m]  
  
sleep time [m]  
  
superior parietal lobule [m]  
  
superior temporal gyrus [m]  
  
suprachiasmatic nucleus [m]  
  
\*surface area [m]  
  
thickness [m]  
  
three-dimensional imaging [m]  
  
white matter [m]",

"FTURL":"Chronotype impacts numerous physiological and disease traits, from metabolic syndrome to schizophrenia. The suprachiasmatic nucleus (SCN) maintains transcriptional-translational feedback loop (TTFL) which acts as a central chronobiological pacemaker, regulating 24-hour cycles throughout the human body. However, each tissue maintains its own peripheral clock, and both endogenous hormones and neurotransmitters and exogenous environmental cues regulate the SCN's central clock. The extent to which brain regions outside the SCN influence the core TTFL is unknown. Here, we investigated how genetic variability affecting brain regions outside the SCN may indirectly influence chronotype, using Mendelian randomization and causal inference. We performed genome wide association studies (GWAS) based on image derived phenotypes (IDPs) from neuroimaging data (grey matter volume, thickness and surface area, microstructural white matter measures 42,062 participants), and additionally for sleep duration and morning/evening chronotype (361,739 participants). Significant, single nucleotide polymorphisms (SNPs) associating with each phenotype were entered into 2-sample Mendelian randomization performed using inverse-variance weighted methods (exposure versus outcome): 1) chronotype versus each IDP, 2) sleep versus each IDP and 3) each IDP versus chronotype. Subsequently, we investigated genes where significant instrumental SNPs were located for circadian periodic cycling, interaction with TTFL genes in common biological pathways (genetic, physical, or functional interaction), and enrichment of traits from UK Biobank and GWAS Catalogs. We found three associations with chronotype (morning/evening diurnal preference) outside the SCN based on genetically predicted (FAM76B, DENND1A, CDH11) regional differences in brain volume. Specifically, genetically predicted lower inferior temporal gyrus volume linked to morning phenotype, while lower volume of the superior parietal lobule and angular gyrus linked to evening preference. In addition, evening chronotype exposure influenced superior temporal gyrus volume, and both increased sleep duration and evening chronotype influenced thalamic volume. We conclude that genetically mediated associations between chronotype and brain regions outside SCN exist suggesting novel zeitgeber mechanisms.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"22",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37770309",

"TI":"Adverse Events During Dosing of Delayed-release/Extended-release Methylphenidate: Learnings From the Open-label Phase of a Registration Trial and a Real-world Postmarketing Surveillance Program.",

"SO":"Clinical Therapeutics. 45(12):1212-1221, 2023 Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Katzman MA  
  
Otcheretko V  
  
Po MD  
  
Uchida CL  
  
Incledon B",

"MH":"nan",

"DU":"Katzman, Martin A  
  
Otcheretko, Victor  
  
Po, Michelle D  
  
Uchida, Cassandra L  
  
Incledon, Bev",

"OD":"Katzman, Martin A. S.T.A.R.T. Clinic for Mood and Anxiety Disorders, Toronto, Ontario, Canada Northern Ontario School of Medicine, Sudbury, Ontario, Canada Lakehead University, Thunder Bay, Ontario, Canada Adler Graduate Professional School, Toronto, Ontario, Canada. Electronic address: mkatzman@startclinic.ca.  
  
Otcheretko, Victor. Ironshore, Grand Cayman, Cayman Islands.  
  
Po, Michelle D. Ironshore, Grand Cayman, Cayman Islands.  
  
Uchida, Cassandra L. Ironshore, Grand Cayman, Cayman Islands.  
  
Incledon, Bev. Ironshore, Grand Cayman, Cayman Islands.",

"AB":"Adult  
  
Child  
  
Adolescent  
  
Humans  
  
\*Methylphenidate  
  
\*Central Nervous System Stimulants  
  
Delayed-Action Preparations/ae [Adverse Effects]  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Administration, Oral  
  
Treatment Outcome  
  
Double-Blind Method",

"FTURL":"Adverse events Attention-deficit/hyperactivity disorder Methylphenidate Postmarketing surveillance",

"PM":"NOTNLM",

"DJ":"PURPOSE: Delayed-release/extended-release methylphenidate (DR/ER-MPH) (formerly HLD200) is an evening-dosed agent used for the treatment of attention-deficit/hyperactivity disorder. Postmarketing surveillance data from approximately 74,000 patients exposed to DR/ER-MPH (up to June 17, 2022) were reported and compared with the open-label, treatment-optimization phase of a Phase III clinical trial to derive possible learnings on how to approach adverse events (AEs) that emerge during dose titration.  
  
METHODS: An analysis of AEs spontaneously reported to Ironshore in postmarketing surveillance included, where available, age, dose, timing, and discontinuations. Data were summarized using descriptive statistics.  
  
FINDINGS: A total of 395 children, adolescents, and adults reported 601 AEs in postmarketing surveillance. Five AEs were classified as serious. AEs preceded drug use discontinuation in 172 patients. Many AEs occurred early (52% were reported within 30 days) and at lower doses (54% were reported at 20 to 40 mg), similar to the trial data. Reported AEs included those similar in type but orders of magnitude lower in number than those from the clinical trial.  
  
IMPLICATIONS: No new safety concerns were revealed in this real-world setting compared with the safety profile identified in DR/ER-MPH trial data. In real-world practices, clinicians tended to discontinue DR/ER-MPH treatment after AE onset, whereas trial investigators continued to optimize treatment and found that AEs were generally tolerable, suggesting that health care practitioners may consider developing strategies to manage tolerability issues with DR/ER-MPH treatment on AE emergence rather than immediately discontinuing use of the drug to provide optimal therapeutic benefit.  
  
CLINICALTRIALS: gov identifier: NCT02493777. Copyright © 2023 The Author(s). Published by Elsevier Inc. All rights reserved.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
0 (Central Nervous System Stimulants)  
  
0 (Delayed-Action Preparations)",

"TN":"Journal Article",

"If RCT or not":"No",

},

{

"UniqueID":"23",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026945904",

"TI":"Methylphenidate for Children and Adolescents with ADHD - unpublished trials.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 24 Aug 2023.",

"AU":"Kristensen M.T.  
  
Storebo O.J.  
  
Gluud C.",

"AO":"(Kristensen, Storebo) Psychiatric Research Unit, Region Zealand, Denmark  
  
(Gluud) Copenhagen Trial Unit, Rigshospitalet, Denmark",

"IN":"medRxiv",

"PB":"adolescent  
  
\*attention deficit hyperactivity disorder  
  
child  
  
clinical trial  
  
cohort analysis  
  
drug therapy  
  
female  
  
human  
  
male  
  
practice guideline  
  
randomized controlled trial (topic)  
  
systematic review  
  
\*methylphenidate",

"MH":"nan",

"DU":"adolescent [m]  
  
\*attention deficit hyperactivity disorder [m]  
  
child [m]  
  
clinical trial [m]  
  
cohort analysis [m]  
  
drug therapy [m]  
  
female [m]  
  
human [m]  
  
male [m]  
  
practice guideline [m]  
  
randomized controlled trial (topic) [m]  
  
systematic review [m]",

"OD":"Introduction This is a follow-up study on a recent systematic review by Storebo et al. [1]. It aims to investigate research waste and publication bias in randomized clinical studies investigating the use of methylphenidate for children and adolescent with ADHD. Method The method used includes an initial cohort selection from searching Clinicaltrials.gov and the EUCTR with the following inclusion criteria: Use of methylphenidate either as stand-alone or part of psychological treatment for ADHD, randomised clinical trials, any dosage, any delivery method and at least 75% children and adolescents with ages less than 18. Results The primary objective is to assess how many randomised clinical trials of methylphenidate on children and adolescents with ADHD are registered in protocol databases, but never published in academic literature or as tabular summary results. The number of participants included in these trials is a secondary objective. The tertiary objective is to assess the time from registry to publication of randomised clinical trials of methylphenidate on children and adolescents with ADHD in either a journal or as summary results, and the number of participants in these trials. The cutoff time for a publication to be considered timely published will be 12 months, as per FDAA guidelines [3]Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"\*methylphenidate [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"24",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"3",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38102532",

"TI":"Effect of Levetiracetam on Cognition: A Systematic Review and Meta-analysis of Double-Blind Randomized Placebo-Controlled Trials.",

"SO":"CNS Drugs. 2023 Dec 15",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Lin CY  
  
Chang MC  
  
Jhou HJ",

"MH":"Lin, Chia-Yen  
  
Chang, Meng-Chia  
  
Jhou, Hong-Jie",

"DU":"Lin, Chia-Yen. Department of Neurology, Neurological Institute, Taichung Veterans General Hospital, No. 1650, Taiwan Boulevard, Sect. 4, Taichung, 40705, Taiwan.  
  
Chang, Meng-Chia. Department of Neurology, Neurological Institute, Taichung Veterans General Hospital, No. 1650, Taiwan Boulevard, Sect. 4, Taichung, 40705, Taiwan.  
  
Jhou, Hong-Jie. Department of Neurology, Changhua Christian Hospital, 135 Nanhsiao Street, Changhua, 50006, Taiwan. xsai4295@gmail.com.",

"OD":"BACKGROUND: Studies have suggested that levetiracetam may help improve cognitive function in patients with epilepsy. Recently, its efficacy in improving cognitive function was reported in patients with amnestic mild cognitive impairment, schizophrenia, and Alzheimer's disease. However, the specific cognitive domains affected and the degree of evidence supporting these effects remain unclear. This systematic review and meta-analysis aimed to explore the effects of levetiracetam on different cognitive domains.  
  
METHODS: This meta-analysis was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines. We defined our inclusion criteria for the systematic review as: (1) randomized placebo-controlled trials (RCTs) involving human subjects, (2) double-blinded RCTs, and (3) RCTs evaluating the quantitative differences in cognitive function between levetiracetam and placebo. We excluded: (1) non-RCT studies, (2) open-label studies, and (3) RCTs lacking cognitive assessments for either intervention. Two authors independently searched electronic databases, including PubMed, Embase, Cochrane CENTRAL, and ClinicalTrials.gov, from inception until 2 July 2023. The methodological quality of the included studies was assessed using the Cochrane risk of bias tool. Meta-analytic techniques were applied to examine the impact of levetiracetam on cognitive domain tests, with Hedges' g facilitating the comparison with placebo. The domains analyzed comprised multi-domain, executive function, processing speed, working memory, verbal memory/learning (verbal ML), visuospatial memory/learning (visuospatial ML), and language. We used odds ratios to compare the incidence of treatment-emergent adverse events between the groups, including somnolence, fatigue, dizziness, headache, irritability, and cognitive adverse events.  
  
RESULTS: A random-effects model was utilized to perform a meta-analysis of 16 RCTs including 545 participants. Compared with a placebo, levetiracetam was associated with improved executive function [Hedges'g = - 0.390, 95% confidence interval (CI) = - 0.609 to - 0.172, p < 0.001, I2 = 24.0%]. Subgroup analysis showed that levetiracetam outperformed placebo in patients without epilepsy (Hedges' g = - 0.419, 95% CI = - 0.647 to - 0.191, p < 0.001, I2 = 26.2%). Meanwhile, low-dose levetiracetam showed a moderate favorable effect over placebo (Hedges' g = -0.544, 95% CI = - 1.085 to - 0.003, p = 0.049, I2 = 65.3%). In patients without epilepsy, low-dose levetiracetam was associated with improved executive function (Hedges'g = - 0.544, 95% CI = - 1.085 to - 0.003, p = 0.049, I2 = 65.3%). Concurrently, levetiracetam was associated with more frequent somnolence than a placebo (odds ratio = 4.654, 95% CI = 1.533 to 14.124, p = 0.007, I2 = 32.9%). Potential publication bias was observed in the executive function domain.  
  
CONCLUSIONS: This exploratory study suggests that levetiracetam might improve executive function in specific populations. However, the diversity in study populations and potential publication bias warrant caution. Copyright © 2023. The Author(s), under exclusive licence to Springer Nature Switzerland AG.",

"AB":"Systematic Review",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"Jhou, Hong-Jie ORCID: http://orcid.org/0000-0003-3304-4643",

"If RCT or not":"No",

},

{

"UniqueID":"25",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2020191572",

"TI":"Fluoroquinolone-resistant Escherichia coli carriage in transrectal prostate biopsy patients without infectious complications.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 16 Aug 2022.",

"AU":"Kalinen S.  
  
Kallio H.  
  
Knaapila J.  
  
Kallonen T.  
  
Munukka E.  
  
Lamminen T.  
  
Huovinen P.  
  
Bostrom P.J.  
  
Hakanen A.J.  
  
Gunell M.",

"AO":"Gunell, Marianne ORCID: https://orcid.org/0000-0002-4347-3233",

"IN":"(Kalinen, Kallio, Kallonen, Munukka, Huovinen, Hakanen, Gunell) Medical Microbiology and Immunology, Institute of Biomedicine, University of Turku, Turku, Finland  
  
(Knaapila, Lamminen, Huovinen, Bostrom) Department of Urology, Turku University Hospital, Turku, Finland  
  
(Kallonen, Munukka, Hakanen, Gunell) Department of Clinical Microbiology, Laboratory Division, Turku University Hospital, Turku, Finland",

"PB":"medRxiv",

"MH":"adult  
  
\*antibiotic sensitivity  
  
bacterial colonization  
  
bacterium culture  
  
bacterium isolate  
  
chromosome  
  
controlled study  
  
drug therapy  
  
Enterobacterales  
  
feces  
  
female  
  
fluoroquinolone resistance  
  
\*fluoroquinolone resistant Escherichia coli  
  
genetic susceptibility  
  
human  
  
human cell  
  
\*infectious complication  
  
major clinical study  
  
male  
  
nonhuman  
  
\*prophylaxis  
  
prospective study  
  
prostate biopsy  
  
\*transrectal ultrasound guided biopsy  
  
urinary tract infection  
  
\*ciprofloxacin  
  
fosfomycin  
  
levofloxacin",

"DU":"\*ciprofloxacin [m]  
  
fosfomycin [m]  
  
levofloxacin [m]",

"OD":"adult [m]  
  
\*antibiotic sensitivity [m]  
  
bacterial colonization [m]  
  
bacterium culture [m]  
  
bacterium isolate [m]  
  
chromosome [m]  
  
controlled study [m]  
  
drug therapy [m]  
  
Enterobacterales [m]  
  
feces [m]  
  
female [m]  
  
fluoroquinolone resistance [m]  
  
\*fluoroquinolone resistant Escherichia coli [m]  
  
genetic susceptibility [m]  
  
human [m]  
  
human cell [m]  
  
\*infectious complication [m]  
  
major clinical study [m]  
  
male [m]  
  
nonhuman [m]  
  
\*prophylaxis [m]  
  
prospective study [m]  
  
prostate biopsy [m]  
  
\*transrectal ultrasound guided biopsy [m]  
  
urinary tract infection [m]",

"AB":"Fluoroquinolones are a commonly used prophylaxis in transrectal ultrasound-guided prostate biopsy (TRUS-Bx), even though fluoroquinolone-resistant Escherichia coli has been associated with infectious complications after TRUS-Bx. The present study describes fluoroquinolone resistance mechanisms and antimicrobial susceptibility among intestinal E. coli, isolated from TRUS-Bx patients in a prospective study showing very few infectious prostate biopsy adverse events. This Multi-IMPROD sub-study included a total of 336 patients who received either ciprofloxacin, levofloxacin, or fosfomycin as prophylaxis before TRUS-Bx. E. coli could be cultured from 278 fecal swab samples, and 27 (9.7%) of these showed resistance to ciprofloxacin, and 14 (5.0%) were susceptible with increased exposure (I). Chromosomal and transferable fluoroquinolone resistance mechanisms were found among ciprofloxacin non-susceptible isolates, but both qnr genes and single gyrA mutations were found also among the ciprofloxacin-susceptible E. coli population. Low-level fluoroquinolone resistance is commonly associated with ESBL production in Enterobacterales. However, ESBL and qnr genes were not associated in our material, 14 isolates were ESBL producers and only 14.3% of them had the qnr gene, although 85.7% of the ESBL producers were ciprofloxacin non-susceptible. In the Multi-IMPROD substudy, only two mild urinary tract infections were reported, indicating that the antimicrobial susceptibility or resistance pattern of E. coli does not correlate with the onset of post-biopsy adverse events. We conclude that in our clinical settings, ciprofloxacin and levofloxacin prophylaxis is effective, and no severe post-biopsy infections were detected despite the intestinal colonization of genotypically and phenotypically fluoroquinolone-resistant E. coli.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"26",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37805036",

"TI":"Evaluating the innovative potential of the global antibacterial pipeline. [Review]",

"SO":"Clinical Microbiology & Infection. 2023 Oct 05",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Theuretzbacher U",

"MH":"nan",

"DU":"Theuretzbacher, Ursula",

"OD":"Theuretzbacher, Ursula. Center for Anti-Infective Agents, Vienna, Austria. Electronic address: utheuretzbacher@cefaia.com.",

"AB":"Antibacterial drug development Antibacterial pipeline Antibiotics Innovation Resistance",

"FTURL":"NOTNLM",

"PM":"BACKGROUND: Resistance burden varies widely among WHO regions, and the potential impact of new antibiotics differs in addressing the WHO's critical priority pathogens' resistance challenge.  
  
OBJECTIVES: To analyse the current global clinical pipeline in line with public and global health concerns and define innovation in antibacterial drug discovery.  
  
SOURCES: Monitoring clinical pipelines since 2006, integrating peer-reviewed MEDLINE publications on clinical development of new antibacterial agents, supplemented with disclosed data from developers.  
  
CONTENT: The current clinical pipeline is dominated by derivatives of established antibiotic classes, primarily beta-lactamase inhibitor combinations in Phase 3 (six of ten which also include two beta-lactams without beta-lactamase inhibitor). This pattern extends to Phase 1. Although incremental improvements in susceptibility rates among derivatives benefit patients in advanced health care systems within specific geographical regions, these concepts are not adequate for carbapenem-resistant strains of Enterobacterales (especially Klebsiella and Escherichia coli), Acinetobacter, and Pseudomonas. This limitation arises from the diverse distribution of resistance mechanisms across global regions. Innovation in this context refers to absence of cross-resistance because of class-specific resistance mechanisms. This can most likely be achieved by exploring new chemical classes and new targets/binding sites, and new mode of action. An initial glimpse of progress is evident as innovative agents progressed to Phase 1 clinical trials. However, an influx of more agents advancing to clinical development is essential given the inherent risks associated with novel chemistry and targets.  
  
IMPLICATIONS: The limited innovation in the global clinical pipeline inadequately serves public and global health interests. The complexities of antibacterial drug discovery, from scientific challenges to financial constraints, underscore the need for collective researcher efforts and public support to drive innovation for patients globally. Copyright © 2023 European Society of Clinical Microbiology and Infectious Diseases. Published by Elsevier Ltd. All rights reserved.",

"DJ":"Journal Article  
  
Review",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"27",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38099401",

"TI":"Update on the current and future use of CAR-T to treat multiple myeloma. [Review]",

"SO":"European Journal of Haematology. 2023 Dec 15",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Gahvari Z  
  
Brunner M  
  
Schmidt T  
  
Callander NS",

"MH":"Gahvari, Zhubin  
  
Brunner, Matthew  
  
Schmidt, Timothy  
  
Callander, Natalie S",

"DU":"Gahvari, Zhubin. Division of Hematology, Medical Oncology, and Palliative Care, Department of Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, Wisconsin, USA.  
  
Brunner, Matthew. Division of Hematology, Medical Oncology, and Palliative Care, Department of Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, Wisconsin, USA.  
  
Schmidt, Timothy. Division of Hematology, Medical Oncology, and Palliative Care, Department of Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, Wisconsin, USA.  
  
Callander, Natalie S. Division of Hematology, Medical Oncology, and Palliative Care, Department of Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, Wisconsin, USA.",

"OD":"BCMA chimeric antigen receptor T-cell multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Chimeric antigen receptor T-cell (CAR-T) therapy has become an important intervention in the management of relapsed and relapsed/refractory multiple myeloma (MM). Currently, B-cell maturation antigen (BCMA) is the most targeted surface protein due to its ubiquitous expression on plasma cells, with increasing expression of this essential transmembrane protein on malignant plasma cells as patients develop more advanced disease. This review will explore the earliest CAR-T trials in myeloma, discuss important issues involved in CAR-T manufacturing and processing, as well as review current clinical trials that led to the approval of the two commercially available CAR-T products, Idecabtagene vicleucel and ciltacabtagene autoleucel. The most recent data from trials investigating the use of CAR-T as an earlier line of therapy will be presented. Finally, the problem of relapses after CAR-T will be presented, including several theories as to why CAR-T therapies fail and possible clinical caveats. The next generation of MM-specific CAR-T will likely include new targets such as G-protein-coupled receptor class C, Group 5, member D (GPRC5D) and signaling lymphocyte activation molecular Family 7 (SLAMF7). The role of CAR-T in the treatment of MM will undoubtedly increase exponentially in the next decade. Copyright © 2023 The Authors. European Journal of Haematology published by John Wiley & Sons Ltd.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Schmidt, Timothy ORCID: https://orcid.org/0000-0002-5860-2640  
  
Callander, Natalie S ORCID: https://orcid.org/0000-0002-6975-1086",

"If RCT or not":"No",

},

{

"UniqueID":"28",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2023146765",

"TI":"Using Mendelian Randomization to model the causal effect of cancer on health economic outcomes and to simulate the cost-effectiveness of anti-cancer interventions.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 08 Feb 2023.",

"AU":"Dixon P.  
  
Martin R.M.  
  
Harrison S.",

"AO":"Dixon, Padraig ORCID: https://orcid.org/0000-0001-5285-409X  
  
Martin, Richard M. ORCID: https://orcid.org/0000-0002-7992-7719  
  
Harrison, Sean ORCID: https://orcid.org/0000-0002-7966-0700",

"IN":"(Dixon) Nuffield Department of Primary Care Health Sciences, University of Oxford, United Kingdom  
  
(Dixon, Martin, Harrison) MRC Integrative Epidemiology Unit, University of Bristol, United Kingdom  
  
(Martin) Population Health Sciences, Bristol Medical School, University of Bristol, United Kingdom  
  
(Martin) NIHR Bristol Biomedical Research Centre, University Hospitals Bristol, Weston NHS Foundation Trust, The University of Bristol, Bristol, United Kingdom  
  
(Harrison) UK Health Security Agency, United Kingdom",

"PB":"medRxiv",

"MH":"biobank  
  
bladder  
  
\*breast cancer  
  
\*cancer model  
  
clinical article  
  
controlled study  
  
\*cost effectiveness analysis  
  
\*disease simulation  
  
female  
  
genetic variation  
  
germ line  
  
health care cost  
  
human  
  
human cell  
  
lung  
  
male  
  
\*Mendelian randomization analysis  
  
multiple myeloma  
  
outcome assessment  
  
ovary cancer  
  
price  
  
prostate cancer  
  
quality adjusted life year  
  
\*quality of life  
  
randomized controlled trial  
  
simulation  
  
thyroid cancer  
  
uncertainty  
  
antidiabetic agent  
  
endogenous compound  
  
sodium glucose cotransporter 2  
  
sodium glucose cotransporter 2 inhibitor",

"DU":"biobank [m]  
  
bladder [m]  
  
\*breast cancer [m]  
  
\*cancer model [m]  
  
clinical article [m]  
  
controlled study [m]  
  
\*cost effectiveness analysis [m]  
  
\*disease simulation [m]  
  
female [m]  
  
genetic variation [m]  
  
germ line [m]  
  
health care cost [m]  
  
human [m]  
  
human cell [m]  
  
lung [m]  
  
male [m]  
  
\*Mendelian randomization analysis [m]  
  
multiple myeloma [m]  
  
outcome assessment [m]  
  
ovary cancer [m]  
  
price [m]  
  
prostate cancer [m]  
  
quality adjusted life year [m]  
  
\*quality of life [m]  
  
randomized controlled trial [m]  
  
simulation [m]  
  
thyroid cancer [m]  
  
uncertainty [m]",

"OD":"BACKGROUND Cancer is associated with significant economic impacts. Quantifying the scale of these impacts is challenged by confounding variables that jointly influence both cancer status and economic outcomes such as healthcare costs and quality of life. Moreover, the increasing costs attributed to cancer drug development complicate the cost-effective provision of cancer care. METHODS We address both challenges in this paper by using germline genetic variation in the risk of incident cancer as instrumental variables in Mendelian Randomization analyses of eight cancers. We developed causal estimates of the genetically predicted effect of bladder, breast, colorectal, lung, multiple myeloma, ovarian, prostate and thyroid cancers on healthcare costs and quality adjusted life years (QALYs) using outcome data drawn from the UK Biobank cohort. We then used Mendelian Randomization to model a hypothetical population-wide preventative intervention based on a repurposed class of anti-diabetic drugs known as sodium-glucose cotransporter-2 (SGLT2) inhibitors very recently shown to reduce the odds of incident prostate cancer. RESULTS Genetic liability to prostate cancer and to breast cancer had material causal impacts on healthcare costs and QALYs. Mendelian Randomization results for the less common cancers were associated with considerable uncertainty. SGLT2 inhibition was unlikely to be a cost-effective preventative intervention for prostate cancer, although this conclusion depended on the price at which these drugs would be offered for a novel anti-cancer indication. IMPLICATIONS Our new causal estimates of cancer exposures on health economic outcomes may be used as inputs into decision analytic models of cancer interventions such as screening programmes or simulations of longer-term outcomes associated with therapies investigated in RCTs with short follow-ups. Our new method allows us to rapidly and efficiently estimate the cost-effectiveness of a hypothetical population-scale anti-cancer intervention to inform and complement other means of assessing long-term intervention cost-effectiveness.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"antidiabetic agent [m]  
  
endogenous compound [m]  
  
sodium glucose cotransporter 2 [m]  
  
sodium glucose cotransporter 2 inhibitor [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"29",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027603402",

"TI":"Household income does not affect the pleiotropy of schizophrenia genetic liability with mental and physical health outcomes.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 26 Sep 2023.",

"AU":"Kouakou M.R.  
  
Cabrera-Mendoza B.  
  
Pathak G.A.  
  
Cannon T.D.  
  
Polimanti R.",

"AO":"Pathak, Gita A. ORCID: https://orcid.org/0000-0003-3943-0895  
  
Polimanti, Renato ORCID: https://orcid.org/0000-0003-0745-6046",

"IN":"(Kouakou, Cabrera-Mendoza, Pathak, Cannon, Polimanti) Department of Psychiatry, Yale University, School of Medicine, New Haven, CT, United States  
  
(Cabrera-Mendoza, Pathak, Polimanti) VA Connecticut Healthcare System, West Haven, CT, United States  
  
(Cannon) Department of Psychology, Yale University, New Haven, CT, United States  
  
(Cannon, Polimanti) Wu Tsai Institute, Yale University, New Haven, CT, United States",

"PB":"medRxiv",

"MH":"adjustment disorder  
  
adult  
  
biobank  
  
\*comorbidity  
  
controlled study  
  
correlation analysis  
  
female  
  
gastrointestinal disease  
  
\*genetic correlation  
  
genomics  
  
\*health  
  
\*household income  
  
human  
  
liver disease  
  
major clinical study  
  
male  
  
medical abortion  
  
\*Mendelian randomization analysis  
  
\*mental health  
  
outcome assessment  
  
panic  
  
personality disorder  
  
phenotype  
  
\*pleiotropy  
  
randomized controlled trial  
  
risk assessment  
  
\*schizophrenia  
  
substance use",

"DU":"nan",

"OD":"nan",

"AB":"adjustment disorder [m]  
  
adult [m]  
  
biobank [m]  
  
\*comorbidity [m]  
  
controlled study [m]  
  
correlation analysis [m]  
  
female [m]  
  
gastrointestinal disease [m]  
  
\*genetic correlation [m]  
  
genomics [m]  
  
\*health [m]  
  
\*household income [m]  
  
human [m]  
  
liver disease [m]  
  
major clinical study [m]  
  
male [m]  
  
medical abortion [m]  
  
\*Mendelian randomization analysis [m]  
  
\*mental health [m]  
  
outcome assessment [m]  
  
panic [m]  
  
personality disorder [m]  
  
phenotype [m]  
  
\*pleiotropy [m]  
  
randomized controlled trial [m]  
  
risk assessment [m]  
  
\*schizophrenia [m]  
  
substance use [m]",

"FTURL":"Background and Hypothesis: Individuals with schizophrenia (SCZ) suffer from comorbidities that substantially reduce their life expectancy. Socioeconomic inequalities could contribute to many of the negative health outcomes associated with SCZ. Study Design: We investigated genome-wide datasets related to SCZ (52,017 cases and 75,889 controls) from the Psychiatric Genomics Consortium, household income (HI N=361,687) from UK Biobank, and 2,202 medical endpoints assessed in up to 342,499 FinnGen participants. A phenome-wide genetic correlation analysis of SCZ and HI was performed, also assessing whether SCZ genetic correlations were influenced by HI effect on SCZ. Additionally, SCZ and HI direct effects on medical endpoints were estimated using multivariable Mendelian randomization (MR). Study Results: SCZ and HI showed overlapping genetic correlations with 70 traits (p<2.89x10-5), including mental health, substance use, gastrointestinal illnesses, reproductive outcomes, liver diseases, respiratory problems, and musculoskeletal phenotypes. SCZ genetic correlations with these traits were not affected by HI effect on SCZ. Considering Bonferroni multiple testing correction (p<7.14x10-4), MR analysis indicated that SCZ and HI may affect medical abortion (SCZ odds ratio, OR=1.07 HI OR=0.78), panic disorder (SCZ OR=1.20 HI OR=0.60), personality disorders (SCZ OR=1.31 HI OR=0.67), substance use (SCZ OR=1.2 HI OR=0.68), and adjustment disorders (SCZ OR=1.18 HI OR=0.78). Multivariable MR analysis confirmed that SCZ effects on these outcomes were independent of HI. Conclusion(s): The effect of SCZ genetic liability on mental and physical health may not be strongly affected by socioeconomic differences. This suggests that SCZ-specific strategies are needed to reduce negative health outcomes affecting patients and high-risk individuals.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"30",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37544957",

"TI":"Digital Cognitive Training for Children with Attention Deficit Hyperactivity Disorder.",

"SO":"Journal of Psycholinguistic Research. 52(6):2303-2319, 2023 Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Ponomarev R  
  
Sklyar S  
  
Krasilnikova V  
  
Savina T",

"MH":"nan",

"DU":"Ponomarev, Roman  
  
Sklyar, Sergey  
  
Krasilnikova, Varvara  
  
Savina, Tamara",

"OD":"Ponomarev, Roman. Department of Special Pedagogy, Abai Kazakh National Pedagogical University, Almaty, Kazakhstan. romanponomarev7845@rambler.ru.  
  
Sklyar, Sergey. General and Applied Psychology Department, Faculty of Philosophy and Political Science, Al-Farabi KazNU, Almaty, Kazakhstan.  
  
Krasilnikova, Varvara. Institute of Linguistics and Intercultural Communication, Sechenov First Moscow State Medical University, Moscow, Russian Federation.  
  
Savina, Tamara. Department of Polyclinic Therapy, Sechenov First Moscow State Medical University, Moscow, Russian Federation.",

"AB":"Child  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
Attention Deficit Disorder with Hyperactivity/di [Diagnosis]  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Pilot Projects  
  
Cognitive Training  
  
\*Mindfulness  
  
Executive Function",

"FTURL":"Attention deficit hyperactivity disorder Dialectical-behavioral therapy Mindfulness, mnestic disorders Neurodynamic disorders Neuropsychological syndrome",

"PM":"NOTNLM",

"DJ":"The present article used a pilot study to determine the effectiveness of digital cognitive mindfulness training developed based on dialectical behavioral therapy (DBT) in reducing attention deficit hyperactivity disorder (ADHD) symptoms in children. The sample consisted of 90 children (8-10 years old) diagnosed with ADHD. The participants were randomized into two groups: an experimental group (n = 45) and a control group (n = 45). Results were assessed at three time points: before, after the study, and one month after the end of the study. Regarding ADHD symptoms, the ANCOVA results showed that there were no statistically significant differences between the study groups for inattention and hyperactivity/impulsivity after testing. One month after completion of the program, there was a significant alleviation in symptoms of inattention, executive functioning, learning problems, aggression, and peer relationships. Hyperactivity was the only variable that showed a decrease both post-test and during follow-up. These results suggest that a DBT-based mindfulness program is a promising method of reducing ADHD symptoms in children. Copyright © 2023. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"31",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026215511",

"TI":"Stimulant medication use and apparent cortical thickness development in attention-deficit/hyperactivity disorder: a prospective longitudinal study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 31 Jul 2023.",

"AU":"van der Pal Z.  
  
Walhovd K.B.  
  
Amlien I.K.  
  
Guichelaar C.J.  
  
Kaiser A.  
  
Bottelier M.A.  
  
Geurts H.M.  
  
Reneman L.  
  
Schrantee A.",

"AO":"(van der Pal, Kaiser, Reneman, Schrantee) Amsterdam UMC location University of Amsterdam, Department of Radiology and Nuclear Medicine, Amsterdam, Netherlands  
  
(Walhovd, Amlien, Guichelaar) Department of Psychology, University of Oslo, Oslo, Norway  
  
(Walhovd, Amlien) Department of Radiology and Nuclear Medicine, Oslo University Hospital, Oslo, Norway  
  
(Kaiser) Center for Biomedical Imaging, Ecole Polytechnique Federale de Lausanne, Lausanne, Switzerland  
  
(Bottelier) Accare, Centre for Academic Child and Adolescent Psychiatry, UMC Groningen, Groningen, Netherlands  
  
(Geurts) Division of Brain & Cognition, Department of Psychology, University of Amsterdam, Amsterdam, Netherlands",

"IN":"medRxiv",

"PB":"adolescent  
  
adult  
  
age  
  
anxiety  
  
\*attention deficit hyperactivity disorder  
  
brain  
  
clinical article  
  
controlled study  
  
\*depression  
  
follow up  
  
groups by age  
  
human  
  
imaging software  
  
\*longitudinal study  
  
male  
  
\*prospective study  
  
\*thickness  
  
\*central stimulant agent  
  
psychotropic agent",

"MH":"nan",

"DU":"adolescent [m]  
  
adult [m]  
  
age [m]  
  
anxiety [m]  
  
\*attention deficit hyperactivity disorder [m]  
  
brain [m]  
  
clinical article [m]  
  
controlled study [m]  
  
\*depression [m]  
  
follow up [m]  
  
groups by age [m]  
  
human [m]  
  
imaging software [m]  
  
\*longitudinal study [m]  
  
male [m]  
  
\*prospective study [m]  
  
\*thickness [m]",

"OD":"Background: Stimulant medication is commonly prescribed as treatment for attention-deficit/hyperactivity disorder (ADHD). While we previously found that short-term stimulant-treatment influences apparent cortical thickness development in an age-dependent manner, it remains unknown whether these effects persist throughout development into adulthood. Purpose(s): Investigate the long-term age-dependent effects of stimulant medication on apparent cortical thickness development in adolescents and adults previously diagnosed with ADHD. Method(s): This prospective study included the baseline and 4-year follow-up assessment of the effects of Psychotropic drugs On the Developing brain-MPH (ePOD-MPH) project, conducted between June-1-2011 and December-28-2019. The analyses were pre-registered (https://doi.org/10.17605/OSF.IO/32BHF). T1-weighted MR scans were obtained from male adolescents and adults, and cortical thickness was estimated for predefined regions of interest (ROIs) using Freesurfer. We determined medication use and assessed symptoms of ADHD, anxiety, and depression at both time points. Linear mixed models were constructed to assess main effects and interactions of stimulant medication use, time, and age group on regional apparent cortical thickness. Result(s): A total of 32 male adolescents (aged mean+/-SD, 11.2+/-0.9 at baseline) and 24 men (aged mean+/-SD, 29.9+/-5.0 at baseline) were included that previously participated in the ePOD-MPH project. We found no evidence for long-term effects of stimulant medication use on ROI apparent cortical thickness. As expected, we did find age-by-time interaction effects in all ROIs (left prefrontal ROI: P=.002, right medial and posterior ROIs: P<.001), reflecting reductions in apparent cortical thickness in adolescents. Additionally, ADHD symptom severity (adolescents: P<.001, adults: P=.001) and anxiety symptoms (adolescents: P=0.03) were reduced, and lower change in ADHD symptoms was associated with higher medication use in adults (P=0.001). Conclusion(s): We found no evidence for long-term effects of stimulant-treatment for ADHD on apparent cortical thickness development in adolescents and adults. The identified age-dependent differences in apparent cortical thickness development are consistent with existing literature on typical cortical development.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"\*central stimulant agent [m]  
  
psychotropic agent [m]",

"PM":"van der Pal, Zarah ORCID: https://orcid.org/0009-0006-9895-4583  
  
Reneman, Liesbeth ORCID: https://orcid.org/0000-0002-5912-9971",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"32",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"4",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38072183",

"TI":"High-dose vitamin D3 supplementation in pregnancy and risk of neurodevelopmental disorders in the children at age 10 - A randomized clinical trial.",

"SO":"American Journal of Clinical Nutrition. 2023 Dec 08",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Aagaard K  
  
Mollegaard Jepsen JR  
  
Sevelsted A  
  
Horner D  
  
Vinding R  
  
Rosenberg JB  
  
Brustad N  
  
Eliasen A  
  
Mohammadzadeh P  
  
Folsgaard N  
  
Hernandez-Lorca M  
  
Fagerlund B  
  
Glenthoj BY  
  
Rasmussen MA  
  
Bilenberg N  
  
Stokholm J  
  
Bonnelykke K  
  
Ebdrup BH  
  
Chawes B",

"MH":"Aagaard, Kristina  
  
Mollegaard Jepsen, Jens Richardt  
  
Sevelsted, Astrid  
  
Horner, David  
  
Vinding, Rebecca  
  
Rosenberg, Julie Bojstrup  
  
Brustad, Nicklas  
  
Eliasen, Anders  
  
Mohammadzadeh, Parisa  
  
Folsgaard, Nilofar  
  
Hernandez-Lorca, Maria  
  
Fagerlund, Birgitte  
  
Glenthoj, Birte Y  
  
Rasmussen, Morten Arendt  
  
Bilenberg, Niels  
  
Stokholm, Jakob  
  
Bonnelykke, Klaus  
  
Ebdrup, Bjorn H  
  
Chawes, Bo",

"DU":"Aagaard, Kristina. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Mollegaard Jepsen, Jens Richardt. Child and Adolescent Mental Health Center, Copenhagen University Hospital - Mental Health Services CPH, Copenhagen, Denmark Center for Neuropsychiatric Schizophrenia Research (CNSR) & Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark.  
  
Sevelsted, Astrid. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Horner, David. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Vinding, Rebecca. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Rosenberg, Julie Bojstrup. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Center for Neuropsychiatric Schizophrenia Research (CNSR) & Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark.  
  
Brustad, Nicklas. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Eliasen, Anders. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Department of Health Technology, Section for Bioinformatics, Technical University of Denmark.  
  
Mohammadzadeh, Parisa. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Center for Neuropsychiatric Schizophrenia Research (CNSR) & Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark.  
  
Folsgaard, Nilofar. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Hernandez-Lorca, Maria. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark.  
  
Fagerlund, Birgitte. Child and Adolescent Mental Health Center, Copenhagen University Hospital - Mental Health Services CPH, Copenhagen, Denmark Center for Neuropsychiatric Schizophrenia Research (CNSR) & Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark Department of Psychology, University of Copenhagen, Copenhagen, Denmark.  
  
Glenthoj, Birte Y. Center for Neuropsychiatric Schizophrenia Research (CNSR) & Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark.  
  
Rasmussen, Morten Arendt. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Section of Food, Microbiology and Fermentation, Department of Food Science, University of Copenhagen.  
  
Bilenberg, Niels. Department of Clinical Research, Faculty of Health Sciences, University of Southern Denmark, Odense, Denmark Department of Child and Adolescent Mental Health Odense, Mental Health Services in the Region of Southern Denmark, University of Southern Denmark, Odense, Denmark.  
  
Stokholm, Jakob. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Section of Food, Microbiology and Fermentation, Department of Food Science, University of Copenhagen.  
  
Bonnelykke, Klaus. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark.  
  
Ebdrup, Bjorn H. Center for Neuropsychiatric Schizophrenia Research (CNSR) & Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark.  
  
Chawes, Bo. Copenhagen Prospective Studies on Asthma in Childhood, Herlev and Gentofte Hospital, University of Copenhagen, Gentofte, Denmark Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark. Electronic address: chawes@copsac.com.",

"OD":"BACKGROUND: Vitamin D deficiency in pregnancy may increase risk of autism and attention deficit hyperactivity disorder (ADHD).  
  
OBJECTIVE: To estimate the effect of vitamin D3 supplementation in pregnancy on risk of autism and ADHD.  
  
DESIGN: This randomized clinical trial was part of the COpenhagen Prospective Study on Neuro-PSYCHiatric Development (COPSYCH) project nested within the Copenhagen Prospective Studies on Asthma in Childhood 2010 (COPSAC2010) cohort comprising a population-based sample of 700 healthy mother-child pairs enrolled at week 24 of pregnancy. Maternal 25-hydroxy-vitamin D (25(OH)D) was measured at inclusion and 623 mothers were randomized 1:1 to either high-dose (2800 IU/d) or standard-dose (400 IU/d) vitamin D3 until 1 week postpartum (315 received high-dose, 308 standard dose). At age 10, diagnoses and symptom load of autism and ADHD, respectively, were established using the Kiddie-Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (K-SADS-PL).  
  
RESULTS: 591 children completed the psychopathological evaluation at age 10, sixteen children (2.7%) were diagnosed with autism and 65 (11.0%) with ADHD. Hereof, 496 children participated in the vitamin D3 trial (246 received high-dose, 250 standard dose). Of these, twelve children (2.4%) were diagnosed with autism and 58 (11.7%) with ADHD. Higher maternal pre-intervention 25(OH)D levels were associated with a decreased risk of autism (OR per 10 nmol/L 0.76 (0.59,0.97), p=0.034)), lower autistic symptom load (beta per 10 nmol/L -0.03 (-0.05,0.00), p=0.024), and decreased risk of ADHD diagnosis (OR per 10 nmol/L 0.88 (0.78,0.99), p=0.033). High-dose vitamin D3 supplementation was not associated with risk of autism or ADHD.  
  
CONCLUSIONS: Higher maternal pre-intervention 25(OH)D was associated with a decreased risk of autism, lower autistic symptom load, and decreased risk of ADHD diagnosis, but high-dose vitamin D3 supplementation in pregnancy had no effect on risk of autism and ADHD.  
  
TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT00856947 URL: https://classic.  
  
CLINICALTRIALS: gov/ct2/show/NCT00856947?term=NCT00856947&draw=2&rank=1. Copyright © 2023. Published by Elsevier Inc.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"ADHD Autism Vitamin D neurodevelopment supplementation",

"MV":"NOTNLM",

"TN":"nan",

"If RCT or not":"Yes",

},

{

"UniqueID":"33",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2019768907",

"TI":"An optimised method for bacterial nucleic acid extraction from positive blood culture broths for whole genome sequencing, resistance phenotype prediction and downstream molecular applications.",

"SO":"bioRxiv. (no pagination), 2022. Date of Publication: 02 Jul 2022.",

"AU":"Bauer M.J.  
  
Peri A.M.  
  
Luftinger L.  
  
Beisken S.  
  
Bergh H.  
  
Forde B.M.  
  
Buckley C.  
  
Cuddihy T.  
  
Tan P.  
  
Paterson D.L.  
  
Whiley D.M.  
  
Harris P.N.A.",

"AO":"Cuddihy, Thom ORCID: https://orcid.org/0000-0003-3071-7742  
  
Paterson, David L. ORCID: https://orcid.org/0000-0003-2079-4437  
  
Whiley, David M. ORCID: https://orcid.org/0000-0001-5969-3161  
  
Luftinger, Lukas ORCID: https://orcid.org/0000-0002-5997-8236  
  
Harris, Patrick N.A. ORCID: https://orcid.org/0000-0002-2895-0345",

"IN":"(Bauer, Peri, Forde, Buckley, Cuddihy, Tan, Paterson, Whiley, Harris) University of Queensland, Faculty of Medicine, UQ Centre for Clinical Research, The Royal Brisbane and Women's Hospital Campus, Brisbane, Australia  
  
(Luftinger, Beisken) Ares Genetics GmbH, Karl-Farkas-Gasse 18, Vienna 1030, Austria  
  
(Bergh, Harris) Central Microbiology, Pathology Queensland, Royal Brisbane and Women's Hospital, Brisbane, Australia",

"PB":"bioRxiv",

"MH":"\*algorithm  
  
\*antibiotic sensitivity  
  
avoidance behavior  
  
bacterial load  
  
bacterium culture  
  
bacterium isolate  
  
\*blood culture  
  
Campylobacter jejuni  
  
case report  
  
clinical article  
  
combination drug therapy  
  
\*DNA extraction  
  
drug combination  
  
Elizabethkingia  
  
Escherichia coli  
  
genetic analyzer  
  
genotype  
  
Gram negative bacterium  
  
human  
  
human cell  
  
infectious agent  
  
Klebsiella oxytoca  
  
Klebsiella pneumoniae  
  
\*machine learning  
  
metagenomics  
  
microbial identification system  
  
Mirabilis  
  
\*nanopore  
  
nanopore sequencing  
  
nonhuman  
  
nucleic acid isolation kit  
  
\*phenotype  
  
\*prediction  
  
prospective study  
  
protein fingerprinting  
  
Pseudomonas aeruginosa  
  
\*real time polymerase chain reaction  
  
species identification  
  
\*whole genome sequencing  
  
antibiotic agent  
  
cephalosporinase  
  
endogenous compound  
  
\*nucleic acid  
  
timentin",

"DU":"antibiotic agent [m]  
  
cephalosporinase [m]  
  
endogenous compound [m]  
  
\*nucleic acid [m]  
  
timentin [m]",

"OD":"\*algorithm [m]  
  
\*antibiotic sensitivity [m]  
  
avoidance behavior [m]  
  
bacterial load [m]  
  
bacterium culture [m]  
  
bacterium isolate [m]  
  
\*blood culture [m]  
  
Campylobacter jejuni [m]  
  
case report [m]  
  
clinical article [m]  
  
combination drug therapy [m]  
  
\*DNA extraction [m]  
  
drug combination [m]  
  
Elizabethkingia [m]  
  
Escherichia coli [m]  
  
genetic analyzer [m]  
  
genotype [m]  
  
Gram negative bacterium [m]  
  
human [m]  
  
human cell [m]  
  
infectious agent [m]  
  
Klebsiella oxytoca [m]  
  
Klebsiella pneumoniae [m]  
  
\*machine learning [m]  
  
metagenomics [m]  
  
microbial identification system [m]  
  
Mirabilis [m]  
  
\*nanopore [m]  
  
nanopore sequencing [m]  
  
nonhuman [m]  
  
nucleic acid isolation kit [m]  
  
\*phenotype [m]  
  
\*prediction [m]  
  
prospective study [m]  
  
protein fingerprinting [m]  
  
Pseudomonas aeruginosa [m]  
  
\*real time polymerase chain reaction [m]  
  
species identification [m]  
  
\*whole genome sequencing [m]",

"AB":"Background: A prerequisite to rapid molecular detection of pathogens causing bloodstream infections is an efficient, cost effective and robust DNA extraction solution. We describe methods for microbial DNA extraction direct from positive blood culture broths, suitable for metagenomic sequencing and the application of machine-learning based tools to predict antimicrobial susceptibility. Method(s): Prospectively collected culture-positive blood culture broths with Gram-negative bacteria, were directly extracted using various commercially available kits. We compared methods for efficient inhibitor removal, avoidance of DNA shearing or degradation, to achieve DNA of high quality and purity. Bacterial species identified via whole-genome metagenomic sequencing (Illumina, MiniSeq) from blood culture extracts were compared to conventional methods from cultured isolates (Vitek MS). A machine-learning algorithm (AREScloud) was used to predict susceptibility against commercially available antibiotics, compared to susceptibility testing (Vitek 2) and other commercially available rapid diagnostic instruments (Accelerate Pheno and BCID). Result(s): A two-kit method using a modified MolYsis Basic kit (for host DNA depletion) and extraction using Qiagen DNeasy UltraClean microbial kits resulted in optimal extractions appropriate for multiple molecular applications, including PCR, short-read and long-read sequencing. DNA extracts from 40 blood culture broths were included. Taxonomic profiling by direct metagenomic sequencing matched species identification by conventional methods in 38/40 (95%) of samples, with two showing agreement to genus level. In two polymicrobial samples, a second organism was missed by sequencing. Whole genome sequencing antimicrobial susceptibility testing (WGS-AST) models were able to accurately infer profiles for 6 common pathogens against 17 antibiotics. Overall categorical agreement (CA) was 95%, with 11% very major errors (VME) and 3.9% major errors (ME). CA for WGS-AST was >95% for 5/6 of the most common pathogens (E. coli, K. pneumoniae, P. mirabilis, P. aeruginosa and C. jejuni) while it was lower for K. oxytoca (66.7%), likely due to the presence of inducible cephalosporinases. Performance of WGS-AST was sub-optimal for uncommon pathogens (e.g. Elizabethkingia) and some combination antibiotic compounds (e.g. ticarcillin-clavulanate). Time to pathogen identification and resistance gene detection was fastest with BCID (1 h from blood culture positivity). Accelerate Pheno provided a rapid MIC result in approximately 8 h. While Illumina based direct metagenomic sequencing did not result in faster turn-around times compared conventional methods, use of real-time nanopore sequencing may allow faster data acquisition. Conclusion(s): The application of direct metagenomic sequencing from positive blood culture broths is a feasible approach and solves some of the challenges of sequencing from low-bacterial load samples. Machine-learning based algorithms are also accurate for common pathogen/drug combinations, although additional work is required to optimise algorithms for uncommon species and more complex resistance genotypes, as well as streamlining methods to provide more rapid sequencing results.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"34",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37817550",

"TI":"Sulbactam-Durlobactam in the Treatment of Carbapenem-Resistant Acinetobacter baumannii Infections. [Review]",

"SO":"Annals of Pharmacotherapy. :10600280231204566, 2023 Oct 10",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"August B  
  
Matlob A  
  
Kale-Pradhan PB",

"MH":"Matlob, Andrew ORCID: https://orcid.org/0009-0005-8680-4572  
  
Kale-Pradhan, Pramodini B ORCID: https://orcid.org/0000-0002-8729-7710",

"DU":"August, Benjamin  
  
Matlob, Andrew  
  
Kale-Pradhan, Pramodini B",

"OD":"August, Benjamin. Department of Pharmacy Practice, Henry Ford Hospital, Eugene Applebaum College of Pharmacy and Health Sciences, Wayne State University, Detroit, MI, USA.  
  
Matlob, Andrew. Department of Pharmacy Practice, Eugene Applebaum College of Pharmacy and Health Sciences, Wayne State University, Detroit, MI, USA.  
  
Kale-Pradhan, Pramodini B. Department of Pharmacy Practice, Ascension St. John Hospital, Eugene Applebaum College of Pharmacy and Health Sciences, Wayne State University, Detroit, MI, USA.",

"AB":"Durlobactam ETX2514 ETX2514SUL Sulbactam Sulbactam-ETX2514 Xacduro",

"FTURL":"NOTNLM",

"PM":"OBJECTIVE: To review the pharmacology, efficacy, and safety of intravenous sulbactam-durlobactam (SUL-DUR) in the treatment of carbapenem-resistant Acinetobacter baumannii (CRAB) infections.  
  
DATA SOURCES: PubMed databases and ClinicalTrials.gov were searched using the following terms: Sulbactam Durlobactam, ETX2514, Xacduro, Sulbactam-ETX2514, ETX2514SUL.  
  
STUDY SELECTION AND DATA EXTRACTION: Articles published in English between January 1985 and September 13, 2023, related to pharmacology, safety, efficacy, and clinical trials were reviewed.  
  
DATA SYNTHESIS: A phase II trial compared SUL-DUR with placebo with imipenem and cilastatin in both groups. Overall treatment success in the microbiological intention-to-treat analysis was reported in 76.6% of patients in the SUL-DUR group compared with 81% patients in the placebo group. A phase III trial compared SUL-DUR with colistin in adults with confirmed CRAB infections. Patients received either SUL-DUR or colistin and background therapy with imipenem-cilastatin. SUL-DUR was noninferior to colistin for 28-day all-cause mortality (19% vs 32.3%, treatment difference -13.2% 95% CI [-30.0 to 3.5]).  
  
RELEVANCE TO PATIENT CARE AND CLINICAL PRACTICE IN COMPARISON TO EXISTING DRUGS: Clinicians have limited options to treat CRAB infections. SUL-DUR has demonstrated efficacy against CRAB in patients with pneumonia and may be considered a viable treatment option. Nonetheless, potential impact of concomitant imipenem-cilastatin as background therapy on clinical trial findings is unclear. Further studies are needed to elucidate the role of SUL-DUR alone or in combination with other active antimicrobials for the treatment of CRAB infections.  
  
CONCLUSIONS: SUL-DUR has shown to be predominantly noninferior to alternative antibiotics in the treatment of pneumonias caused by CRAB, making it a viable treatment option. Further postmarketing data is needed to ascertain its role in other infections.",

"DJ":"Journal Article  
  
Review",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"35",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38097487",

"TI":"Optimizing high dose melphalan. [Review]",

"SO":"Blood Reviews. :101162, 2023 Dec 10",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Shah G  
  
Giralt S  
  
Dahi P",

"MH":"Shah, Gunjan  
  
Giralt, Sergio  
  
Dahi, Parastoo",

"DU":"Shah, Gunjan. Adult BMT Service Memorial Sloan Kettering Cancer Center, 530 East 74th Street, New York, NY 10021, United States of America. Electronic address: shahg@mskcc.org.  
  
Giralt, Sergio. Adult BMT Service Memorial Sloan Kettering Cancer Center, 530 East 74th Street, New York, NY 10021, United States of America. Electronic address: giralts@mskcc.org.  
  
Dahi, Parastoo. Adult BMT Service Memorial Sloan Kettering Cancer Center, 530 East 74th Street, New York, NY 10021, United States of America. Electronic address: dahip@mskcc.org.",

"OD":"Autologous stem cell transplantation High dose therapy Melphalan Myeloma",

"AB":"NOTNLM",

"FTURL":"Melphalan, has been a major component of myeloma therapy since the 1950s. In the context of hematopoietic cell transplantation (HCT), high dose melphalan (HDM) is the most common conditioning regimen used due to its potent anti-myeloma effects and manageable toxicities. Common toxicities associated with HDM include myelosuppression, gastrointestinal issues, and mucositis. Established approaches to reduce these toxicities encompass dose modification, nausea prophylaxis with 5HT3 receptor antagonists, cryotherapy, amifostine use, and growth factors. Optimization of melphalan exposure through personalized dosing and its combination with other agents like busulfan, or bendamustine show promise. Propylene glycol-free melphalan (Evomela) represents a novel formulation aiming to enhance drug stability and reduce adverse effects. This review explores strategies to enhance the efficacy and mitigate the toxicity of HDM in multiple myeloma. Future directions involve exploring these strategies in clinical trials to improve the safety and efficacy of HDM, thereby enhancing outcomes for multiple myeloma patients undergoing autologous HCT. Copyright © 2023 Elsevier Ltd. All rights reserved.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"36",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022075308",

"TI":"Sample average treatment effect on the treated analysis using counterfactual explanation identifies BMT and SARS-CoV-2 vaccination as protective risk factors associated with COVID-19 severity and survival in patients with multiple myeloma.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 08 Dec 2022.",

"AU":"Mitra A.K.  
  
Mukherjee U.K.  
  
Mazumder S.  
  
Madhira V.  
  
Bergquist T.  
  
Shao Y.R.  
  
Liu F.  
  
Song Q.  
  
Su J.  
  
Kumar S.  
  
Bates B.A.  
  
Sharafeldin N.  
  
Topaloglu U.",

"AO":"Mitra, Amit Kumar ORCID: https://orcid.org/0000-0003-4046-7070",

"IN":"(Mitra, Mazumder) Department of Drug Discovery and Development, Harrison College of Pharmacy, Auburn University, Auburn, AL, United States  
  
(Mitra, Mazumder) Center for Pharmacogenomics and Single-Cell Omics (AUPharmGx), Auburn University, Auburn, AL, United States  
  
(Mitra) UAB Comprehensive Cancer Center, University of Alabama at Birmingham, Birmingham, AL, United States  
  
(Mukherjee) University of Illinois, Urbana-Champaign, IL, United States  
  
(Madhira) Palila Software LLC, Reno, NV, United States  
  
(Bergquist) Sage Bionetworks, Seattle, WA, United States  
  
(Shao) Duke University Medical Center, NC, United States  
  
(Liu) University of Massachusetts, Chan Medical School, MA, United States  
  
(Song, Topaloglu) Wake Forest School of Medicine, Winston-Salem, NC, United States  
  
(Su) Department of Biostatistics, Indiana University, School of Medicine, Indianapolis, IN, United States  
  
(Kumar) Division of Hematology, Department of Internal Medicine, Mayo Clinic, Rochester, MN, United States  
  
(Bates) Department of Medicine, Rutgers-RWJMS Medical School, New Brunswick, NJ, United States  
  
(Sharafeldin) School of Medicine, University of Alabama at Birmingham, Birmingham, AL, United States",

"PB":"medRxiv",

"MH":"adult  
  
all cause mortality  
  
artificial ventilation  
  
Black person  
  
bone marrow  
  
\*cancer patient  
  
\*cancer survival  
  
Charlson Comorbidity Index  
  
clinical indicator  
  
cohort analysis  
  
controlled study  
  
\*coronavirus disease 2019  
  
drug therapy  
  
emergency ward  
  
extracorporeal oxygenation  
  
female  
  
hospice  
  
hospital patient  
  
hospitalization  
  
human  
  
human cell  
  
ICD-10-CM  
  
International Staging System  
  
kidney disease  
  
lung disease  
  
major clinical study  
  
male  
  
mortality  
  
multicenter study  
  
\*multiple myeloma  
  
nonhuman  
  
outpatient  
  
propensity score  
  
risk assessment  
  
\*risk factor  
  
\*Severe acute respiratory syndrome coronavirus 2  
  
surgery  
  
\*survival rate  
  
transplantation  
  
\*vaccination  
  
young adult  
  
antigen  
  
dexamethasone  
  
immunomodulating agent  
  
proteasome inhibitor",

"DU":"adult [m]  
  
all cause mortality [m]  
  
artificial ventilation [m]  
  
Black person [m]  
  
bone marrow [m]  
  
\*cancer patient [m]  
  
\*cancer survival [m]  
  
Charlson Comorbidity Index [m]  
  
clinical indicator [m]  
  
cohort analysis [m]  
  
controlled study [m]  
  
\*coronavirus disease 2019 [m]  
  
drug therapy [m]  
  
emergency ward [m]  
  
extracorporeal oxygenation [m]  
  
female [m]  
  
hospice [m]  
  
hospital patient [m]  
  
hospitalization [m]  
  
human [m]  
  
human cell [m]  
  
ICD-10-CM [m]  
  
International Staging System [m]  
  
kidney disease [m]  
  
lung disease [m]  
  
major clinical study [m]  
  
male [m]  
  
mortality [m]  
  
multicenter study [m]  
  
\*multiple myeloma [m]  
  
nonhuman [m]  
  
outpatient [m]  
  
propensity score [m]  
  
risk assessment [m]  
  
\*risk factor [m]  
  
\*Severe acute respiratory syndrome coronavirus 2 [m]  
  
surgery [m]  
  
\*survival rate [m]  
  
transplantation [m]  
  
\*vaccination [m]  
  
young adult [m]",

"OD":"Patients with multiple myeloma (MM), an age-dependent neoplasm of antibody-producing plasma cells, have compromised immune systems and might be at increased risk for severe COVID-19 outcomes. This study characterizes risk factors associated with clinical indicators of COVID-19 severity and all-cause mortality in myeloma patients utilizing NCATS' National COVID Cohort Collaborative (N3C) database. The N3C consortium is a large, centralized data resource representing the largest multi-center cohort of COVID-19 cases and controls nationwide (>16 million total patients, and >6 million confirmed COVID-19+ cases to date). Our cohort included myeloma patients (both inpatients and outpatients) within the N3C consortium who have been diagnosed with COVID-19 based on positive PCR or antigen tests or ICD-10-CM diagnosis code. The outcomes of interest include all-cause mortality (including discharge to hospice) during the index encounter and clinical indicators of severity (i.e., hospitalization/emergency department/ED visit, use of mechanical ventilation, or extracorporeal membrane oxygenation (ECMO)). Finally, causal inference analysis was performed using the propensity score matching (PSM) method. As of 05/16/2022, the N3C consortium included 1,061,748 cancer patients, out of which 26,064 were MM patients (8,588 were COVID-19 positive). The mean age at COVID-19 diagnosis was 65.89 years, 46.8% were females, and 20.2% were of black race. 4.47% of patients died within 30 days of COVID-19 hospitalization. Overall, the survival probability was 90.7% across the course of the study. Multivariate logistic regression analysis showed histories of pulmonary and renal disease, dexamethasone, proteasome inhibitor/PI, immunomodulatory/IMiD therapies, and severe Charlson Comorbidity Index/CCI were significantly associated with higher risks of severe COVID-19 outcomes. Protective associations were observed with blood-or-marrow transplant/BMT and COVID-19 vaccination. Further, multivariate cox proportional hazard analysis showed that high and moderate CCI levels, International Staging System (ISS) moderate or severe stage, and PI therapy were associated with worse survival, while BMT and COVID-19 vaccination were associated with lower risk of death. Finally, matched sample average treatment effect on the treated (SATT) confirmed the causal effect of BMT and vaccination status as top protective factors associated with COVID-19 risk among US patients suffering from multiple myeloma. To the best of our knowledge, this is the largest nationwide study on myeloma patients with COVID-19.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"antigen [m]  
  
dexamethasone [m]  
  
immunomodulating agent [m]  
  
proteasome inhibitor [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"37",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027602936",

"TI":"Association between Haloperidol use and Risk of Rheumatoid Arthritis.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 12 Sep 2023.",

"AU":"Ambati V.L.  
  
Cummings T.H.  
  
Yerramothu P.  
  
Nguyen J.  
  
Sutton S.S.  
  
Werner B.C.  
  
Magagnoli J.",

"AO":"Ambati, Vidya L. ORCID: https://orcid.org/0009-0002-2952-0002",

"IN":"(Ambati, Yerramothu, Nguyen) Center for Advanced Vision Science, University of Virginia, School of Medicine, Charlottesville, VA, United States  
  
(Ambati, Yerramothu, Nguyen) Department of Ophthalmology, University of Virginia, School of Medicine, Charlottesville, VA, United States  
  
(Cummings, Sutton, Magagnoli) Dorn Research Institute, Columbia VA Health Care System, Columbia, SC, United States  
  
(Cummings, Sutton, Magagnoli) Department of Clinical Pharmacy and Outcomes Sciences, College of Pharmacy, University of South Carolina, Columbia, SC, United States  
  
(Werner) Department of Orthopaedics, University of Virginia, School of Medicine, Charlottesville, VA, United States",

"PB":"medRxiv",

"MH":"adult  
  
clinical trial  
  
controlled study  
  
drug therapy  
  
female  
  
Gilles de la Tourette syndrome  
  
health insurance  
  
human  
  
male  
  
meta analysis  
  
randomized controlled trial (topic)  
  
\*rheumatoid arthritis  
  
schizophrenia  
  
\*haloperidol  
  
neuroleptic agent",

"DU":"nan",

"OD":"\*haloperidol [m]  
  
neuroleptic agent [m]",

"AB":"adult [m]  
  
clinical trial [m]  
  
controlled study [m]  
  
drug therapy [m]  
  
female [m]  
  
Gilles de la Tourette syndrome [m]  
  
health insurance [m]  
  
human [m]  
  
male [m]  
  
meta analysis [m]  
  
randomized controlled trial (topic) [m]  
  
\*rheumatoid arthritis [m]  
  
schizophrenia [m]",

"FTURL":"Haloperidol is an anti-psychotic used for the treatment of schizophrenia or Tourette disorder. Here we report, by studying three large administrative health insurance databases, that haloperidol use is associated with a reduced risk of developing rheumatoid arthritis. A meta-analysis revealed a 31% reduced hazard of incident rheumatoid arthritis among individuals with schizophrenia or Tourette disorder treated with haloperidol compared to those treated with other anti-psychotic drugs. These findings suggest a potential benefit of haloperidol in rheumatoid arthritis and provide a rationale for randomized controlled trials to provide causal insights.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"38",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37041696",

"TI":"Comparison of brief group behavioural parent training with individual parent training for preschool children with attention deficit hyperactivity disorder: A randomized feasibility study.",

"SO":"Early intervention in psychiatry. 17(12):1162-1171, 2023 Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Vaidyanathan S  
  
Chandrasekaran V  
  
Kandasamy P",

"MH":"Vaidyanathan, Sivapriya ORCID: https://orcid.org/0000-0002-2793-0537  
  
Chandrasekaran, Venkatesh ORCID: https://orcid.org/0000-0003-4409-6860  
  
Kandasamy, Preeti ORCID: https://orcid.org/0000-0001-5602-8377",

"DU":"Vaidyanathan, Sivapriya  
  
Chandrasekaran, Venkatesh  
  
Kandasamy, Preeti",

"OD":"Vaidyanathan, Sivapriya. Department of Psychiatry, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.  
  
Vaidyanathan, Sivapriya. Department of Psychiatry, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India.  
  
Chandrasekaran, Venkatesh. Department of Paediatrics, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.  
  
Kandasamy, Preeti. Department of Psychiatry, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India.  
  
Kandasamy, Preeti. MAANAS, Neuro Foundation, Salem, India.",

"AB":"Humans  
  
Child, Preschool  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Feasibility Studies  
  
Autism Spectrum Disorder/th [Therapy]  
  
\*Autism Spectrum Disorder  
  
Parents  
  
Parenting",

"FTURL":"ADHD attention deficit hyperactivity disorder brief intervention parent training preschool",

"PM":"NOTNLM",

"DJ":"BACKGROUND: Behaviour parent training (BPT) is first-line treatment for preschool attention deficit hyperactivity disorder (ADHD). BPT in a group format can be a cost- and time-effective alternative in low and middle-income countries (LMIC) settings with limited resources. We conducted a randomized controlled trial to compare the feasibility and efficacy of group BPT with individual BPT in improving ADHD severity in the preschool age group over 12 weeks.  
  
METHODS: After approval by the ethical committee, the study was conducted in the child guidance clinic, JIPMER. Fifty-six children aged 2.5 to 6 years diagnosed with ADHD according to DSM5 were recruited. Children with autism spectrum disorder and a social quotient less than 50 were excluded. Block randomization parallel design was done. Group interventions were delivered with 4-8 parents per group, focusing on psychoeducation, structuring of routine, attention enhancing tasks, behavioural parenting techniques, and TAU. ADHD severity was assessed using Conner's abbreviated behaviour rating scale at baseline, 4, 8, and 12 weeks. Parental stress was estimated by FISC-MR adapted for ADHD. Statistical analysis included repeated measures ANOVA.  
  
RESULTS: Significant improvement was noticed for both groups (F = 20.261, p < .001, ES (eta2 ) = 0.539). Group intervention was not inferior to individual BPT in reducing ADHD severity (F = 0.860, p = .468, ES (eta2 ) = 0.047). There was a statistically significant difference from baseline to 12 weeks of intervention in the reduction of parental stress (F = 20.80, p < .001, ES (eta2 ) = 0.278) and enhancement of the coping strategies (F = 64.4, (p < .001), ES (eta2 ) = 0.78). The intervention had high attendance and fidelity rates.  
  
CONCLUSION: Group BPT was promising in treating ADHD in low-resource settings. Copyright © 2023 John Wiley & Sons Australia, Ltd.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"39",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024975151",

"TI":"The impact of poverty on mental illness: Emerging evidence of a causal relationship.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 26 May 2023.",

"AU":"Marchi M.  
  
Alkema A.  
  
Xia C.  
  
Thio C.H.L.  
  
Chen L.-Y.  
  
Schalkwijk W.  
  
Galeazzi G.M.  
  
Ferrari S.  
  
Pingani L.  
  
Kweon H.  
  
Evans-Lacko S.  
  
Hill W.D.  
  
Boks M.P.M.",

"AO":"(Marchi, Galeazzi, Ferrari, Pingani) Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Via Giuseppe Campi, 287, Modena 41125, Italy  
  
(Marchi, Galeazzi, Ferrari, Pingani) Department of Mental Health and Addiction Services, Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia, Italy  
  
(Marchi, Alkema, Chen, Schalkwijk, Boks) Department of Psychiatry, Brain Center University Medical Center Utrecht, University Utrecht, Utrecht, Netherlands  
  
(Xia, Hill) Lothian Birth Cohort studies, University of Edinburgh, 7 George Square, Edinburgh EH8 9JZ, United Kingdom  
  
(Xia, Hill) Department of Psychology, University of Edinburgh, 7 George Square, Edinburgh EH8 9JZ, United Kingdom  
  
(Thio) Department of Epidemiology, University of Groningen, University Medical Centre Groningen, Groningen, Netherlands  
  
(Kweon) Department of Economics, School of Business and Economics, Vrije Universiteit Amsterdam, Amsterdam 1081 HV, Netherlands  
  
(Evans-Lacko) Care Policy and Evaluation Centre, London School of Economics and Political Science, United Kingdom",

"IN":"medRxiv",

"PB":"anorexia nervosa  
  
anxiety disorder  
  
attention deficit hyperactivity disorder  
  
autism  
  
bipolar disorder  
  
\*cognition  
  
controlled study  
  
education  
  
effect size  
  
genome-wide association study  
  
health equity  
  
heritability  
  
household income  
  
human  
  
major depression  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
mental health  
  
obsessive compulsive disorder  
  
outcome assessment  
  
posttraumatic stress disorder  
  
\*poverty  
  
randomized controlled trial  
  
schizophrenia  
  
social isolation  
  
structural equation modeling",

"MH":"nan",

"DU":"anorexia nervosa [m]  
  
anxiety disorder [m]  
  
attention deficit hyperactivity disorder [m]  
  
autism [m]  
  
bipolar disorder [m]  
  
\*cognition [m]  
  
controlled study [m]  
  
education [m]  
  
effect size [m]  
  
genome-wide association study [m]  
  
health equity [m]  
  
heritability [m]  
  
household income [m]  
  
human [m]  
  
major depression [m]  
  
\*Mendelian randomization analysis [m]  
  
\*mental disease [m]  
  
mental health [m]  
  
obsessive compulsive disorder [m]  
  
outcome assessment [m]  
  
posttraumatic stress disorder [m]  
  
\*poverty [m]  
  
randomized controlled trial [m]  
  
schizophrenia [m]  
  
social isolation [m]  
  
structural equation modeling [m]",

"OD":"The link between poverty and mental illness has sparked discussions concerning the poverty role as a risk factor for poor mental health. If poverty has as a causal role in mental illness, it would have profound implications for our comprehension of mental well-being and guide efforts to address the increasing incidence of mental health disorders. Building on the recent breakthrough discovery of heritability of poverty traits and utilizing large-scale genome-wide association studies of mental illness, we used Genomic Structural Equation Modeling (GSEM) and Mendelian randomization (MR) to examine the evidence of a causal relationship between poverty and mental illness. A common factor of poverty was derived from household income (HI), occupational income (OI), and social deprivation (SD). The causal effect of poverty was examined on 9 mental illnesses: attention deficit and hyperactivity disorder (ADHD), anorexia nervosa (AN), anxiety disorders (ANX), autism spectrum disorders (ASD), bipolar disorder (BD), major depressive disorder (MDD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and schizophrenia (SZ), while accounting for the influence of cognitive ability (CA). Our analysis highlights HI as the measure of poverty with the strongest correlation with the common factor, when compared to OI and SD. Using the common factor of poverty, bidirectional MR provided evidence that mental illness leads to poverty, consistent with the existing paradigm. What is new is evidence that higher levels of poverty likely pose a causal factor in developing ADHD (Inverse Variance Weighted Odds Ratio per Standard Deviation change [IVW OR]=3.43[95%CI:2.95-3.99]), MDD (IVW OR=1.49[95%CI:1.29-1.72]), and SZ (IVW OR=1.53[95%CI:1.35-1.73]), but exerts a protective effect against AN (IVW OR=0.50[95%CI:0.40-0.62]). The direct effect of poverty on mental illness remained following adjustment for CA, albeit with reduced effect sizes. Our research indicates that higher poverty levels are likely causal risk factors for MDD and SZ, but protective against AN. Notably, CA explains a significant portion of the impact of poverty, aligning with prior reports that highlight the contribution of impaired cognitive function to severe mental illnesses. Although individuals' skills and abilities tied to earning capacity may be the variables with the actual causal effect of poverty on mental illness, our findings warrant further investigations into interventions targeting poverty and cognitive abilities to advance mental health.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Marchi, Mattia ORCID: https://orcid.org/0000-0003-2970-1276",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"40",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"5",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38054696",

"TI":"Safety, tolerability, and pharmacokinetics of JX11502MA in Chinese healthy subjects: a first-in-human, randomized, double-blind, placebo-controlled study following single-dose administration.",

"SO":"Expert Opinion on Investigational Drugs. :1-11, 2023 Dec 06",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Yu Y  
  
He J  
  
Huang Z  
  
Li Y  
  
Wu Y  
  
Shen Y  
  
Zhou Y  
  
Bao C  
  
Jin Z  
  
Li H",

"MH":"Yu, Yimin  
  
He, Jingjing  
  
Huang, Zhiwei  
  
Li, Yan  
  
Wu, Ying  
  
Shen, Yifeng  
  
Zhou, Yanling  
  
Bao, Cungang  
  
Jin, Zhiping  
  
Li, Huafang",

"DU":"Yu, Yimin. Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.  
  
He, Jingjing. Shanghai Research Institute, Zhejiang Jingxin Pharmaceutical Co.,Ltd, Shanghai, China.  
  
Huang, Zhiwei. Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.  
  
Li, Yan. Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.  
  
Wu, Ying. Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.  
  
Shen, Yifeng. Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.  
  
Zhou, Yanling. Shanghai Research Institute, Zhejiang Jingxin Pharmaceutical Co.,Ltd, Shanghai, China.  
  
Bao, Cungang. Shanghai Research Institute, Zhejiang Jingxin Pharmaceutical Co.,Ltd, Shanghai, China.  
  
Jin, Zhiping. Shanghai Research Institute, Zhejiang Jingxin Pharmaceutical Co.,Ltd, Shanghai, China.  
  
Li, Huafang. Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.  
  
Li, Huafang. Shanghai Clinical Research Center for Mental Health, Shanghai, China.  
  
Li, Huafang. Shanghai Key Laboratory of Psychotic Disorders, Shanghai, China.",

"OD":"BACKGROUND: JX11502MA is a potent partial agonist of dopamine D2 and D3 receptors, with a preferential binding profile for D3 receptors in vitro, potentially for treating schizophrenia.  
  
METHODS: A first-in-human, randomized, double-blind, placebo-controlled, single ascending dose clinical trial was designed. The subjects were randomly assigned to receive JX11502MA and placebo capsules with seven ascending dose groups: 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 6 mg, and 8 mg. The PK profiles of JX11502MA and its metabolites were evaluated, along with a safety and tolerability assessment.  
  
RESULTS: Considering the safety of participants, the dose escalation was halted at 3 mg. Following single-dose administration, JX11502MA exhibited rapid absorption with a median Tmax ranging from 1 to 1.75 h. The terminal half-life of JX11502MA ranged from 73.62 to 276.85 h. The most common treatment-emergent adverse events (TEAEs) for subjects receiving JX11502MA were somnolence (56.3%), dizziness (18.8%), nausea (21.9%), vomiting (18.8%), and hiccups (18.8%).  
  
CONCLUSIONS: JX11502MA was generally well tolerated at a single dose of 0.25 to 3 mg. The PK profiles and safety characteristics in this study indicated that JX11502MA has the potential to be a favorable treatment option for patients with schizophrenia.  
  
TRIAL REGISTRATION: https://clinicaltrials.gov (identifier: NCT05233657).",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"JX11502MA antipsychotics pharmacokinetics safety schizophrenia tolerability",

"MV":"NOTNLM",

"TN":"Yu, Yimin ORCID: https://orcid.org/0009-0006-2066-8691  
  
Huang, Zhiwei ORCID: https://orcid.org/0000-0002-7767-5167  
  
Li, Huafang ORCID: https://orcid.org/0000-0002-4357-7614",

"If RCT or not":"Yes",

},

{

"UniqueID":"41",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2019150345",

"TI":"Outpatient clonal propagation propelled rapid regional establishment of an emergent carbapenem-resistant Acinetobacter baumannii lineage ST499Pas.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 27 Jun 2022.",

"AU":"Calix J.J.  
  
de Almeida M.S.C.  
  
Potter R.F.  
  
Wallace M.A.  
  
Burnham C.-A.D.  
  
Dantas G.",

"AO":"Calix, Juan J. ORCID: https://orcid.org/0000-0003-0424-6721",

"IN":"(Calix, Burnham) Division of Infectious Diseases, Washington University in St. Louis, School of Medicine, St. Louis, MO 63130, United States  
  
(Calix, Dantas) The Edison Family Center for Genome Sciences and Systems Biology, Washington University, School of Medicine, St. Louis, MO 63130, United States  
  
(de Almeida) Department of Medicine, University of Sao Paolo, Sao Paulo, Brazil  
  
(Potter, Wallace, Burnham, Dantas) Department of Pathology and Immunology, Washington University, School of Medicine, St. Louis, MO 63130, United States  
  
(Burnham, Dantas) Department of Molecular Microbiology, Washington University, School of Medicine, St. Louis, MO 63130, United States  
  
(Dantas) Department of Biomedical Engineering, Washington University in St. Louis, St. Louis, MO 63130, United States  
  
(Calix) Division of Infectious Diseases, Department of Medicine, University of Alabama at Birmingham Heersink, School of Medicine, Birmingham, AL, United States",

"PB":"medRxiv",

"MH":"\*Acinetobacter baumannii  
  
adult  
  
antibiotic resistance  
  
bacterium isolate  
  
biotype  
  
\*carbapenem resistant Acinetobacter baumannii  
  
controlled study  
  
health care facility  
  
\*healthcare associated infection  
  
human  
  
\*molecular epidemiology  
  
multicenter study  
  
nonhuman  
  
\*outpatient  
  
surgical wound  
  
whole genome sequencing",

"DU":"nan",

"OD":"\*Acinetobacter baumannii [m]  
  
adult [m]  
  
antibiotic resistance [m]  
  
bacterium isolate [m]  
  
biotype [m]  
  
\*carbapenem resistant Acinetobacter baumannii [m]  
  
controlled study [m]  
  
health care facility [m]  
  
\*healthcare associated infection [m]  
  
human [m]  
  
\*molecular epidemiology [m]  
  
multicenter study [m]  
  
nonhuman [m]  
  
\*outpatient [m]  
  
surgical wound [m]  
  
whole genome sequencing [m]",

"AB":"Combating the evolving health threat posed by carbapenem-resistant Acinetobacter baumannii (CRAb) requires knowing how this non-commensal organism establishes regional pools and propagates among at-risk hosts. We report a 2017-2019 surge of CRAb among patients receiving care in a USA multicenter system. This surge occurred during a period of sustained reduction in hospital-acquired CRAb infections and coincided with marked reduction of CRAb cases associated with distinctly more resistant antibiotypes. Isolate whole genome sequencing revealed surge isolates belonged to an emergent Pasteur scheme sequence type 499 (ST499Pas). Detailed query of health records guided by isolate genome comparative analyses revealed multiple clonal clusters linked to various outpatient healthcare settings (i.e., long term healthcare facilities, surgical and wound clinics, and other unidentified factors) but no evidence of a shared intrahospital source. We show that emergent CRAb lineages can rapidly establish a regional presence even without gains in breadth of antibiotic resistance and negligible contribution from sustained intrahospital transmission. The emergence of ST499Pas despite regional eradication of other CRAb lineages shows how control efforts could be sidestepped via outpatient epidemiological niches. We also establish an approach to investigate the propagation of CRAb lineages that can inform subsequent local surveillance efforts outside of hospital settings.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"42",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38029068",

"TI":"Global evaluation of the antibacterial activity of Ceftolozane/Tazobactam against ESBLs-producing Escherichia coli and Klebsiella pneumoniae: a systematic review and meta-analysis.",

"SO":"Therapeutic Advances in Infectious Disease. 10:20499361231212074, 2023 Jan-Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Rahim Khorasani M  
  
Rostami S  
  
Bakhshi A  
  
Sheikhi R",

"MH":"Sheikhi, Raheleh ORCID: https://orcid.org/0000-0003-0760-1338",

"DU":"Rahim Khorasani, Marzieh  
  
Rostami, Soodabeh  
  
Bakhshi, Arash  
  
Sheikhi, Raheleh",

"OD":"Rahim Khorasani, Marzieh. Infectious Diseases and Tropical Medicine Research Center, Isfahan University of Medical Sciences, Isfahan, Iran.  
  
Rostami, Soodabeh. Nosocomial Infection Research Center, Isfahan University of Medical Sciences, Isfahan, Iran.  
  
Bakhshi, Arash. Student Research Committee, Schoolof Medicine, Guilan University of Medical Sciences, Rasht, Iran.  
  
Sheikhi, Raheleh. Department of Microbiology, Virology and Microbial Toxins, School of Medicine, Guilan University Complex, Tehran Road Km 6th, Rasht, 3363, Guilan, Iran.",

"AB":"Ceftolozane/Tazobactam ESBL Escherichia coli Klebsiella pneumoniae antibacterial activity",

"FTURL":"NOTNLM",

"PM":"Background: Ceftolozane/Tazobactam is a beta-lactam/beta-lactamase inhibitor combination with a high range of efficacy and broad-spectrum action against multidrug-resistant bacterial strains.  
  
Objectives: The present study aimed to analyze the in vitro activity of Ceftolozane/Tazobactam against extended-spectrum beta-lactamases (ESBLs)-producing Escherichia coli (ESBLs-EC) and Klebsiella pneumonia (ESBLs-KP) in the published literature to provide international data on the antimicrobial stewardship programs.  
  
Design: Systematic review and meta-analysis.  
  
Methods: A systematic literature search was conducted on the Web of Science, Embase, PubMed, Scopus, and Google Scholar electronic databases from the beginning of databases to December 2022 to cover all published articles relevant to our scope.  
  
Results: At last, 31 publications that met our inclusion criteria were selected for data extraction and analysis by Comprehensive Meta-Analysis Software. The pooled prevalence of Ceftolozane/Tazobactam susceptibility for ESBLs-EC and ESBLs-KP was estimated at 91.3% [95% confidence interval (CI): 90.1-92.5%] and 65.6% (95% CI: 60.8-70.2%), respectively. There was significant heterogeneity among the 31 studies for ESBLs-EC (chi2 = 91.621 p < 0.001 I2 = 67.256%) and ESBLs-KP (chi2 = 348.72 p < 0.001 I2 = 91.4%). Most clinical isolates of ESBLs-EC had MIC50 and MIC90 at a concentration of 0.5 and 2 microg/mL [minimum inhibitory concentration (MIC) at which 50% and 90% of isolates were inhibited], respectively. In contrast, most clinical isolates of ESBLs-KP had MIC50 and MIC90 at a concentration of 1 and 32 microg/mL, respectively.  
  
Conclusion: Based on the meta-analysis results, Ceftolozane/Tazobactam has a more promising in vitro antibacterial activity against ESBLs-EC isolates from different clinical sources than ESBLs-KP isolates. Therefore, Ceftolozane/Tazobactam can be a useful therapeutic drug as an alternative to carbapenems. Randomized clinical trials are needed to provide clinical evidence to support these observations. Copyright © The Author(s), 2023.",

"DJ":"Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"43",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38048552",

"TI":"Predictors of unsustained measurable residual disease negativity in transplant-eligible multiple myeloma patients.",

"SO":"Blood. 2023 Dec 04",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Guerrero C  
  
Puig N  
  
Cedena MT  
  
Calasanz MJ  
  
Gutierrez NC  
  
Fernandez M  
  
Oriol A  
  
Rios-Tamayo R  
  
Hernandez Garcia MT  
  
Martinez-Martinez R  
  
Bargay J  
  
de Arriba F  
  
Palomera L  
  
Gonzalez-Rodriguez AP  
  
Gonzalez Perez MS  
  
Orfao A  
  
Mateos MV  
  
Martinez-Lopez J  
  
Rosinol L  
  
Blade J  
  
Lahuerta JJ  
  
San-Miguel J  
  
Paiva B",

"MH":"Guerrero, Camila  
  
Puig, Noemi  
  
Cedena, Maria-Teresa  
  
Calasanz, Maria Jose  
  
Gutierrez, Norma C  
  
Fernandez, Manuela  
  
Oriol, Albert  
  
Rios-Tamayo, Rafael  
  
Hernandez Garcia, Miguel-Teodoro T  
  
Martinez-Martinez, Rafael  
  
Bargay, Joan  
  
de Arriba, Felipe  
  
Palomera, Luis  
  
Gonzalez-Rodriguez, Ana Pilar  
  
Gonzalez Perez, Marta-Sonia  
  
Orfao, Alberto  
  
Mateos, M V  
  
Martinez-Lopez, Joaquin  
  
Rosinol, Laura  
  
Blade, Joan  
  
Lahuerta, Juan-Jose  
  
San-Miguel, Jesus  
  
Paiva, Bruno",

"DU":"Guerrero, Camila. Cancer Center Clinica Universidad de Navarra (CCUN), Centro de Investigacion Medica Aplicada (CIMA), Instituto de Investigacion Sanitaria de Navarra (IDISNA), CIBER-ONC number CB16/12/00369, PAMPLONA, Spain.  
  
Puig, Noemi. Hematology Department, Hospital Universitario de Salamanca (HUSAL), IBSAL, IBMCC (USAL-CSIC), CIBERONC (CB16/12/00233), Salamanca, Spain.  
  
Cedena, Maria-Teresa. Hospital Universitario 12 de Octubre.  
  
Calasanz, Maria Jose. UNIVERSITY OF NAVARRA, Pamplona, Spain.  
  
Gutierrez, Norma C. Hospital Universitario de Salamanca. Centro de Investigacion del Cancer, Salamanca, Spain.  
  
Fernandez, Manuela. Hospital Universitario 12 de Octubre, Madrid, Spain.  
  
Oriol, Albert. ICO - Hosp Germans Trias i Pujol, Badalona, Spain.  
  
Rios-Tamayo, Rafael. Hospital Universitario Puerta de Hierro, Majadahonda, Madrid, Spain.  
  
Hernandez Garcia, Miguel-Teodoro T. Hospital Universitario de Canarias, La Laguna. Tenerife, Spain.  
  
Martinez-Martinez, Rafael. Hospital Clinico San Carlos.  
  
Bargay, Joan. Hospital Universitario Son LLatzer, Instituto de Investigacion Sanitaria Illes Balears (IdISBa),, Palma de Mallorca, Spain.  
  
de Arriba, Felipe. Hospital General Universitario Morales Meseguer. IMIB-Arrixaca. Universidad de Murcia., Murcia, Spain.  
  
Palomera, Luis. Hospital Clinico Universitario, Zaragoza, Spain.  
  
Gonzalez-Rodriguez, Ana Pilar. Hospital Universitario Central de Asturias, OVIEDO, Spain.  
  
Gonzalez Perez, Marta-Sonia. HOSPITAL OF SANTIAGO DE COMPOSTELA, Santiago de Compostela, Spain.  
  
Orfao, Alberto. University of Salamanca, Salamanca, Spain.  
  
Mateos, M V. Hospital Universitario de Salamanca, Instituto de Investigacion Biomedica de Salamanca, Instituto de Biologia Molecular y Celular del Cancer (Universidad de Salamanca-Consejo Superior de Investigacion, Salamanca, Spain.  
  
Martinez-Lopez, Joaquin. Complutense University Madrid, Madrid, Spain.  
  
Rosinol, Laura. Hospital Clinic, IDIBAPS, Barcelona, Spain.  
  
Blade, Joan. Hospital Clinic i Provincial, Institut de Investicacions Biomediques August Pi i Sunyer (IDIBAPS), Barcelona, Spain.  
  
Lahuerta, Juan-Jose. Instituto de Investigacion.Hospital Universitario 12 de Octubre, Madrid, Spain.  
  
San-Miguel, Jesus. Clinica Universidad de Navarra, CCUN, Centro de Investigacion, Medica Aplicada (CIMA), Instituto de Investigacion, Sanitaria de Navarra (IDISNA, CIBERONC), CIBER-ONC CB16/12/00369, Pamplona, Spain, Pamplona, Navarra, Spain.  
  
Paiva, Bruno. Clinica Universidad de Navarra, Centro de Investigacion Medica Aplicada (CIMA), Instituto de Investigacion Sanitaria de Navarra (IDISNA), CIBERONC (CB16/12/00369), Pamplona, Spain.",

"OD":"nan",

"AB":"nan",

"FTURL":"The role of measurable residual disease (MRD) negativity as a biomarker to stop treatment is being investigated in transplant-eligible multiple myeloma (MM). Thus, it is important to identify risk factors of MRD resurgence and/or progressive disease (PD) among patients achieving undetectable MRD in order to avoid undertreating them. Here, we studied 267 newly-diagnosed transplant-eligible MM patients enrolled in the GEM2012MENOS65 and GEM2014MAIN clinical trials who achieved MRD negativity by next-generation flow cytometry. After a median follow-up of 73 months since the first MRD negative assessment, 111 of the 267 (42%) patients showed MRD resurgence and/or PD. The only prognostic factors at diagnosis that predicted MRD resurgence and/or PD were an International staging system (ISS) 3 and the presence of >=0.01% circulating tumor cells (CTCs). Failure to achieve MRD negativity after induction also predicted higher risk of MRD resurgence and/or PD. Patients having none versus one versus two or more risk factors (ISS 3, >=0.01% CTCs and late MRD negativity) showed 5-year rates of MRD resurgence and/or PD of 16%, 33% and 57%, respectively (P<.001). Thus, these easily measurable risk factors could help refining the selection of patients for whom treatment cessation after MRD negativity is being investigated in clinical trials. Registered at www.clinicaltrials.gov with respective identifiers NCT01916252 and NCT02406144. Copyright © 2023 American Society of Hematology.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Guerrero, Camila ORCID: https://orcid.org/0000-0003-1395-5140  
  
Puig, Noemi ORCID: https://orcid.org/0000-0001-7535-3861  
  
Cedena, Maria-Teresa ORCID: https://orcid.org/0000-0001-5851-3720  
  
Calasanz, Maria Jose ORCID: https://orcid.org/0000-0002-0374-3008  
  
Gutierrez, Norma C ORCID: https://orcid.org/0000-0001-5834-9510  
  
Oriol, Albert ORCID: https://orcid.org/0000-0001-6804-2221  
  
Rios-Tamayo, Rafael ORCID: https://orcid.org/0000-0001-8193-1402  
  
Hernandez Garcia, Miguel-Teodoro T ORCID: https://orcid.org/0000-0002-6576-7881  
  
Gonzalez-Rodriguez, Ana Pilar ORCID: https://orcid.org/0000-0002-0565-9133  
  
Mateos, M V ORCID: https://orcid.org/0000-0003-2390-1218  
  
Rosinol, Laura ORCID: https://orcid.org/0000-0002-2534-9239  
  
Lahuerta, Juan-Jose ORCID: https://orcid.org/0000-0002-3393-9570  
  
San-Miguel, Jesus ORCID: https://orcid.org/0000-0002-9183-4857  
  
Paiva, Bruno ORCID: https://orcid.org/0000-0003-1977-3815",

"If RCT or not":"No",

},

{

"UniqueID":"44",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2020191395",

"TI":"Combination Venetoclax and Selinexor Effective in Relapsed Refractory Multiple Myeloma with Translocation t(1114).",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 04 Aug 2022.",

"AU":"Nguyen N.  
  
Chaudhry S.  
  
Totiger T.M.  
  
Diaz R.  
  
Roberts E.  
  
Montoya S.  
  
Pardo G.  
  
Pardo A.  
  
Afaghani J.  
  
Affer M.  
  
Jahn J.  
  
Bradley T.  
  
Maura F.  
  
Kazandjian D.  
  
Bilbao D.  
  
Chapman J.  
  
Landgren O.  
  
Hoffman J.  
  
Taylor J.",

"AO":"Nguyen, Nina ORCID: https://orcid.org/0000-0002-8944-3814  
  
Chaudhry, Sana ORCID: https://orcid.org/0000-0003-1559-0974  
  
Totiger, Tulasigeri M. ORCID: https://orcid.org/0000-0002-4262-4458  
  
Montoya, Skye ORCID: https://orcid.org/0000-0002-2094-6923  
  
Bilbao, Daniel ORCID: https://orcid.org/0000-0003-1630-8811  
  
Maura, Francesco ORCID: https://orcid.org/0000-0002-5017-1620  
  
Kazandjian, Dickran ORCID: https://orcid.org/0000-0002-6593-0917  
  
Landgren, Ola ORCID: https://orcid.org/0000-0001-6485-4839  
  
Taylor, Justin ORCID: https://orcid.org/0000-0003-4407-6325",

"IN":"(Nguyen, Chaudhry, Totiger, Diaz, Roberts, Montoya, Pardo, Pardo, Afaghani, Affer, Jahn, Bilbao) Sylvester Comprehensive Cancer Center, The University of Miami, Miller School of Medicine, United States  
  
(Maura, Kazandjian, Landgren) Myeloma Division, Department of Medicine, University of Miami, Miller School of Medicine, United States  
  
(Bradley, Taylor) Leukemia Program, Department of Medicine, University of Miami, Miller School of Medicine, United States  
  
(Chapman) Department of Pathology, University of Miami, Miller School of Medicine, United States",

"PB":"medRxiv",

"MH":"adult  
  
\*cancer combination chemotherapy  
  
cancer patient  
  
\*cancer recurrence  
  
clinical trial  
  
drug combination  
  
drug therapy  
  
female  
  
gene expression  
  
gene overexpression  
  
human  
  
human cell  
  
in vitro study  
  
male  
  
\*multiple myeloma  
  
multiple myeloma cell line  
  
protein expression  
  
cyclin D1  
  
endogenous compound  
  
\*selinexor  
  
\*venetoclax",

"DU":"adult [m]  
  
\*cancer combination chemotherapy [m]  
  
cancer patient [m]  
  
\*cancer recurrence [m]  
  
clinical trial [m]  
  
drug combination [m]  
  
drug therapy [m]  
  
female [m]  
  
gene expression [m]  
  
gene overexpression [m]  
  
human [m]  
  
human cell [m]  
  
in vitro study [m]  
  
male [m]  
  
\*multiple myeloma [m]  
  
multiple myeloma cell line [m]  
  
protein expression [m]",

"OD":"Patients with multiple myeloma bearing translocation t(1114) have recently been shown to benefit from the apoptosis-inducing drug venetoclax however, the drug lacks FDA approval in multiple myeloma thus far due to a potential safety signal in the overall patient population. Selinexor is an inhibitor of nuclear export that is FDA-approved for patients with multiple myeloma refractory multiple lines of therapy. Here, we report that in four patients with multiple myeloma with t(1114), the concomitant administration of venetoclax and selinexor was safe and associated with disease response. Moreover, the combination was synergistic in t(1114) multiple myeloma cell lines and caused decreased levels of Cyclin D1 (which is overexpressed due to the CCND1-IGH fusion) when given in combination as compared to single agents. These data suggest that the combination of venetoclax and selinexor is effective and t(1114) may serve as a therapeutic marker for response and target for future clinical trials.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"cyclin D1 [m]  
  
endogenous compound [m]  
  
\*selinexor [m]  
  
\*venetoclax [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"45",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026946049",

"TI":"Estimating the direct effects of the genetic liabilities to bipolar disorder, schizophrenia, and behavioral traits on suicide attempt using a multivariable Mendelian randomization approach.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 16 Aug 2023.",

"AU":"Cabrera-Mendoza B.  
  
Aydin N.  
  
Fries G.R.  
  
Docherty A.R.  
  
Walss-Bass C.  
  
Polimanti R.",

"AO":"Cabrera-Mendoza, Brenda ORCID: https://orcid.org/0000-0003-4729-9997  
  
Polimanti, Renato ORCID: https://orcid.org/0000-0003-0745-6046",

"IN":"(Cabrera-Mendoza, Aydin, Polimanti) Department of Psychiatry, Yale School of Medicine, West Haven, CT 06516, United States  
  
(Cabrera-Mendoza, Polimanti) VA CT Healthcare System, West Haven, CT 06516, United States  
  
(Aydin) Faculty of Medicine, Istanbul University, Turkey  
  
(Fries, Walss-Bass) Translational Psychiatry Program, Faillace Department of Psychiatry and Behavioral Sciences, McGovern Medical School, University of Texas Health Science Center, Houston, (UTHealth), Houston, TX 77054, United States  
  
(Fries, Walss-Bass) Neuroscience Graduate Program, The University of Texas, MD Anderson Cancer Center, UTHealth, Graduate School of Biomedical Sciences, Houston, TX 77054, United States  
  
(Docherty) Department of Psychiatry, University of Utah, School of Medicine, Salt Lake City, UT, United States  
  
(Docherty) Huntsman Mental Health Institute, Salt Lake City, UT, United States  
  
(Docherty) Department of Psychiatry, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, United States",

"PB":"medRxiv",

"MH":"adult  
  
biobank  
  
\*bipolar disorder  
  
controlled study  
  
distress syndrome  
  
drug dependence  
  
female  
  
genetic association  
  
genetic risk  
  
genetic susceptibility  
  
genome-wide association study  
  
genomics  
  
high risk behavior  
  
human  
  
loneliness  
  
major clinical study  
  
male  
  
\*Mendelian randomization analysis  
  
mental disease  
  
mental health  
  
randomized controlled trial  
  
risk assessment  
  
risk factor  
  
\*schizophrenia  
  
socioeconomics  
  
\*suicide attempt",

"DU":"nan",

"OD":"nan",

"AB":"adult [m]  
  
biobank [m]  
  
\*bipolar disorder [m]  
  
controlled study [m]  
  
distress syndrome [m]  
  
drug dependence [m]  
  
female [m]  
  
genetic association [m]  
  
genetic risk [m]  
  
genetic susceptibility [m]  
  
genome-wide association study [m]  
  
genomics [m]  
  
high risk behavior [m]  
  
human [m]  
  
loneliness [m]  
  
major clinical study [m]  
  
male [m]  
  
\*Mendelian randomization analysis [m]  
  
mental disease [m]  
  
mental health [m]  
  
randomized controlled trial [m]  
  
risk assessment [m]  
  
risk factor [m]  
  
\*schizophrenia [m]  
  
socioeconomics [m]  
  
\*suicide attempt [m]",

"FTURL":"Bipolar disorder (BD) and schizophrenia (SZ) are associated with higher odds of suicide attempt (SA). In this study, we aimed to explore the effect of BD and SZ genetic liabilities on SA, also considering the contribution of behavioral traits, socioeconomic factors, and substance use disorders. Leveraging large-scale genome-wide association data from the Psychiatric Genomics Consortium (PGC) and the UK Biobank (UKB), we conducted a two-sample Mendelian randomization (MR) analysis to evaluate the putative causal effect of BD (41,917 cases, 371,549 controls) and SZ (53,386 cases, 77,258 controls) on SA (26,590 cases, 492,022 controls). Then, we assessed the putative causal effect of BD and SZ on behavioral traits, socioeconomic factors, and substance use disorders. Considering the associations identified, we evaluated the direct causal effect of behavioral traits, socioeconomic factors, and substance use disorders on SA using a multivariable MR approach. The genetic liabilities to BD and SZ were associated with higher odds of SA (BD odds ratio (OR)=1.24, p=3.88x10-12 SZ OR=1.09, p=2.44x10-20). However, while the effect of mental distress (OR=1.17, p=1.02x10-4) and risk-taking (OR=1.52, p=0.028) on SA was independent of SZ genetic liability, the BD-SA relationship appeared to account for the effect of these risk factors. Similarly, the association with loneliness on SA was null after accounting for the effect of SZ genetic liability. These findings highlight the complex interplay between genetic risk of psychiatric disorders and behavioral traits in the context of SA, suggesting the need for a comprehensive mental health assessment for high-risk individuals.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"46",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"36169433",

"TI":"Evaluation of ocular surface in children with attention deficit hyperactivity disorder with respect to methylphenidate treatment.",

"SO":"Arquivos Brasileiros de Oftalmologia. 87(2):0290, 2022.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Aydemir E  
  
Aydemir GA  
  
Kalinli M",

"MH":"Aydemir, Emre ORCID: http://orcid.org/0000-0001-6969-0095  
  
Aydemir, Gozde Aksoy ORCID: http://orcid.org/0000-0002-5708-9283",

"DU":"Aydemir, Emre  
  
Aydemir, Gozde Aksoy  
  
Kalinli, Merve",

"OD":"Aydemir, Emre. Ophthalmology Department, Adiyaman University Training and Research Hospital, Adiyaman, Turkey.  
  
Aydemir, Gozde Aksoy. Ophthalmology Department, Adiyaman University Training and Research Hospital, Adiyaman, Turkey.  
  
Kalinli, Merve. Child and Adolescent Psychiatry Department, Adiyaman University Training and Research Hospital, Adiyaman, Turkey.",

"AB":"Child  
  
Adolescent  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
Attention Deficit Disorder with Hyperactivity/co [Complications]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Methylphenidate/ae [Adverse Effects]  
  
\*Methylphenidate  
  
Cross-Sectional Studies  
  
Tomography, Optical Coherence/mt [Methods]  
  
Dry Eye Syndromes/et [Etiology]  
  
\*Dry Eye Syndromes  
  
Tears",

"FTURL":"nan",

"PM":"nan",

"DJ":"PURPOSE: This study aimed to screen the ocular surface of children with attention deficit hyperactivity disorder and identify the adverse effects of methylphenidate related to dry eye disease.  
  
METHODS: This cross-sectional study included children with attention deficit hyperactivity disorder and healthy children (all aged 5-18 years). They were randomized into Group A (without methylphenidate treatment), Group B (with methylphenidate treatment), and Group C (healthy children). Tear film break-up time, Ocular Surface Disease Index questionnaire, tear meniscus height, tear meniscus area, and Schirmer test results were evaluated. Furthermore, symptom severity in attention deficit hyperactivity disorder was assessed by Turgay DSM-IV-based Child and Adolescent Behavioral Disorders Screening and Rating Scale and Conners Parent Rating Scale-48.  
  
RESULTS: Groups A, B, and C consisted of 34, 40, and 60 individuals (n=34, 40, and 60 eyes age=11.44 +/- 2.79, 11.70 +/- 2.83, and 11.96 +/- 3.63 years, median age=12, 12, and 11.5 years), respectively. Tear film break-up time, Ocular Surface Disease Index, tear meniscus height, tear meniscus area, and Schirmer test results were not significantly different between Groups A and C (p=0.964, 0.336, 0.445, 0.439, and 0.759, respectively). However, Group B showed a significant decrease in tear film break-up time (10.50 +/- 3.39 vs. 12.52 +/- 2.46 s p=0.005), tear meniscus height (307.40 +/- 5.53 vs. 310.82 +/- 7.30 microm p=0.025), tear meniscus area (0.024 +/- 0.0037 vs. 0.026 +/- 0.0046 mm2 p=0.010) and Schirmer test (12.75 +/- 3.96 vs. 15.41 +/- 3.75 mm p=0.004) results compared with Group A.  
  
CONCLUSION: Compared with healthy children, children with attention deficit hyperactivity disorder showed ocular surface parameters suggestive of dry eye disease despite taking methylphenidate. Thus, they require close ophthalmologic follow-up to prevent sight-threatening dry eye complications.",

"MV":"207ZZ9QZ49 (Methylphenidate)",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"47",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2014022821",

"TI":"Neuropsychiatric disorders as risk factors and consequences of COVID-19: A Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 03 Jul 2021.",

"AU":"Xiang Y.  
  
Jinghong Q.I.U.  
  
Zhang R.  
  
Chau C.K.-L.  
  
Rao S.  
  
So H.-C.",

"AO":"(Xiang, Jinghong, Zhang, Chau, Rao, So) School of Biomedical Sciences, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(Rao, So) CUHK, Shenzhen Research Institute, Shenzhen, China  
  
(So) KIZ-CUHK Joint Laboratory of Bioresources and Molecular Research of Common Diseases, Kunming Institute of Zoology, The Chinese University of Hong Kong, China  
  
(So) Department of Psychiatry, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Margaret K.L. Cheung Research Centre for Management of Parkinsonism, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Brain and Mind Institute, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Hong Kong Branch of the Chinese Academy of Sciences Center for Excellence in Animal Evolution and Genetics, The Chinese University of Hong Kong, Hong Kong  
  
(Rao) Department of Bioinformatics, Fujian Medical University, Fuzhou, China",

"IN":"medRxiv",

"PB":"alcoholism  
  
anxiety  
  
attention deficit hyperactivity disorder  
  
bipolar disorder  
  
cannabis addiction  
  
confounding bias  
  
controlled study  
  
\*coronavirus disease 2019  
  
correlation analysis  
  
\*depression  
  
false discovery rate  
  
genetic correlation  
  
genome-wide association study  
  
human  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
observational study  
  
phenotype  
  
pleiotropy  
  
pneumonia  
  
posttraumatic stress disorder  
  
prospective study  
  
randomized controlled trial  
  
\*risk factor  
  
schizophrenia  
  
suicidal ideation  
  
alcohol  
  
opiate",

"MH":"nan",

"DU":"alcoholism [m]  
  
anxiety [m]  
  
attention deficit hyperactivity disorder [m]  
  
bipolar disorder [m]  
  
cannabis addiction [m]  
  
confounding bias [m]  
  
controlled study [m]  
  
\*coronavirus disease 2019 [m]  
  
correlation analysis [m]  
  
\*depression [m]  
  
false discovery rate [m]  
  
genetic correlation [m]  
  
genome-wide association study [m]  
  
human [m]  
  
\*Mendelian randomization analysis [m]  
  
\*mental disease [m]  
  
observational study [m]  
  
phenotype [m]  
  
pleiotropy [m]  
  
pneumonia [m]  
  
posttraumatic stress disorder [m]  
  
prospective study [m]  
  
randomized controlled trial [m]  
  
\*risk factor [m]  
  
schizophrenia [m]  
  
suicidal ideation [m]",

"OD":"Background More than 180 million cases of COVID-19 have been reported worldwide. It has been proposed that neuropsychiatric disorders may be risk factors and/or consequences of COVID-19 infection. However, observational studies could be affected by confounding bias. Methods We performed bi-directional two-sample Mendelian randomization (MR) analysis to evaluate causal relationships between liability to COVID-19 (and severe/critical infection) and a wide range of neuropsychiatric disorders or traits. We employed GWAS summary statistics from the COVID-19 Host Genetics Initiative. A variety of MR methods including those accounting for horizontal pleiotropy were employed. Results Overall, we observed evidence that liability to COVID-19 or severe infection may be causally associated with higher risks of post-traumatic stress disorder (PTSD), bipolar disorder (BD) (especially BD II), schizophrenia (SCZ), attention deficit hyperactivity disorder (ADHD) and suicidal thought (ST) when compared to the general population. On the other hand, liability to a few psychiatric traits/disorders, for example ADHD, alcohol and opioid use disorders may be causally associated with higher risks of COVID-19 infection or severe disease. In genetic correlation analysis, cannabis use disorder, ADHD, and anxiety showed significant and positive genetic correlation with critical or hospitalized infection. All the above findings passed multiple testing correction at a false discovery rate (FDR)<0.05. For pneumonia, in general we observed a different pattern of causal associations. We observed bi-directional positive associations with depression- and anxiety-related phenotypes. Conclusions In summary, this study provides evidence for tentative bi-directional causal associations between liability to COVID-19 (and severe infection) and a number of neuropsychiatric disorders. Further replications and prospective studies are required to verify the findings.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"alcohol [m]  
  
opiate [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"48",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"6",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38053478",

"TI":"Effects of bilateral repetitive transcranial magnetic stimulation on prospective memory in patients with schizophrenia: A double-blind randomized controlled clinical trial.",

"SO":"Neuropsychopharmacology Reports. 2023 Dec 06",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Xue F  
  
Wang XF  
  
Kong FN  
  
Yin TL  
  
Wang YH  
  
Shi LD  
  
Liu XW  
  
Yu HJ  
  
Liu LJ  
  
Zhu P  
  
Qi XX  
  
Xu XJ  
  
Hu HP  
  
Li SX",

"MH":"Xue, Fen  
  
Wang, Xin-Fu  
  
Kong, Fan-Ni  
  
Yin, Tian-Lu  
  
Wang, Yu-Hong  
  
Shi, Li-Da  
  
Liu, Xiao-Wen  
  
Yu, Hui-Jing  
  
Liu, Li-Jun  
  
Zhu, Ping  
  
Qi, Xiao-Xue  
  
Xu, Xue-Jing  
  
Hu, Hong-Pu  
  
Li, Su-Xia",

"DU":"Xue, Fen. Mental Health Hospital, Dongcheng district, Beijing, Chaci community, China.  
  
Wang, Xin-Fu. Rong Jun Hospital, Hebei Province, Baoding, Lianchi District, China.  
  
Kong, Fan-Ni. National Institute on Drug Dependence and Beijing Key laboratory of Drug Dependence Research, Peking University, Beijing, Haidian District, China.  
  
Yin, Tian-Lu. Institute of Medical Information, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China.  
  
Wang, Yu-Hong. Rong Jun Hospital, Hebei Province, Baoding, Lianchi District, China.  
  
Shi, Li-Da. Rong Jun Hospital, Hebei Province, Baoding, Lianchi District, China.  
  
Liu, Xiao-Wen. Rong Jun Hospital, Hebei Province, Baoding, Lianchi District, China.  
  
Yu, Hui-Jing. Rong Jun Hospital, Hebei Province, Baoding, Lianchi District, China.  
  
Liu, Li-Jun. Rong Jun Hospital, Hebei Province, Baoding, Lianchi District, China.  
  
Zhu, Ping. Mental Health Hospital, Dongcheng district, Beijing, Chaci community, China.  
  
Qi, Xiao-Xue. Mental Health Hospital, Dongcheng district, Beijing, Chaci community, China.  
  
Xu, Xue-Jing. College of Education, Temple University, Philadelphia, Pennsylvania, USA.  
  
Hu, Hong-Pu. Institute of Medical Information, Chinese Academy of Medical Sciences & Peking Union Medical College, Beijing, China.  
  
Li, Su-Xia. National Institute on Drug Dependence and Beijing Key laboratory of Drug Dependence Research, Peking University, Beijing, Haidian District, China.",

"OD":"AIMS: To investigate effects of repetitive transcranial magnetic stimulation (rTMS) on the prospective memory (PM) in patients with schizophrenia (SCZ).  
  
METHODS: Fifty of 71 patients completed this double-blind placebo-controlled randomized trial and compared with 18 healthy controls' (HCs) PM outcomes. Bilateral 20 Hz rTMS to the dorsolateral prefrontal cortex at 90% RMT administered 5 weekdays for 4 weeks for a total of 20 treatments. The Positive and Negative Symptom Scale (PANSS), the Scale for the Assessment of Negative Symptoms (SANS), and PM test were assessed before and after treatment.  
  
RESULTS: Both Event-based PM (EBPM) and Time-based PM (TBPM) scores at baseline were significantly lower in patients with SCZ than that in HCs. After rTMS treatments, the scores of EBPM in patients with SCZ was significantly improved and had no differences from that in HCs, while the scores of TBPM did not improved. The negative symptom scores on PANSS and the scores of almost all subscales and total scores of SANS were significantly improved in both groups.  
  
CONCLUSIONS: Our findings indicated that bilateral high-frequency rTMS treatment can alleviate EBPM but not TBPM in patients with SCZ, as well as improve the negative symptoms.  
  
SIGNIFICANCE: Our results provide one therapeutic option for PM in patients with SCZ. Copyright © 2023 The Authors. Neuropsychopharmacology Reports published by John Wiley & Sons Australia, Ltd on behalf of The Japanese Society of Neuropsychopharmacology.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"cognitive function dorsolateral prefrontal cortex event-based prospective memory negative symptoms positive symptoms prefrontal cortex prospective memory rTMS schizophrenia time-based prospective memory",

"MV":"NOTNLM",

"TN":"Li, Su-Xia ORCID: https://orcid.org/0000-0002-0781-0300",

"If RCT or not":"Yes",

},

{

"UniqueID":"49",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2019150322",

"TI":"Patterns of antibiotic use, pathogens and clinical outcomes in hospitalised neonates and young infants with sepsis in the NeoOBS global neonatal sepsis observational cohort study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 23 Jun 2022.",

"AU":"Russell N.  
  
Stohr W.  
  
Plakkal N.  
  
Cook A.  
  
Berkley J.A.  
  
Adhisivam B.  
  
Agarwal R.  
  
Balasegaram M.  
  
Ballot D.  
  
Bekker A.  
  
Berezin E.N.  
  
Bilardi D.  
  
Boonkasidecha S.  
  
Carvalheiro C.G.  
  
Chaurasia S.  
  
Chiurchiu S.  
  
Cousens S.  
  
Cressey T.R.  
  
Dien T.M.  
  
Ding Y.  
  
Dramowski A.  
  
Madhusudhan D.S.  
  
Dudeja A.  
  
Feng J.  
  
Glupczynski Y.  
  
Goossens H.  
  
Huertas T.M.  
  
Islam M.S.  
  
Jarovsky D.  
  
Khavessian N.  
  
Khorana M.  
  
Kostyanev T.  
  
Larsson M.  
  
De Luca M.  
  
Malhotra-Kumar S.  
  
Mussi-Pinhata M.M.  
  
Nanavati R.  
  
Nangia S.  
  
Nankunda J.  
  
Nardone A.  
  
Nyaoke B.  
  
Obiero C.W.  
  
Owor M.  
  
Ping W.  
  
Preedisripipat K.  
  
Qazi S.  
  
Ramdin T.  
  
Riddell A.  
  
Roilides E.  
  
Saha S.K.  
  
Sarafidis K.  
  
Thomas R.  
  
Velaphi S.  
  
Vilken T.  
  
Wang Y.  
  
Yang Y.  
  
Zunjie L.  
  
Ellis S.  
  
Bielicki J.  
  
Walker A.S.  
  
Heath P.T.  
  
Sharland M.",

"AO":"Russell, Neal ORCID: https://orcid.org/0000-0002-9538-7695  
  
Cook, Aislinn ORCID: https://orcid.org/0000-0002-9189-7815  
  
Sharland, Mike ORCID: https://orcid.org/0000-0001-8626-8291  
  
Stohr, Wolfgang ORCID: https://orcid.org/0000-0002-6533-2888  
  
Agarwal, Ramesh ORCID: https://orcid.org/0000-0001-6208-3057",

"IN":"(Russell, Cook, Huertas, Riddell, Bielicki, Heath, Sharland) Center for Neonatal and Paediatric Infection (CNPI), Institute of Infection & Immunity, St George's University of London, United Kingdom  
  
(Stohr, Walker) Medical Research Council Clinical Trials Unit, University College London, London, United Kingdom  
  
(Plakkal, Adhisivam) Department of Neonatology, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Pondicherry, India  
  
(Berkley, Obiero) Clinical Research Department, KEMRI-Wellcome Trust Research Programme, Kilifi, Kenya  
  
(Berkley) Centre for Tropical Medicine & Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom  
  
(Berkley) The Childhood Acute Illness & Nutrition (CHAIN) Network, Nairobi, Kenya  
  
(Agarwal) Newborn Division and WHO-CC, All India Institute of Medical Sciences, New Delhi, India  
  
(Balasegaram, Khavessian, Nyaoke, Ellis) Global Antibiotic Research and Development Partnership (GARDP), Geneva, Switzerland  
  
(Ballot, Ramdin, Velaphi) Department of Paediatrics and Child Health, Chris Hani Baragwanath Academic Hospital, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa  
  
(Bekker, Dramowski) Department of Paediatrics and Child Health, Faculty of Medicine and Health Sciences, Stellenbosch University, South Africa  
  
(Berezin, Jarovsky) Pediatric Infectious Diseases Unit, Santa Casa de Sao Paulo, Rua Dr. Cesario Mota Junior 112, SP, Sao Paulo 01221-020, Brazil  
  
(Bilardi, Nardone) Penta Foundation, Padova, Italy  
  
(Boonkasidecha) Queen Sirikit National Institute of Child Health, Bangkok, Thailand  
  
(Carvalheiro, Mussi-Pinhata) Department of Pediatrics, Ribeirao Preto Medical School, University of Sao Paulo, Brazil  
  
(Chaurasia) All India Institute of Medical Sciences, Department of Paediatrics, New Delhi, India  
  
(Chiurchiu, De Luca) Academic Hospital Paediatric Department, Bambino Gesu Children's Hospital, Rome, Italy  
  
(Cousens) Faculty of Epidemiology and Population Health, Department of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine, United Kingdom  
  
(Cressey) PHPT/IRD-MIVEGEC, Faculty of Associated Medical Sciences, Chiang Mai University, Thailand  
  
(Dien) Vietnam National Children's Hospital, Hanoi, Vietnam and Surgical intensive care unit, Vietnam National Children's Hospital, Hanoi, Vietnam  
  
(Ding) Department of Neonatology, Beijing Children's Hospital, Capital Medical University, National Centre for Children's Health, Beijing, China  
  
(Madhusudhan, Nanavati) Neonatology Department, Seth GS Medical College, King Edward Memorial Hospital, Mumbai, India  
  
(Dudeja, Nangia) Department of Neonatology, Lady Hardinge Medical College & associated SSK & KSC Hospitals, New Delhi, India  
  
(Feng, Yang) Department of Neonatology, Shenzhen Children's Hospital, Shenzhen, China  
  
(Glupczynski, Goossens, Kostyanev, Malhotra-Kumar, Vilken) Laboratory of Medical Microbiology, University of Antwerp, Antwerp, Belgium  
  
(Islam, Saha) Child Health Research Foundation (CHRF), Dhaka Shishu Hospital, Dhaka, Bangladesh  
  
(Khorana) Neonatal Unit, Department of Pediatrics, Queen Sirikit National Institute of Child Health, College of Medicine, Rangsit University, Bangkok, Thailand  
  
(Larsson) Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden  
  
(Nankunda, Owor) Makerere University - Johns Hopkins University Research Collaboration, Kampala, Uganda  
  
(Obiero) Amsterdam UMC, University of Amsterdam, Emma Children's Hospital, Department of Global Health, Amsterdam, Netherlands  
  
(Ping, Zunjie) Beijing Obstetrics and Gynecology Hospital, Capital Medical University, Beijing, China  
  
(Preedisripipat) Chiangrai Prachanukroh Hospital, Chiang Rai, Thailand  
  
(Qazi) World Health Organisation, Maternal, Newborn, Child and Adolescent Health Department, Geneva, Switzerland  
  
(Ramdin) Department of Paediatrics and Child Health, Charlotte Maxeke Johannesburg Academic Hospital, Johannesburg, South Africa  
  
(Roilides) Infectious Diseases Unit, 3rd Dept Pediatrics, School of Medicine, Faculty of Health Sciences, Aristotle University, Hippokration General Hospital, Thessaloniki, Greece  
  
(Sarafidis) Neonatology Dept, School of Medicine, Faculty of Health Sciences, Aristotle University, Hippokration General Hospital, Thessaloniki, Greece  
  
(Thomas) School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, South Africa  
  
(Wang) Department of Neonatology, Children's Hospital, Capital Institute of Pediatrics, Yabao Road, Chaoyang District, Beijing, China",

"PB":"medRxiv",

"MH":"Acinetobacter  
  
adult  
  
Africa  
  
antibiotic therapy  
  
Asia  
  
bacterium culture  
  
bacterium isolate  
  
birth weight  
  
blood culture  
  
case fatality rate  
  
\*clinical outcome  
  
clinical practice  
  
\*cohort analysis  
  
controlled study  
  
drug combination  
  
drug therapy  
  
female  
  
Gram negative bacterium  
  
Gram negative infection  
  
health care quality  
  
hospitalization  
  
hospitalized infant  
  
human  
  
infant  
  
\*infectious agent  
  
intravascular catheter  
  
Klebsiella pneumoniae  
  
major clinical study  
  
male  
  
methicillin resistant Staphylococcus aureus  
  
microbiology  
  
middle income country  
  
newborn  
  
\*newborn sepsis  
  
nonhuman  
  
observational study  
  
\*outcome assessment  
  
patient history of surgery  
  
\*sepsis  
  
Staphylococcus aureus  
  
World Health Organization  
  
\*antibiotic agent  
  
carbapenem  
  
carbapenem derivative  
  
cefotaxime  
  
ceftazidime  
  
ceftriaxone  
  
cephalosporin derivative  
  
colistin  
  
endogenous compound  
  
extended spectrum beta lactamase  
  
penicillin derivative  
  
piperacillin plus tazobactam  
  
quinoline derived antiinfective agent",

"DU":"\*antibiotic agent [m]  
  
carbapenem [m]  
  
carbapenem derivative [m]  
  
cefotaxime [m]  
  
ceftazidime [m]  
  
ceftriaxone [m]  
  
cephalosporin derivative [m]  
  
colistin [m]  
  
endogenous compound [m]  
  
extended spectrum beta lactamase [m]  
  
penicillin derivative [m]  
  
piperacillin plus tazobactam [m]  
  
quinoline derived antiinfective agent [m]",

"OD":"Acinetobacter [m]  
  
adult [m]  
  
Africa [m]  
  
antibiotic therapy [m]  
  
Asia [m]  
  
bacterium culture [m]  
  
bacterium isolate [m]  
  
birth weight [m]  
  
blood culture [m]  
  
case fatality rate [m]  
  
\*clinical outcome [m]  
  
clinical practice [m]  
  
\*cohort analysis [m]  
  
controlled study [m]  
  
drug combination [m]  
  
drug therapy [m]  
  
female [m]  
  
Gram negative bacterium [m]  
  
Gram negative infection [m]  
  
health care quality [m]  
  
hospitalization [m]  
  
hospitalized infant [m]  
  
human [m]  
  
infant [m]  
  
\*infectious agent [m]  
  
intravascular catheter [m]  
  
Klebsiella pneumoniae [m]  
  
major clinical study [m]  
  
male [m]  
  
methicillin resistant Staphylococcus aureus [m]  
  
microbiology [m]  
  
middle income country [m]  
  
newborn [m]  
  
\*newborn sepsis [m]  
  
nonhuman [m]  
  
observational study [m]  
  
\*outcome assessment [m]  
  
patient history of surgery [m]  
  
\*sepsis [m]  
  
Staphylococcus aureus [m]  
  
World Health Organization [m]",

"AB":"Background Neonatal sepsis is a leading cause of child mortality, and increasing antimicrobial resistance threatens progress towards the Sustainable Development Goals. Evidence to guide antibiotic treatment for sepsis in neonates and young infants from randomized controlled trials or observational studies in low- and middle-income countries (LMICs) is scarce. We aimed to describe patterns of antibiotic use, pathogens and outcomes in LMIC hospital settings globally to inform future clinical trials on the management of neonatal sepsis. Methods & Findings Hospitalised infants aged <60 days with clinical sepsis were enrolled during 2018-2020 by 19 sites in 11 countries (mainly Asia and Africa). Prospective daily data was collected on clinical signs, supportive care, antibiotic treatment, microbiology and clinical outcome at 28 days. The study was observational, with no changes to routine clinical practice. 3204 infants were enrolled, with median birth weight 2500g (IQR 1400-3000) and postnatal age 5 days (IQR 2-15). Of 309 enrolled aged 28-60 days, 58.6% (n=181) were ex-preterm and/or a neonate at admission. 2215 (69%) infants had been in hospital since birth. 206 different empiric antibiotic combinations were used, which were structured into 5 groups that were developed from the World Health Organisation (WHO) AWaRe classification. 25.9% (n=814) of infants started a WHO first line regimen (Group 1 -Access, penicillin-based regimen) and 13.8% (n=432) started WHO second-line cephalosporins (cefotaxime/ceftriaxone) (Group 2- 'Low' Watch). The largest group (34.0%, n=1068) started a regimen providing partial extended-spectrum beta-lactamase (ESBL)/pseudomonal coverage (piperacillin-tazobactam, ceftazidime, or fluoroquinolone-based) (Group 3 - 'Medium' Watch), 18.0% (n=566) started a carbapenem (Group 4 - 'High' Watch), and 1.8% (n=57) started a Reserve antibiotic (Group 5, largely colistin-based). Predictors of starting non-WHO recommended regimens included lower birth weight, longer in-hospital stay, central vascular catheter use, previous culture positive sepsis or antibiotic exposure, previous surgery and greater sepsis severity. 728/2880 (25.3%) of initial regimens in Group 1-4 were escalated, mainly to carbapenems, and usually for clinical indications (n=480 65.9%). 564 infants (17.6%) isolated a pathogen from their baseline blood culture, of which 62.9% (n=355) had a Gram-negative organism, predominantly Klebsiella pneumoniae (n=132) and Acinetobacter spp. (n=72). These leading Gram-negatives were both mostly resistant to WHO-recommended regimens, and also resistant to carbapenems in 32.6% and 71.4% of cases respectively. MRSA accounted for 61.1% of Staphylococcus aureus (n=54) isolates. Overall, 350/3204 infants died (11.3% 95%CI 10.2-12.5%), with 17.7% case fatality rate among infants with a pathogen in baseline culture (95%CI 14.7-20.1%, n=99/564). Gram-negative infections accounted for 75/99 (75.8%) of pathogen-positive deaths, especially Klebsiella pneumoniae (n=28 28.3%), and Acinetobacter spp. (n=24 24.2%). Conclusion A very wide range of antibiotic regimens are now used to treat neonatal sepsis globally. There is common use of higher-level Watch antibiotics, frequent early switching and very infrequent deescalation of therapy. Future hospital based neonatal sepsis trials will ideally need to account for the multiple regimens used as standard of care globally and include both empiric first line regimens and subsequent switching in the trial design.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"50",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"29780361",

"TI":"Challenges and Promises for Planning Future Clinical Research Into Bacteriophage Therapy Against Pseudomonas aeruginosa in Cystic Fibrosis. An Argumentative Review. [Review]",

"SO":"Frontiers in Microbiology. 9:775, 2018.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"PubMed-not-MEDLINE",

"PB":"Rossitto M  
  
Fiscarelli EV  
  
Rosati P",

"MH":"nan",

"DU":"Rossitto, Martina  
  
Fiscarelli, Ersilia V  
  
Rosati, Paola",

"OD":"Rossitto, Martina. Cystic Fibrosis Microbiology, Laboratory Department, Bambino Gesu Children's Hospital IRCCS, Rome, Italy.  
  
Fiscarelli, Ersilia V. Cystic Fibrosis Microbiology, Laboratory Department, Bambino Gesu Children's Hospital IRCCS, Rome, Italy.  
  
Rosati, Paola. Unit of Clinical Epidemiology, Bambino Gesu Children's Hospital IRCCS, Rome, Italy.",

"AB":"bacteriophage therapy biofilm cystic fibrosis efficiency of plating lytic phages multidrug-resistant Pseudomonas aeruginosa phage cocktails phages and antibiotics combined",

"FTURL":"NOTNLM",

"PM":"Although early aggressive and prolonged treatment with specific antibiotics can extend survival in patients with cystic fibrosis (CF) colonized by opportunistic Pseudomonas aeruginosa (PA), antibiotics fail to eradicate the infecting multidrug-resistant (MDR) PA strains in CF. Century-long research has suggested treating patients with bacteriophages (phages, prokaryotic viruses) naturally hosted by bacteria. Although the only phage types used in therapy, lytic phages, lyse PA aggregated in biofilm matrix by depolymerase degrading enzymes, how they can effectively, safely, and persistently do so in patients with CF is unclear. Even though advanced techniques for formulating phage cocktails, training phages and collecting phage libraries have improved efficacy in vitro, whether personalized or ready-to-use therapeutic approaches or phages and antibiotics combined are effective and safe in vivo, and can reduce PA biofilms, remains debatable. Hence, to advance clinical research on phage therapy in clinical trials, also involving mucoid and non-mucoid multidrug-resistant PA in CF, and overcome problems in Western international regulations, we need reliable and repeatable information from experiments in vitro and in vivo on phage characterization, cocktail selection, personalized approaches, and phages combined with antibiotics. These findings, challenges, and promises prompted us to undertake this argumentative review to seek up-to-date information from papers describing lytic phage activity tested in vitro on PA laboratory strains, and PA strains from chronic infections including CF. We also reviewed in vivo studies on phage activity on pulmonary and non-pulmonary animal host models infected by laboratory or CF PA strains. Our argumentative review provides essential information showing that future phage clinical research in CF should use well-characterized and selected phages isolated against CF PA, tested in vitro under dynamic conditions in cocktails or combined with antibiotics, and in vivo on non-pulmonary and pulmonary host models infected with mucoid and non-mucoid CF MDR PA. Our findings should encourage pharmaceutical industries to conduct clinical trials in vitro and in vivo testing patented genomic engineered phages from phage libraries combined with antibiotics to treat or even prevent multidrug-resistant PA in CF, thus helping international regulatory agencies to plan future clinical research on phage therapy in CF.",

"DJ":"Journal Article  
  
Review",

"MV":"2018",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"51",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37997705",

"TI":"BCMA CAR-T cells in multiple myeloma-ready for take-off?. [Review]",

"SO":"Leukemia & Lymphoma. :1-15, 2023 Nov 24",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Scheller L  
  
Tebuka E  
  
Rambau PF  
  
Einsele H  
  
Hudecek M  
  
Prommersberger SR  
  
Danhof S",

"MH":"Scheller, Lukas  
  
Tebuka, Erius  
  
Rambau, Peter Fabian  
  
Einsele, Hermann  
  
Hudecek, Michael  
  
Prommersberger, Sabrina Rebecca  
  
Danhof, Sophia",

"DU":"Scheller, Lukas. Medizinische Klinik und Poliklinik II und Lehrstuhl fur zellulare Immuntherapie, Medizinische Klinik II, Universitatsklinikum Wurzburg, Wurzburg, Germany.  
  
Scheller, Lukas. Interdisziplinares Zentrum fur Klinische Forschung (IZKF), Universitatsklinikum Wurzburg, Wurzburg, Germany.  
  
Tebuka, Erius. Department of Pathology, Catholic University of Health and Allied Sciences (CUHAS), Mwanza, Tanzania.  
  
Tebuka, Erius. Else-Kroner-Center Wurzburg-Mwanza, Catholic University of Health and Allied Sciences (CUHAS), Mwanza, Tanzania.  
  
Rambau, Peter Fabian. Department of Pathology, Catholic University of Health and Allied Sciences (CUHAS), Mwanza, Tanzania.  
  
Einsele, Hermann. Medizinische Klinik und Poliklinik II und Lehrstuhl fur zellulare Immuntherapie, Medizinische Klinik II, Universitatsklinikum Wurzburg, Wurzburg, Germany.  
  
Hudecek, Michael. Medizinische Klinik und Poliklinik II und Lehrstuhl fur zellulare Immuntherapie, Medizinische Klinik II, Universitatsklinikum Wurzburg, Wurzburg, Germany.  
  
Prommersberger, Sabrina Rebecca. Medizinische Klinik und Poliklinik II und Lehrstuhl fur zellulare Immuntherapie, Medizinische Klinik II, Universitatsklinikum Wurzburg, Wurzburg, Germany.  
  
Danhof, Sophia. Medizinische Klinik und Poliklinik II und Lehrstuhl fur zellulare Immuntherapie, Medizinische Klinik II, Universitatsklinikum Wurzburg, Wurzburg, Germany.  
  
Danhof, Sophia. Mildred Scheel Early Career Center, Universitatsklinikum Wurzburg, Wurzburg, Germany.",

"OD":"BCMA CAR-T chimeric antigen receptor T cell clinical trials multiple myeloma",

"AB":"NOTNLM",

"FTURL":"Although the approval of new drugs has improved the clinical outcome of multiple myeloma (MM), it was widely regarded as incurable over the past decades. However, recent advancements in groundbreaking immunotherapies, such as chimeric antigen receptor T cells (CAR-T), have yielded remarkable results in heavily pretreated relapse/refractory patients, instilling hope for a potential cure. CAR-T are genetically modified cells armed with a novel receptor to specifically recognize and kill tumor cells. Among the potential targets for MM, the B-cell maturation antigen (BCMA) stands out since it is highly and almost exclusively expressed on plasma cells. Here, we review the currently approved BCMA-directed CAR-T products and ongoing clinical trials in MM. Furthermore, we explore innovative approaches to enhance BCMA-directed CAR-T and overcome potential reasons for treatment failure. Additionally, we explore the side effects associated with these novel therapies and shed light on accessibility of CAR-T therapy around the world.",

"PM":"Journal Article  
  
Review",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Scheller, Lukas ORCID: https://orcid.org/0000-0002-0912-1808  
  
Tebuka, Erius ORCID: https://orcid.org/0000-0002-9821-3260  
  
Rambau, Peter Fabian ORCID: https://orcid.org/0000-0001-5875-6343  
  
Einsele, Hermann ORCID: https://orcid.org/0000-0002-7680-0819  
  
Hudecek, Michael ORCID: https://orcid.org/0000-0002-2280-2202  
  
Prommersberger, Sabrina Rebecca ORCID: https://orcid.org/0000-0003-4276-2268  
  
Danhof, Sophia ORCID: https://orcid.org/0000-0003-1316-0241",

"If RCT or not":"No",

},

{

"UniqueID":"52",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018694366",

"TI":"Effect modification in network meta-analyses of treatments for relapsing refractory multiple myeloma (RRMM): systematic review, meta-analysis, and simulation.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 16 May 2022.",

"AU":"Rose C.J.  
  
Ohm I.K.  
  
Giske L.  
  
Naess G.E.  
  
Fretheim A.",

"AO":"nan",

"IN":"(Rose, Ohm, Giske, Naess) Reviews and Health Technology Assessments, Division for Health Services, Norwegian Institute of Public Health, Oslo, Norway  
  
(Rose, Fretheim) Center for Epidemic Interventions Research, Norwegian Institute of Public Health, Oslo, Norway",

"PB":"medRxiv",

"MH":"\*cancer recurrence  
  
cancer survival  
  
controlled study  
  
human  
  
meta analysis  
  
\*multiple myeloma  
  
\*network meta-analysis  
  
overall survival  
  
phase 2 clinical trial (topic)  
  
progression free survival  
  
randomized controlled trial (topic)  
  
\*simulation  
  
systematic review",

"DU":"\*cancer recurrence [m]  
  
cancer survival [m]  
  
controlled study [m]  
  
human [m]  
  
meta analysis [m]  
  
\*multiple myeloma [m]  
  
\*network meta-analysis [m]  
  
overall survival [m]  
  
phase 2 clinical trial (topic) [m]  
  
progression free survival [m]  
  
randomized controlled trial (topic) [m]  
  
\*simulation [m]  
  
systematic review [m]",

"OD":"Aims Network meta-analysis (NMA) has been used in several systematic reviews on relapsing refractory multiple myeloma (RRMM). NMAs have been questioned on the basis that effect modification may invalidate the underpinning assumptions. We aimed to systematically review and meta-analyze the evidence for effect modification of hazard ratios (HRs) for overall survival (OS) and progression-free survival (PFS) with respect to refractory status and number of treatment lines. Methods We extracted stratified HR estimates from 42 phase 2 and 3 randomized controlled trials (RCTs). We tested for within-study effect modification and used meta-analyses to estimate ratios of hazard ratios (RHRs) across trial under assumptions that strongly favor the modification hypothesis. RHR estimates were used in simulations to estimate how many NMA results would be expected to differ in the presence versus absence of effect modification. Results Most (95%) publications could have reported stratified estimates but only 14% (OS) and 43% (PFS) did. Within-study evidence for effect modification is very weak (p > 0.05 for 47 of 49 sets of stratified estimates). The largest RHR estimated was 1.31 (95% CI 1.16-1.47), for the modifying effect of refractory status on HR for PFS. Simulations suggest that, in the worst case, effect modification would result in 4.48% (95% CI 4.42%-4.53%) of NMA estimates differing statistically significantly in the presence versus absence of effect modification. Conclusions Effect modification is essentially undetectable in phase 2 and 3 trials. In the worst case, it is unlikely to affect more than about 5% of random-effects NMA estimates.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"53",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026215424",

"TI":"PheMIME: An Interactive Web App and Knowledge Base for Phenome-Wide, Multi-Institutional Multimorbidity Analysis.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 27 Jul 2023.",

"AU":"Zhang S.  
  
Strayer N.  
  
Vessels T.  
  
Choi K.  
  
Wang G.W.  
  
Li Y.  
  
Bejan C.A.  
  
Hsi R.S.  
  
Bick A.G.  
  
Velez Edwards D.R.  
  
Savona M.R.  
  
Philips E.J.  
  
Pulley J.  
  
Self W.H.  
  
Hopkins W.C.  
  
Roden D.M.  
  
Smoller J.  
  
Ruderfer D.M.  
  
Xu Y.",

"AO":"Zhang, Siwei ORCID: https://orcid.org/0009-0005-0873-5217  
  
Strayer, Nick ORCID: https://orcid.org/0000-0003-4704-7124  
  
Vessels, Tess ORCID: https://orcid.org/0000-0003-4555-7008  
  
Bick, Alexander G. ORCID: https://orcid.org/0000-0001-5824-9595  
  
Choi, Karmel ORCID: https://orcid.org/0000-0002-3914-2431  
  
Bejan, Cosmin A. ORCID: https://orcid.org/0000-0001-5107-0584  
  
Xu, Yaomin ORCID: https://orcid.org/0000-0002-3752-4006  
  
Hsi, Ryan S. ORCID: https://orcid.org/0000-0003-1652-694X  
  
Savona, Michael R. ORCID: https://orcid.org/0000-0003-3763-5504  
  
Velez Edwards, Digna R. ORCID: https://orcid.org/0000-0001-5293-0056  
  
Pulley, Jill ORCID: https://orcid.org/0000-0003-0316-5540  
  
Self, Wesley H. ORCID: https://orcid.org/0000-0002-9300-3045  
  
Roden, Dan M. ORCID: https://orcid.org/0000-0002-6302-0389  
  
Smoller, Jordan ORCID: https://orcid.org/0000-0002-0381-6334  
  
Ruderfer, Douglas M. ORCID: https://orcid.org/0000-0002-2365-386X",

"IN":"(Zhang, Li, Xu) Department of Biostatistics, Vanderbilt University, Nashville, TN, United States  
  
(Strayer) Posit PBC, Boston, MA, United States  
  
(Vessels, Ruderfer) Vanderbilt Genetics Institute, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Vessels, Bick, Ruderfer) Division of Genetic Medicine, Department of Medicine, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Choi, Smoller) Psychiatric and Neurodevelopmental Genetics Unit, Center for Genomic Medicine, Massachusetts General Hospital, Boston, MA, United States  
  
(Choi, Smoller) Center for Precision Psychiatry, Department of Psychiatry, Massachusetts General Hospital, Boston, MA, United States  
  
(Wang) Department of Statistics, North Carolina State University, United States  
  
(Bejan, Xu) Department of Biomedical Informatics, Vanderbilt University, Nashville, TN, United States  
  
(Hsi) Department of Urology, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Savona) Division of Hematology and Oncology, Department of Medicine, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Velez Edwards) Department of Obstetrics and Gynecology, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Philips) Center for Drug Safety and Immunology, Department of Medicine, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Philips) Institute for Immunology and Infectious Diseases, Murdoch University, Murdoch, WA, Australia  
  
(Pulley, Self, Hopkins) Vanderbilt Institute for Clinical and Translational Science, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Roden) Department of Pharmacology, Vanderbilt University, Medical Center, Nashville, TN, United States  
  
(Smoller) Stanley Center for Psychiatric Research, Broad Institute, Cambridge, MA, United States  
  
(Ruderfer) Department of Psychiatry and Behavioral Sciences, Vanderbilt University, Medical Center, Nashville, TN, United States",

"PB":"medRxiv",

"MH":"\*biobank  
  
controlled study  
  
data availability  
  
disease classification  
  
\*electronic health record  
  
human  
  
\*knowledge base  
  
Massachusetts  
  
multicenter study  
  
\*multiple chronic conditions  
  
\*network analysis  
  
organization  
  
\*reproducibility  
  
schizophrenia  
  
university hospital",

"DU":"nan",

"OD":"nan",

"AB":"\*biobank [m]  
  
controlled study [m]  
  
data availability [m]  
  
disease classification [m]  
  
\*electronic health record [m]  
  
human [m]  
  
\*knowledge base [m]  
  
Massachusetts [m]  
  
multicenter study [m]  
  
\*multiple chronic conditions [m]  
  
\*network analysis [m]  
  
organization [m]  
  
\*reproducibility [m]  
  
schizophrenia [m]  
  
university hospital [m]",

"FTURL":"Motivation: Multimorbidity, characterized by the simultaneous occurrence of multiple diseases in an individual, is an increasing global health concern, posing substantial challenges to healthcare systems. Comprehensive understanding of disease-disease interactions and intrinsic mechanisms behind multimorbidity can offer opportunities for innovative prevention strategies, targeted interventions, and personalized treatments. Yet, there exist limited tools and datasets that characterize multimorbidity patterns across different populations. To bridge this gap, we used large-scale electronic health record (EHR) systems to develop the Phenome-wide Multi-Institutional Multimorbidity Explorer (PheMIME), which facilitates research in exploring and comparing multimorbidity patterns among multiple institutions, potentially leading to the discovery of novel and robust disease associations and patterns that are interoperable across different systems and organizations. Result(s): PheMIME integrates summary statistics from phenome-wide analyses of disease multimorbidities. These are currently derived from three major institutions: Vanderbilt University Medical Center, Massachusetts General Brigham, and the UK Biobank. PheMIME offers interactive exploration of multimorbidity through multi-faceted visualization. Incorporating an enhanced version of associationSubgraphs, PheMIME enables dynamic analysis and inference of disease clusters, promoting the discovery of multimorbidity patterns. Once a disease of interest is selected, the tool generates interactive visualizations and tables that users can delve into multimorbidities or multimorbidity networks within a single system or compare across multiple systems. The utility of PheMIME is demonstrated through a case study on Schizophrenia. Availability and implementation: The PheMIME knowledge base and web application are accessible at https://prod.tbilab.org/PheMIME/. A comprehensive tutorial, including a use-case example, is available at https://prod.tbilab.org/PheMIME\_supplementary\_materials/. Furthermore, the source code for PheMIME can be freely downloaded from https://github.com/tbilab/PheMIME. Data availability statement: The data underlying this article are available in the article and in its online web application or supplementary material.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"54",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37992514",

"TI":"Exploring the efficacy of dialectical behaviour therapy and methylphenidate on emotional comorbid symptoms in adults with attention Deficit/Hyperactivity disorder: Results of the COMPAS multicentre randomised controlled trial.",

"SO":"Psychiatry Research. 330:115610, 2023 Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Lopez-Pinar C  
  
Selaskowski B  
  
Braun N  
  
Fornes-Ferrer V  
  
Euscher R  
  
Matthies S  
  
Jans T  
  
van Elst LT  
  
Jacob C  
  
Huss M  
  
Sobanski E  
  
Retz W  
  
Roesler M  
  
Retz-Junginger P  
  
Alm B  
  
Kis B  
  
Abdel-Hamid M  
  
Colla M  
  
Berger M  
  
Lux S  
  
Philipsen A",

"MH":"nan",

"DU":"Lopez-Pinar, Carlos  
  
Selaskowski, Benjamin  
  
Braun, Niclas  
  
Fornes-Ferrer, Victoria  
  
Euscher, Rebekka  
  
Matthies, Swantje  
  
Jans, Thomas  
  
van Elst, Ludger Tebartz  
  
Jacob, Christian  
  
Huss, Michael  
  
Sobanski, Esther  
  
Retz, Wolfgang  
  
Roesler, Michael  
  
Retz-Junginger, Petra  
  
Alm, Barbara  
  
Kis, Bernhard  
  
Abdel-Hamid, Mona  
  
Colla, Michael  
  
Berger, Mathias  
  
Lux, Silke  
  
Philipsen, Alexandra",

"OD":"Lopez-Pinar, Carlos. Department of Psychobiology and Basic Psychology, University of Valencia, Valencia, Spain Department of Psychology, European University of Valencia, Valencia, Spain. Electronic address: carloslopez.pinar@universidadeuropea.es.  
  
Selaskowski, Benjamin. Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, Germany.  
  
Braun, Niclas. Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, Germany.  
  
Fornes-Ferrer, Victoria. Tau Analytics, Statistics, Data Science and Bio-computing. Valencia, Spain.  
  
Euscher, Rebekka. Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, Germany.  
  
Matthies, Swantje. Department of Psychiatry and Psychotherapy, Faculty of Medicine, University Medical Centre Freiburg, University of Freiburg, Germany.  
  
Jans, Thomas. Centre of Mental Health, Department of Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy, University Hospital of Wurzburg, Wurzburg, Germany.  
  
van Elst, Ludger Tebartz. Department of Psychiatry and Psychotherapy, Faculty of Medicine, University Medical Centre Freiburg, University of Freiburg, Germany.  
  
Jacob, Christian. Department of Psychiatry and Psychotherapy, Medius Hospital of Kirchheim, Kirchheim unter Teck, Germany.  
  
Huss, Michael. Department of Child and Adolescent Psychiatry and Psychotherapy, University Medical Centre Mainz, Mainz, Germany.  
  
Sobanski, Esther. Department of Child and Adolescent Psychiatry and Psychotherapy, University Medical Centre Mainz, Mainz, Germany Institute for Forensic Psychology and Psychiatry, Saarland University Faculty of Medicine, Homburg/Saar, Germany.  
  
Retz, Wolfgang. Institute for Forensic Psychology and Psychiatry, Saarland University Faculty of Medicine, Homburg/Saar, Germany Department of Psychiatry and Psychotherapy, University Medical Centre Mainz, Mainz, Germany.  
  
Roesler, Michael. Institute for Forensic Psychology and Psychiatry, Saarland University Faculty of Medicine, Homburg/Saar, Germany.  
  
Retz-Junginger, Petra. Institute for Forensic Psychology and Psychiatry, Saarland University Faculty of Medicine, Homburg/Saar, Germany.  
  
Alm, Barbara. Department of Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty of Mannheim, University of Heidelberg, Mannheim, Germany.  
  
Kis, Bernhard. Department of Psychiatry and Psychotherapy, University Medical Centre Gottingen, Gottingen, Germany Department of Psychiatry, Psychotherapy and Psychosomatics, St. Elisabeth Hospital Niederwenigern, Contilia Group, Hattingen, Germany LVR-Hospital Essen, Department of Psychiatry and Psychotherapy, Faculty of Medicine, University of Duisburg-Essen, Essen, Germany.  
  
Abdel-Hamid, Mona. Department of Psychiatry and Psychotherapy, University Medical Centre Gottingen, Gottingen, Germany LVR-Hospital Essen, Department of Psychiatry and Psychotherapy, Faculty of Medicine, University of Duisburg-Essen, Essen, Germany.  
  
Colla, Michael. Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric University Hospital Zurich, Switzerland.  
  
Berger, Mathias. Department of Psychiatry and Psychotherapy, Faculty of Medicine, University Medical Centre Freiburg, University of Freiburg, Germany.  
  
Lux, Silke. Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, Germany.  
  
Philipsen, Alexandra. Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, Germany.",

"AB":"Adult  
  
Humans  
  
Methylphenidate/pd [Pharmacology]  
  
Methylphenidate/tu [Therapeutic Use]  
  
\*Methylphenidate  
  
Attention Deficit Disorder with Hyperactivity/co [Complications]  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
\*Central Nervous System Stimulants  
  
\*Dialectical Behavior Therapy  
  
Emotions  
  
Treatment Outcome  
  
Double-Blind Method",

"FTURL":"Adult ADHD Comorbidity Emotional disorders Psychotherapy Stimulant medication",

"PM":"NOTNLM",

"DJ":"This study evaluated the efficacy of dialectical behaviour group therapy (GPT) vs. individual clinical management (CM) and methylphenidate (MPH) vs. placebo (PLB) on emotional symptoms in adults with ADHD. This longitudinal multicentre RCT compared four groups (GPT+MPH, GPT+PLB, CM+MPH, and CM+PLB) over five assessment periods, from baseline to week 130. Emotional symptomatology was assessed using SCL-90-R subscales. Of the 433 randomised participants, 371 remained for final analysis. At week 13, the GPT+MPH group showed smaller reductions in anxiety symptoms than the CM groups, but the differences disappeared at subsequent assessments. Improvements in emotional symptom were significantly predicted by reductions in core ADHD symptoms in all groups except the GPT+MPH group. The unexpected lack of between-group differences may be explained by a floor effect, different intervention settings (group vs. individual), and psychotherapy type. Multiple regression analyses suggest a more specific effect of combined interventions (GPT+MPH). Implications for clinical practice are discussed. Clinical trial registration: ISRCTN54096201 (Current Controlled Trials). Copyright © 2023 Elsevier B.V. All rights reserved.",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
0 (Central Nervous System Stimulants)",

"TN":"Multicenter Study  
  
Randomized Controlled Trial  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"55",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024974763",

"TI":"Genome-wide association study of REM sleep behavior disorder in Parkinson's disease.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 25 May 2023.",

"AU":"Sosero Y.L.  
  
Heilbron K.  
  
Fontanillas P.  
  
Norcliffe-Kaufmann L.  
  
Yu E.  
  
Rudakou U.  
  
Ruskey J.A.  
  
Freeman K.  
  
Asayesh F.  
  
Brolin K.  
  
Swanberg M.  
  
Morris H.R.  
  
Wu L.  
  
Real R.  
  
Pihlstrom L.  
  
Tan M.  
  
Gasser T.  
  
Brockmann K.  
  
Liu H.  
  
Hu M.T.M.  
  
Grosset D.G.  
  
Lewis S.J.G.  
  
Kwok J.B.  
  
Pastor P.  
  
Alvarez I.  
  
Skorvanek M.  
  
Lackova A.  
  
Ostrozovicova M.  
  
Rizig M.  
  
Krohn L.  
  
Gan-Or Z.",

"AO":"(Sosero, Yu, Rudakou, Krohn, Gan-Or) Department of Human Genetics, McGill University, Montreal, QC, Canada  
  
(Sosero, Yu, Rudakou, Ruskey, Freeman, Asayesh, Krohn, Gan-Or) The Neuro (Montreal Neurological Institute-Hospital), McGill University, Montreal, QC, Canada  
  
(Brolin, Swanberg) Lund University, Translational Neurogenetics Unit, Department of Experimental Medical Science, Lund, Sweden  
  
(Morris, Wu, Real) Department of Clinical and Movement Neurosciences, UCL Queen Square Institute of Neurology, University College London, United Kingdom  
  
(Morris, Wu, Real) UCL Movement Disorders Centre, University College London, London, United Kingdom  
  
(Pihlstrom, Tan) Department of Neurology, Oslo University Hospital, Oslo, Norway  
  
(Gasser, Brockmann, Liu) Department of Neurodegeneration, Hertie Institute for Clinical Brain Research, Tuebingen, Germany  
  
(Hu) Oxford Parkinson's Disease Centre (OPDC), University of Oxford, Oxford, United Kingdom  
  
(Hu) Nuffield Department of Clinical Neurosciences, University of Oxford, Oxford, United Kingdom  
  
(Grosset) Institute of Neurological Sciences, Queen Elizabeth University Hospital, Glasgow, United Kingdom  
  
(Lewis, Kwok) Parkinson's Disease Research Clinic, Brain and Mind Centre, School of Medical Sciences, University of Sydney, Australia  
  
(Pastor, Alvarez) Unit of Neurodegenerative diseases, Department of Neurology, University Hospital Germans Trias i Pujol, The Germans Trias i Pujol Research Institute (IGTP), Badalona, Barcelona, Spain  
  
(Pastor, Alvarez) Department of Neurology, Hospital Universitari Mutua de Terrassa, Barcelona, Spain  
  
(Skorvanek, Lackova, Ostrozovicova) Department of Neurology, Pavol Jozef Safarik University in Kosice, Slovakia  
  
(Skorvanek, Lackova, Ostrozovicova) Department of Neurology, University Hospital of L. Pasteur, Kosice, Slovakia  
  
(Rizig) UCL Queen Square Institute of Neurology, London, United Kingdom  
  
(Gan-Or) Department of Neurology and Neurosurgery, McGill University, Montreal, QC, Canada  
  
(Heilbron, Fontanillas, Norcliffe-Kaufmann) 23andMe, Inc., Sunnyvale, CA, United States",

"IN":"medRxiv",

"PB":"adult  
  
Asian  
  
attention deficit hyperactivity disorder  
  
\*cognitive defect  
  
controlled study  
  
European  
  
female  
  
gene linkage disequilibrium  
  
gene locus  
  
genetic association  
  
genetic background  
  
genetic correlation  
  
genetic susceptibility  
  
genetic variability  
  
\*genome-wide association study  
  
human  
  
major clinical study  
  
male  
  
Mendelian randomization analysis  
  
\*Parkinson disease  
  
randomized controlled trial  
  
\*REM sleep behavior disorder  
  
single nucleotide polymorphism  
  
\*alpha synuclein  
  
endogenous compound  
  
\*leucine rich repeat kinase 2",

"MH":"nan",

"DU":"adult [m]  
  
Asian [m]  
  
attention deficit hyperactivity disorder [m]  
  
\*cognitive defect [m]  
  
controlled study [m]  
  
European [m]  
  
female [m]  
  
gene linkage disequilibrium [m]  
  
gene locus [m]  
  
genetic association [m]  
  
genetic background [m]  
  
genetic correlation [m]  
  
genetic susceptibility [m]  
  
genetic variability [m]  
  
\*genome-wide association study [m]  
  
human [m]  
  
major clinical study [m]  
  
male [m]  
  
Mendelian randomization analysis [m]  
  
\*Parkinson disease [m]  
  
randomized controlled trial [m]  
  
\*REM sleep behavior disorder [m]  
  
single nucleotide polymorphism [m]",

"OD":"Objective: REM sleep behavior disorder (RBD) is a prodromal synucleinopathy, reported in a subset of Parkinson's disease (PD) patients, and associated with neuropsychiatric symptoms in PD. We aimed to compare the genetic background of PD patients with probable RBD (PD+RBD) and PD patients without probable RBD (PD-RBD). Furthermore, we examined genetic correlations and potential causal associations between multiple neuropsychiatric traits and PD+RBD. Method(s): We performed a genome-wide association study (GWAS) including 5,403 PD+RBD and 13,020 PD-RBD. To test for genetic correlations and potential causal associations between neuropsychiatric traits and PD+RBD, we used linkage disequilibrium score regression and Mendelian randomization. Result(s): The SNCA locus was associated with PD+RBD compared to PD-RBD (rs10005233, OR=1.21, 95% CI=1.16-1.27, p=1.81e-15). Further examination of known genetic loci associated with PD from the most recent PD GWAS in Europeans and Asians identified additional variants associated with reduced risk for PD+RBD: two in the SNCA locus (rs5019538-G, OR=0.85, 95% CI=0.81-0.89, p=2.46E-10 rs356182-G, OR=0.89, 95% CI=0.84-0.95, p=0.0001), and one in the LRRK2 locus (rs34637584, p.G2019S, OR=0.41, 95% CI=0.28-0.61, p=1.04E-5). We found a potential genetic correlation between attention deficit hyperactivity disorder (ADHD) and PD+RBD, which was not statistically significant after correction for multiple comparisons. No causative association emerged between PD and neuropsychiatric traits. Interpretation(s): Genetic variants contribute to the occurrence of RBD in PD, further distinguishing between the PD+RBD and PD-RBD subtypes. Understanding the mechanisms underlying these genetic associations could contribute to the development of subtype-specific treatments.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"\*alpha synuclein [m]  
  
endogenous compound [m]  
  
\*leucine rich repeat kinase 2 [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"56",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"7",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37683728",

"TI":"Effects of Memantine on the Auditory Steady-State and Harmonic Responses to 40 Hz Stimulation Across Species.",

"SO":"Biological Psychiatry : Cognitive Neuroscience and Neuroimaging. 2023 Sep 06",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Swerdlow NR  
  
Gonzalez CE  
  
Raza MU  
  
Gautam D  
  
Miyakoshi M  
  
Clayson PE  
  
Joshi YB  
  
Molina JL  
  
Talledo J  
  
Thomas ML  
  
Light GA  
  
Sivarao DV",

"MH":"Swerdlow, Neal R  
  
Gonzalez, Christopher E  
  
Raza, Muhammad Ummear  
  
Gautam, Deepshila  
  
Miyakoshi, Makoto  
  
Clayson, Peter E  
  
Joshi, Yash B  
  
Molina, Juan L  
  
Talledo, Jo  
  
Thomas, Michael L  
  
Light, Gregory A  
  
Sivarao, Digavalli V",

"DU":"Swerdlow, Neal R. Department of Psychiatry, University of California San Diego School of Medicine, La Jolla, California VISN 22 Mental Illness Research, Education, and Clinical Center, San Diego Veterans Administration Health System, La Jolla, California. Electronic address: nswerdlow@ucsd.edu.  
  
Gonzalez, Christopher E. Department of Psychiatry, University of California San Diego School of Medicine, La Jolla, California VISN 22 Mental Illness Research, Education, and Clinical Center, San Diego Veterans Administration Health System, La Jolla, California.  
  
Raza, Muhammad Ummear. Pharmaceutical Sciences, Bill Gatton College of Pharmacy, East Tennessee State University, Johnson City, Tennessee.  
  
Gautam, Deepshila. Pharmaceutical Sciences, Bill Gatton College of Pharmacy, East Tennessee State University, Johnson City, Tennessee.  
  
Miyakoshi, Makoto. Division of Child and Adolescent Psychiatry, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, Ohio.  
  
Clayson, Peter E. Department of Psychology, University of South Florida, Tampa, Florida.  
  
Joshi, Yash B. Department of Psychiatry, University of California San Diego School of Medicine, La Jolla, California VISN 22 Mental Illness Research, Education, and Clinical Center, San Diego Veterans Administration Health System, La Jolla, California.  
  
Molina, Juan L. Department of Psychiatry, University of California San Diego School of Medicine, La Jolla, California VISN 22 Mental Illness Research, Education, and Clinical Center, San Diego Veterans Administration Health System, La Jolla, California.  
  
Talledo, Jo. Department of Psychiatry, University of California San Diego School of Medicine, La Jolla, California.  
  
Thomas, Michael L. Department of Psychology, Colorado State University, Fort Collins, Colorado.  
  
Light, Gregory A. Department of Psychiatry, University of California San Diego School of Medicine, La Jolla, California VISN 22 Mental Illness Research, Education, and Clinical Center, San Diego Veterans Administration Health System, La Jolla, California. Electronic address: glight@ucsd.edu.  
  
Sivarao, Digavalli V. Pharmaceutical Sciences, Bill Gatton College of Pharmacy, East Tennessee State University, Johnson City, Tennessee.",

"OD":"BACKGROUND: Click trains elicit an auditory steady-state response (ASSR) at the driving frequency (1F) and its integer multiple frequencies (2F, 3F, etc.) called harmonics we call this harmonic response the steady-state harmonic response (SSHR). We describe the 40 Hz ASSR (1F) and 80 Hz SSHR (2F) in humans and rats and their sensitivity to the uncompetitive NMDA antagonist memantine.  
  
METHODS: In humans (healthy control participants, n = 25 patients with schizophrenia, n = 28), electroencephalography was recorded after placebo or 20 mg memantine in a within-participant crossover design. ASSR used 1 ms, 85-dB clicks presented in 250 40/s 500-ms trains. In freely moving rats (n = 9), electroencephalography was acquired after memantine (0, 0.3, 1, 3 mg/kg) in a within-participant crossover design 65-dB click trains used 5-mV monophasic, 1-ms square waves (40/s).  
  
RESULTS: Across species, ASSR at 1F generated greater evoked power (EP) than the 2F SSHR. 1F > 2F intertrial coherence (ITC) was also detected in humans, but the opposite relationship (ITC: 2F > 1F) was seen in rats. EP and ITC at 1F were deficient in patients and were enhanced by memantine across species. EP and ITC at 2F were deficient in patients. Measures at 2F were generally insensitive to memantine across species, although in humans the ITC harmonic ratio (1F:2F) was modestly enhanced by memantine, and in rats, both the EP and ITC harmonic ratios were significantly enhanced by memantine.  
  
CONCLUSIONS: ASSR and SSHR are robust, nonredundant electroencephalography signals that are suitable for cross-species analyses that reveal potentially meaningful differences across species, diagnoses, and drugs. Copyright © 2023. Published by Elsevier Inc.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Auditory steady-state response Harmonics Memantine Schizophrenia Steady-state harmonic response",

"MV":"NOTNLM",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"57",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018693923",

"TI":"Clinical implementation of routine whole-genome sequencing for hospital infection control of multi-drug resistant pathogens.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 03 May 2022.",

"AU":"Forde B.M.  
  
Bergh H.  
  
Cuddihy T.  
  
Hajkowicz K.  
  
Hurst T.  
  
Playford E.G.  
  
Henderson B.C.  
  
Runnegar N.  
  
Clark J.  
  
Jennison A.V.  
  
Moss S.  
  
Hume A.  
  
Leroux H.  
  
Beatson S.A.  
  
Paterson D.L.  
  
Harris P.N.A.",

"AO":"Forde, Brian M. ORCID: https://orcid.org/0000-0002-2264-4785  
  
Cuddihy, Thom ORCID: https://orcid.org/0000-0003-3071-7742  
  
Harris, Patrick N.A. ORCID: https://orcid.org/0000-0002-2895-0345  
  
Hajkowicz, Krispin ORCID: https://orcid.org/0000-0001-6990-0486  
  
Paterson, David L. ORCID: https://orcid.org/0000-0003-2079-4437  
  
Henderson, Belinda C. ORCID: https://orcid.org/0000-0003-4931-6850  
  
Runnegar, Naomi ORCID: https://orcid.org/0000-0003-1196-4131  
  
Clark, Julia ORCID: https://orcid.org/0000-0001-7746-0599  
  
Jennison, Amy V. ORCID: https://orcid.org/0000-0002-5599-7480  
  
Leroux, Hugo ORCID: https://orcid.org/0000-0002-2033-8178  
  
Beatson, Scott A. ORCID: https://orcid.org/0000-0002-1806-3283",

"IN":"(Forde, Cuddihy, Paterson, Harris) University of Queensland, Faculty of Medicine, UQ Centre for Clinical Research, Building 71/918, QLD 4029, Australia  
  
(Bergh, Hume, Harris) Central Microbiology, Pathology Queensland, Royal Brisbane & Women's Hospital, QLD, Australia  
  
(Hajkowicz, Hurst, Paterson) Infectious Diseases Unit, Royal Brisbane and Women's Hospital, Herston, QLD, Australia  
  
(Playford, Henderson, Runnegar) Infection Management Services, Princess Alexandra Hospital, Metro South Hospital and Health Service, Brisbane, QLD, Australia  
  
(Runnegar) PA-Southside Clinical School, Faculty of Medicine, University of Queensland, QLD, Australia  
  
(Clark) Infection Management and Prevention Service, Queensland Children's Hospital, Brisbane, QLD, Australia  
  
(Clark) Centre for Children's Health Research, Children's Health Queensland, Brisbane, Australia  
  
(Jennison, Moss) Public Health Microbiology, Forensic and Scientific Services, Queensland Health, Brisbane, QLD, Australia  
  
(Leroux) Australian e-Health Research Centre, CSIRO, Australia  
  
(Beatson) School of Chemistry and Molecular Biosciences, University of Queensland, Brisbane, QLD, Australia",

"PB":"medRxiv",

"MH":"adult  
  
Australia  
  
automation  
  
bacterial strain  
  
bacterium isolate  
  
blood culture  
  
carbapenem resistant Acinetobacter baumannii  
  
child  
  
clinical laboratory  
  
computer model  
  
controlled study  
  
core genome  
  
Enterobacterales  
  
female  
  
\*healthcare associated infection  
  
\*hospital infection  
  
human  
  
\*infection control  
  
\*infection prevention  
  
\*infectious agent  
  
major clinical study  
  
male  
  
metadata  
  
methicillin resistant Staphylococcus aureus  
  
multicenter study  
  
multidrug resistant Gram negative bacterium  
  
nonhuman  
  
pipeline  
  
prospective study  
  
protein fingerprinting  
  
single nucleotide polymorphism  
  
tertiary care center  
  
vancomycin resistant Enterococcus  
  
\*whole genome sequencing  
  
carbapenemase  
  
endogenous compound  
  
extended spectrum beta lactamase",

"DU":"carbapenemase [m]  
  
endogenous compound [m]  
  
extended spectrum beta lactamase [m]",

"OD":"adult [m]  
  
Australia [m]  
  
automation [m]  
  
bacterial strain [m]  
  
bacterium isolate [m]  
  
blood culture [m]  
  
carbapenem resistant Acinetobacter baumannii [m]  
  
child [m]  
  
clinical laboratory [m]  
  
computer model [m]  
  
controlled study [m]  
  
core genome [m]  
  
Enterobacterales [m]  
  
female [m]  
  
\*healthcare associated infection [m]  
  
\*hospital infection [m]  
  
human [m]  
  
\*infection control [m]  
  
\*infection prevention [m]  
  
\*infectious agent [m]  
  
major clinical study [m]  
  
male [m]  
  
metadata [m]  
  
methicillin resistant Staphylococcus aureus [m]  
  
multicenter study [m]  
  
multidrug resistant Gram negative bacterium [m]  
  
nonhuman [m]  
  
pipeline [m]  
  
prospective study [m]  
  
protein fingerprinting [m]  
  
single nucleotide polymorphism [m]  
  
tertiary care center [m]  
  
vancomycin resistant Enterococcus [m]  
  
\*whole genome sequencing [m]",

"AB":"Background: Prospective whole-genome sequencing (WGS)-based surveillance may be the optimal approach to rapidly identify transmission of multi-drug resistant (MDR) bacteria in the healthcare setting. Materials/methods: We prospectively collected methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), carbapenem-resistant Acinetobacter baumannii (CRAB), extended-spectrum beta-lactamase (ESBL-E) and carbapenemase-producing Enterobacterales (CPE) isolated from blood cultures, sterile sites or screening specimens across three large tertiary referral hospitals (2 adult, 1 paediatric) in Brisbane, Australia. WGS was used to determine in silico multi-locus sequence typing (MSLT) and resistance gene profiling via a bespoke genomic analysis pipeline. Putative transmission events were identified by comparison of core genome single nucleotide polymorphisms (SNPs). Relevant clinical meta-data were combined with genomic analyses via customised automation, collated into hospital-specific reports regularly distributed to infection control teams. Result(s): Over four years (April 2017 to July 2021) 2,660 isolates were sequenced. This included MDR gram-negative bacilli (n=293 CPE, n=1309 ESBL), MRSA (n=620) and VRE (n=433). A total of 379 clinical reports were issued. Core genome SNP data identified that 33% of isolates formed 76 distinct clusters. Of the 76 clusters, 43 were contained to the three target hospitals, suggesting ongoing transmission within the clinical environment. The remaining 33 clusters represented possible inter-hospital transmission events or strains circulating in the community. In one hospital, proven negligible transmission of non-multi-resistant MRSA enabled changes to infection control policy. Conclusion(s): Implementation of routine WGS for MDR pathogens in clinical laboratories is feasible and can enable targeted infection prevention and control interventions.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"58",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37568011",

"TI":"Comparing short implants to standard dental implants: a systematic review and meta-analysis of randomized controlled trials with extended follow-up.",

"SO":"Evidence-Based Dentistry. 24(4):192-193, 2023 Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Kermanshah H  
  
Keshtkar A  
  
Hassani A  
  
Bitaraf T",

"MH":"Bitaraf, Tahereh ORCID: http://orcid.org/0000-0001-5837-2796",

"DU":"Kermanshah, Hamid  
  
Keshtkar, Abbasali  
  
Hassani, Ali  
  
Bitaraf, Tahereh",

"OD":"Kermanshah, Hamid. Department of Restorative Dentistry, School of Dentistry, Tehran University of Medical Sciences, Tehran, Iran.  
  
Keshtkar, Abbasali. Department of Health Sciences Education Development, School of Public Health, Tehran University of Medical Sciences, Tehran, Iran.  
  
Hassani, Ali. Department of Oral and Maxillofacial Surgery, Dental Implant Research Center, Dental Faculty, Tehran Medical Sciences, Islamic Azad University, Tehran, Iran.  
  
Bitaraf, Tahereh. Dental Implant Research Center, Dental Faculty, Tehran Medical Sciences, Islamic Azad University, 19585/175, Tehran, Iran. taherehbitaraf@yahoo.com.",

"AB":"nan",

"FTURL":"nan",

"PM":"PURPOSE: To compare the difference of marginal level changes (MBL), implant failure (IF), biological and prosthetic complications (BC and PC), and prosthetic failure (PF) of short implants (SH) and standard implants (ST).  
  
MATERIALS AND METHODS: Electronic searches (PubMed, Web of Science, EMBASE, Scopus, Cochrane Central Register of Controlled Trials, and ClinicalTrials.gov) and manual searches were performed to identify all randomized controlled trials (RCTs) evaluating SH to ST. Applying Stata, a meta-analysis was conducted on the weighted mean difference (WMD) and standardized mean difference (SMD) of MBL and the risk difference (RD) of the secondary outcome.  
  
RESULTS: Twenty-four articles were involved in the present study. There were statistically significant differences in MBLs, preferring short implants in the maxilla (WMD: -0.147 (CI: -0.224, -0.070), I2: 76.6% SMD: -0.757 (CI: -1.226, -0.289), I2: 89.2%) and in the mandible (WMD: -0.377 (CI: -0.656, -0.098), I2: 85.8% SMD: -0.811 (CI: -1.418, -0.204), I2: 78.8%). There were no significant differences in IF (RD: 0.011 (-0.002, 0.023), I2: 0.0%), PF (RD:0.003 (-0.007, 0.014), I2: 0.0%), and PC (RD:0.001 (-0.008, 0.010), I2: 0.0%). There were significantly higher biological complications (RD: -0.071 (-0.106, -0.036), I2: 0.82.9%) for ST compared to SH in both jaws up to a 10-year follow-up.  
  
CONCLUSION: SH and ST had comparable overall outcomes, but short implants had less marginal bone loss and lower biological complications. However, more research is needed to confirm these findings. Copyright © 2023. The Author(s), under exclusive licence to British Dental Association.",

"DJ":"Meta-Analysis  
  
Systematic Review  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"59",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37996265",

"TI":"Use Via Early Access to Ixazomib (UVEA-IXA) Study: Effectiveness and Safety of Ixazomib-based Therapy in Relapsed/Refractory Multiple Myeloma Outside of the Clinical Trial Setting.",

"SO":"Clinical lymphoma, myeloma & leukemia. 2023 Oct 14",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Ludwig H  
  
Ramasamy K  
  
Mateos MV  
  
Kishore B  
  
Gergely V  
  
Ladicka M  
  
Ori A  
  
Simoni L  
  
Bent-Ennakhil N  
  
Stull DM  
  
Gavini F  
  
Terpos E  
  
Hajek R",

"MH":"Ludwig, Heinz  
  
Ramasamy, Karthik  
  
Mateos, Maria-Victoria  
  
Kishore, Bhuvan  
  
Gergely, Varga  
  
Ladicka, Miriam  
  
Ori, Alessandra  
  
Simoni, Lucia  
  
Bent-Ennakhil, Nawal  
  
Stull, Dawn Marie  
  
Gavini, Francois  
  
Terpos, Evangelos  
  
Hajek, Roman",

"DU":"Ludwig, Heinz. First Department of Medicine, Wilhelminen Cancer Research Institute, Center for Oncology and Hematology, Clinic Ottakring, Vienna, Austria. Electronic address: heinz.ludwig@extern.gesundheitsverbund.at.  
  
Ramasamy, Karthik. Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom.  
  
Mateos, Maria-Victoria. Department of Hematology, University Hospital of Salamanca, IBSAL, CIC, IBMCC (USAL-CSIC), Salamanca, Spain.  
  
Kishore, Bhuvan. Heart of England/University Hospitals Birmingham NHS Foundation Trust, Birmingham, United Kingdom.  
  
Gergely, Varga. Faculty of Medicine Department of Internal Medicine and Haematology, Semmelweis University, Budapest, Hungary.  
  
Ladicka, Miriam. National Cancer Institute, Bratislava, Slovakia.  
  
Ori, Alessandra. MediNeos, Observational Research, Modena, Italy.  
  
Simoni, Lucia. MediNeos, Observational Research, Modena, Italy.  
  
Bent-Ennakhil, Nawal. Takeda Pharmaceuticals International AG, Zurich, Switzerland.  
  
Stull, Dawn Marie. Takeda Pharmaceuticals U.S.A., Inc., Lexington, MA.  
  
Gavini, Francois. Takeda Pharmaceuticals International AG, Zurich, Switzerland.  
  
Terpos, Evangelos. Department of Clinical Therapeutics, National and Kapodistrian University of Athens, School of Medicine, Athens, Greece.  
  
Hajek, Roman. Department of Hematooncology, University Hospital Ostrava, Ostrava, Czech Republic Department of Haematooncology, Faculty of Medicine, University of Ostrava, Ostrava, Czech Republic.",

"OD":"Cohort study Early access program Europe Overall response rate Progression-free survival",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: In multiple myeloma (MM), improving our understanding of routine clinical practice and the effectiveness of agents outside of clinical trials is important. TOURMALINE-MM1 data resulted in approval of ixazomib for MM patients who have received >= 1 prior therapy.  
  
PATIENTS AND METHODS: UVEA-IXA comprised a retrospective chart review in the early access program, and a prospective 1-year follow-up period. Eligible patients had had a biochemical and/or symptomatic relapse after 1-3 prior lines of therapy no anti-MM therapy for > 3 cycles at the start of ixazomib therapy and an Eastern Cooperative Oncology Group performance score of 0-2. Lenalidomide- or proteasome inhibitor (PI)-refractory patients were ineligible. Primary endpoints were response and progression-free survival (PFS).  
  
RESULTS: Of 357 enrolled patients, 309 were evaluable most patients received ixazomib alongside lenalidomide (98%) and dexamethasone (97%) 61% had received 2-3 prior lines of therapy. Median PFS was 15.6 months (95% confidence interval [CI]: 12.0-20.6) in all evaluable patients, and 19.6 (95% CI: 12.1-27.0) and 13.9 (95% CI: 10.1-18.1) months in patients who received 1 and >= 2 prior lines of therapy, respectively. The overall response rate was 67% in all evaluable patients, and 72% and 63%, respectively, in patients who received 1 and >= 2 prior lines of therapy. Median overall survival was 35.5 months. The ixazomib safety profile was consistent with previous reports.  
  
CONCLUSION: This study supports ixazomib-based therapy as an effective and tolerable treatment in the real-world. Outcomes were favorable in patients with 1 or >= 2 prior lines of therapy who were not lenalidomide- or PI-refractory. Copyright © 2023 The Authors. Published by Elsevier Inc. All rights reserved.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"60",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018694838",

"TI":"A prospective study of adherence to lenalidomide for multiple myeloma using Medication Event Monitoring System (MEMS) caps.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 31 May 2022.",

"AU":"Silberstein A.E.  
  
Fiala M.A.  
  
Loh K.P.  
  
Cordner T.  
  
Mian H.  
  
Wildes T.M.",

"AO":"Wildes, Tanya M. ORCID: https://orcid.org/0000-0002-1479-7626",

"IN":"(Silberstein, Fiala, Cordner) Washington University, School of Medicine, St. Louis, MO, United States  
  
(Fiala) College for Public Health and Social Justice, Saint Louis University, St. Louis, MO, United States  
  
(Loh) Division of Hematology/Oncology, Department of Medicine, James P. Wilmot Cancer Institute, University of Rochester, Medical Center, Rochester, NY, United States  
  
(Mian) McMaster University, Hamilton, ON, Canada  
  
(Wildes) Cancer & Aging Research Group, St Louis, MO, United States",

"PB":"medRxiv",

"MH":"aged  
  
cancer patient  
  
clinical article  
  
clinical trial  
  
controlled study  
  
drug therapy  
  
female  
  
follow up  
  
human  
  
male  
  
\*medication adherence monitoring system  
  
\*multiple myeloma  
  
\*prospective study  
  
rating scale  
  
reporting bias  
  
retrospective study  
  
\*lenalidomide",

"DU":"aged [m]  
  
cancer patient [m]  
  
clinical article [m]  
  
clinical trial [m]  
  
controlled study [m]  
  
drug therapy [m]  
  
female [m]  
  
follow up [m]  
  
human [m]  
  
male [m]  
  
\*medication adherence monitoring system [m]  
  
\*multiple myeloma [m]  
  
\*prospective study [m]  
  
rating scale [m]  
  
reporting bias [m]  
  
retrospective study [m]",

"OD":"Purpose: In patients with multiple myeloma, characterizing adherence to orally administered therapies, such as lenalidomide, is critical given their frequent use and potential for poorer outcomes associated with nonadherence. However, little data exist using prospective measures of adherence in this population. Our study piloted use of Medication Event Monitoring System (MEMS) caps and the patient-reported Brief Adherence Rating Scale (BARS) for 3 months in older adults with multiple myeloma. Method(s): We enrolled 13 patients with multiple myeloma receiving lenalidomide. Baseline characteristics were summarized mean adherence to lenalidomide was reported with 95% confidence intervals. Result(s): The median follow-up was 84 days. Of the 12 participants evaluable, median adherence, as assessed by the MEMS cap data, was 98%. Only 5 had 100% adherence. Deviations from intended use included missed prescribed doses made up during scheduled off week, additional days off between cycles, or taking fewer than anticipated days off. None of these events evident in MEMS data were self-disclosed. The mean difference in adherence estimated between the BARS and MEMS caps was 2%. Conclusion(s): In this small sample, the observed adherence was higher than reported in retrospective studies using Medication Possession Ratio as a proxy for adherence. The BARS can be easily integrated into clinical encounters but has potential for reporting bias. MEMS caps can help characterize patterns of nonadherence, though there are limitations to their utility and the data can require thorough manual review to reconcile suspected occurrences of nonadherence. Studies should use more than 1 complementary measure of adherence. Clinicaltrials.gov ID: NCT03779555, Registered 12/19/2018.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"\*lenalidomide [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"61",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2023326390",

"TI":"MRBEE: A novel bias-corrected multivariable Mendelian Randomization method.",

"SO":"bioRxiv. (no pagination), 2023. Date of Publication: 12 Jan 2023.",

"AU":"Lorincz-Comi N.  
  
Yang Y.  
  
Li G.  
  
Zhu X.",

"AO":"Lorincz-Comi, Noah ORCID: https://orcid.org/0000-0002-0517-2499  
  
Yang, Yihe ORCID: https://orcid.org/0000-0001-6563-3579  
  
Li, Gen ORCID: https://orcid.org/0000-0002-6337-3029  
  
Zhu, Xiaofeng ORCID: https://orcid.org/0000-0003-0037-411X",

"IN":"(Lorincz-Comi, Yang, Li, Zhu) Department of Population and Quantitative Health Sciences, School of Medicine, Case Western Reserve University, Cleveland, OH 44106, United States",

"PB":"bioRxiv",

"MH":"blood pressure  
  
body mass  
  
cannabis addiction  
  
causality  
  
controlled study  
  
coronary artery disease  
  
data analysis  
  
\*genetic epidemiology  
  
genome-wide association study  
  
human  
  
\*Mendelian randomization analysis  
  
randomized controlled trial  
  
risk factor  
  
schizophrenia",

"DU":"nan",

"OD":"nan",

"AB":"blood pressure [m]  
  
body mass [m]  
  
cannabis addiction [m]  
  
causality [m]  
  
controlled study [m]  
  
coronary artery disease [m]  
  
data analysis [m]  
  
\*genetic epidemiology [m]  
  
genome-wide association study [m]  
  
human [m]  
  
\*Mendelian randomization analysis [m]  
  
randomized controlled trial [m]  
  
risk factor [m]  
  
schizophrenia [m]",

"FTURL":"Mendelian randomization (MR) is an instrumental variable approach used to infer causal relationships between exposures and outcomes and can apply to summary data from genome-wide association studies (GWAS). Since GWAS summary statistics are subject to estimation errors, most existing MR approaches suffer from measurement error bias, whose scale and direction are influenced by weak instrumental variables and GWAS sample overlap, respectively. We introduce MRBEE (MR using Bias-corrected Estimating Equation), a novel multivariable MR method capable of simultaneously removing measurement error bias and identifying horizontal pleiotropy. In simulations, we showed that MRBEE is capable of effectively removing measurement error bias in the presence of weak instrumental variables and sample overlap. In two independent real data analyses, we discovered that the causal effect of BMI on coronary artery disease risk is entirely mediated by blood pressure, and that existing MR methods may underestimate the causal effect of cannabis use disorder on schizophrenia risk compared to MRBEE. MRBEE possesses significant potential for advancing genetic research by providing a valuable tool to study causality between multiple risk factors and disease outcomes, particularly as a large number of GWAS summary statistics become publicly available.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"62",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37491674",

"TI":"Bayesian dynamical system analysis of the effects of methylphenidate in children with attention-deficit/hyperactivity disorder: a randomized trial.",

"SO":"Neuropsychopharmacology. 48(11):1690-1698, 2023 10.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Cai W  
  
Mizuno Y  
  
Tomoda A  
  
Menon V",

"MH":"Cai, Weidong ORCID: http://orcid.org/0000-0001-9581-7774  
  
Tomoda, Akemi ORCID: http://orcid.org/0000-0002-6558-5017  
  
Menon, Vinod ORCID: http://orcid.org/0000-0003-1622-9857",

"DU":"Cai, Weidong  
  
Mizuno, Yoshifumi  
  
Tomoda, Akemi  
  
Menon, Vinod",

"OD":"Cai, Weidong. Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, USA. wdcai@stanford.edu.  
  
Cai, Weidong. Wu Tsai Neuroscience Institute, Stanford University, Stanford, USA. wdcai@stanford.edu.  
  
Mizuno, Yoshifumi. Research Center for Child Mental Development, University of Fukui, Fukui, 910-1193, Japan.  
  
Mizuno, Yoshifumi. Division of Developmental Higher Brain Functions, United Graduate School of Child Development, University of Fukui, Fukui, 910-1193, Japan.  
  
Mizuno, Yoshifumi. Department of Child and Adolescent Psychological Medicine, University of Fukui Hospital, Fukui, 910-1193, Japan.  
  
Tomoda, Akemi. Research Center for Child Mental Development, University of Fukui, Fukui, 910-1193, Japan.  
  
Tomoda, Akemi. Division of Developmental Higher Brain Functions, United Graduate School of Child Development, University of Fukui, Fukui, 910-1193, Japan.  
  
Tomoda, Akemi. Department of Child and Adolescent Psychological Medicine, University of Fukui Hospital, Fukui, 910-1193, Japan.  
  
Menon, Vinod. Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, Stanford, USA. menon@stanford.edu.  
  
Menon, Vinod. Wu Tsai Neuroscience Institute, Stanford University, Stanford, USA. menon@stanford.edu.  
  
Menon, Vinod. Department of Neurology & Neurological Sciences, Stanford University School of Medicine, Stanford, USA. menon@stanford.edu.",

"AB":"Humans  
  
Child  
  
Methylphenidate/pd [Pharmacology]  
  
Methylphenidate/tu [Therapeutic Use]  
  
\*Methylphenidate  
  
Attention Deficit Disorder with Hyperactivity/px [Psychology]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Bayes Theorem  
  
Brain  
  
Nerve Net  
  
Central Nervous System Stimulants/pd [Pharmacology]  
  
Central Nervous System Stimulants/tu [Therapeutic Use]  
  
\*Central Nervous System Stimulants",

"FTURL":"nan",

"PM":"nan",

"DJ":"Methylphenidate is a widely used and effective treatment for attention-deficit/hyperactivity disorder (ADHD), yet the underlying neural mechanisms and their relationship to changes in behavior are not fully understood. Specifically, it remains unclear how methylphenidate affects brain and behavioral dynamics, and the interplay between these dynamics, in individuals with ADHD. To address this gap, we used a novel Bayesian dynamical system model to investigate the effects of methylphenidate on latent brain states in 27 children with ADHD and 49 typically developing children using a double-blind, placebo-controlled crossover design. Methylphenidate remediated greater behavioral variability on a continuous performance task in children with ADHD. Children with ADHD exhibited aberrant latent brain state dynamics compared to typically developing children, with a single latent state showing particularly abnormal dynamics, which was remediated by methylphenidate. Additionally, children with ADHD showed brain state-dependent hyper-connectivity in the default mode network, which was also remediated by methylphenidate. Finally, we found that methylphenidate-induced changes in latent brain state dynamics, as well as brain state-related functional connectivity between salience and default mode networks, were correlated with improvements in behavioral variability. Taken together, our findings reveal a novel latent brain state dynamical process and circuit mechanism underlying the therapeutic effects of methylphenidate in childhood ADHD. We suggest that Bayesian dynamical system models may be particularly useful for capturing complex nonlinear changes in neural activity and behavioral variability associated with ADHD. Our approach may be of value to clinicians and researchers investigating the neural mechanisms underlying pharmacological treatment of psychiatric disorders. Copyright © 2023. The Author(s).",

"MV":"207ZZ9QZ49 (Methylphenidate)  
  
0 (Central Nervous System Stimulants)",

"TN":"Randomized Controlled Trial  
  
Journal Article  
  
Research Support, N.I.H., Extramural  
  
Research Support, Non-U.S. Gov't",

"If RCT or not":"Yes",

},

{

"UniqueID":"63",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2023737156",

"TI":"BDNF, inflammatory and oxidative levels in treatment-naive ADHD children treated with methylphenidate: An open cohort protocol.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 05 Mar 2023.",

"AU":"de Lucca M.S.  
  
Tonon L.L.  
  
Ferreira J.A.  
  
Cabral B.S.  
  
Oliveira Raimundo C.K.  
  
Cardoso S.A.  
  
de Miranda D.M.",

"AO":"(de Lucca) Health Sciences Postgraduate Program, Faculty of Medicine, Federal University of Minas Gerais, Minas Gerais, Belo Horizonte, Brazil  
  
(Tonon, Ferreira, Cabral, Oliveira Raimundo, Cardoso) Department of Medicine and Nursing, Federal University of Vicosa, Minas Gerais, Brazil  
  
(de Miranda) Department of Pediatrics, Faculty of Medicine, Federal University of Minas Gerais, Minas Gerais, Belo Horizonte, Brazil",

"IN":"medRxiv",

"PB":"\*attention deficit hyperactivity disorder  
  
child  
  
clinical trial  
  
\*cohort analysis  
  
controlled study  
  
drug therapy  
  
environmental factor  
  
female  
  
human  
  
male  
  
\*oxidation  
  
\*brain derived neurotrophic factor  
  
endogenous compound  
  
\*methylphenidate  
  
neurotrophic factor",

"MH":"nan",

"DU":"\*attention deficit hyperactivity disorder [m]  
  
child [m]  
  
clinical trial [m]  
  
\*cohort analysis [m]  
  
controlled study [m]  
  
drug therapy [m]  
  
environmental factor [m]  
  
female [m]  
  
human [m]  
  
male [m]  
  
\*oxidation [m]",

"OD":"The attention-deficit hyperactivity disorder (ADHD) has a complex etiology, involving the interaction between biological, genetic, and environmental factors. The ADHD pathophysiology remains unknown even though there are hypotheses that inflammatory, hormonal, oxidative and neurotrophic factors are associated. This clinical trial aims to evaluate the contribution of brain derived neurotrophic factor (BDNF), inflammatory and oxidative levels before and after 12 and 24 weeks of methylphenidate use.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"\*brain derived neurotrophic factor [m]  
  
endogenous compound [m]  
  
\*methylphenidate [m]  
  
neurotrophic factor [m]",

"PM":"de Lucca, Marina Silva ORCID: https://orcid.org/0000-0001-5134-7109  
  
Oliveira Raimundo, Cleuberton Kenedy ORCID: https://orcid.org/0000-0001-5392-1557",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"64",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"8",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37994832",

"TI":"Sodium nitroprusside as an adjunctive treatment for schizophrenia reduces the Ndel1 oligopeptidase activity.",

"SO":"Revista Brasileira de Psiquiatria. 2023 Nov 23",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Nani JV  
  
Ushirohira JM  
  
Bradshaw NJ  
  
Machado-de-Sousa JP  
  
Hallak JEC  
  
Hayashi MAF",

"MH":"Nani, Joao Victor  
  
Ushirohira, Juliana Mayumi  
  
Bradshaw, Nicholas J  
  
Machado-de-Sousa, Joao Paulo  
  
Hallak, Jaime Eduardo Cecilio  
  
Hayashi, Mirian A F",

"DU":"Nani, Joao Victor. Department of Pharmacology, Escola Paulista de Medicina (EPM), Universidade Federal de Sao Paulo (UNIFESP), Sao Paulo, Brazil. National Institute for Translational Medicine (INCT-TM, CNPq/FAPESP/CAPES), Ribeirao Preto, Brazil.  
  
Ushirohira, Juliana Mayumi. National Institute for Translational Medicine (INCT-TM, CNPq/FAPESP/CAPES), Ribeirao Preto, Brazil. Neuroscience and Behavior Department, Ribeirao Preto Medical School, University of Sao Paulo, Ribeirao Preto, Brazil.  
  
Bradshaw, Nicholas J. Department of Biotechnology, University of Rijeka, Rijeka, Croatia.  
  
Machado-de-Sousa, Joao Paulo. National Institute for Translational Medicine (INCT-TM, CNPq/FAPESP/CAPES), Ribeirao Preto, Brazil. Neuroscience and Behavior Department, Ribeirao Preto Medical School, University of Sao Paulo, Ribeirao Preto, Brazil.  
  
Hallak, Jaime Eduardo Cecilio. National Institute for Translational Medicine (INCT-TM, CNPq/FAPESP/CAPES), Ribeirao Preto, Brazil. Neuroscience and Behavior Department, Ribeirao Preto Medical School, University of Sao Paulo, Ribeirao Preto, Brazil.  
  
Hayashi, Mirian A F. Department of Pharmacology, Escola Paulista de Medicina (EPM), Universidade Federal de Sao Paulo (UNIFESP), Sao Paulo, Brazil. National Institute for Translational Medicine (INCT-TM, CNPq/FAPESP/CAPES), Ribeirao Preto, Brazil.",

"OD":"OBJECTIVE: Schizophrenia (SCZ) is a disabling disorder that continues to defy clinicians and researchers. We investigated the effects of sodium nitroprusside (sNP) in an animal model of SCZ and as an add-on therapy in patients and the relationship between treatment with sNP and activity of the nDel1 enzyme, whose involvement in the pathophysiology of the disorder has been suggested earlier.  
  
METHODS: Ndel1 activity was measured following sNP infusions in spontaneously hypertensive rats (SHR 2.5 or 5.0 mg/kg) and in a double-blind trial with SCZ patients (0.5 mug/kg/min).  
  
RESULTS: Ndel1 activity was significantly reduced after sNP infusion in blood of SHR compared to controls, and in patients receiving sNP (t = 7.756, df = 97, p < 0.0001, dcohen = 1.44) compared to placebo. Reduced Ndel1 activity between baseline and the end of the infusion was only seen in patients after treatment with sNP.  
  
CONCLUSION: Our findings suggest that SCZ patients may benefit from adjunctive therapy with sNP and that the Ndel1 enzyme is a candidate biomarker of psychopathology in the disorder. Future research should look into the role of Ndel1 in SCZ and the potential effects of sNP and drugs with similar profiles of action in both animals and patients.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"Ndel1 animal model biomarker schizophrenia sodium nitroprusside",

"MV":"NOTNLM",

"TN":"nan",

"If RCT or not":"Yes",

},

{

"UniqueID":"65",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018694459",

"TI":"Extensive acquisition of carbapenem-resistant Acinetobacter baumannii in Intensive Care Unit patients is driven by widespread environmental contamination.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 20 May 2022.",

"AU":"Doughty E.L.  
  
Liu H.  
  
Moran R.A.  
  
Hua X.  
  
Ba X.  
  
Guo F.  
  
Chen X.  
  
Zhang L.  
  
Holmes M.  
  
van Schaik W.  
  
McNally A.  
  
Yu Y.",

"AO":"nan",

"IN":"(Doughty, Moran, van Schaik, McNally) Institute of Microbiology and Infection, College of Medical and Dental Sciences, University of Birmingham, Birmingham, United Kingdom  
  
(Liu, Hua, Guo, Chen, Zhang, Yu) Department of Infectious Diseases, Sir Run Run Shaw Hospital, Zhejiang University, School of Medicine, Zhejiang, Hangzhou 310016, China  
  
(Ba, Holmes) Department of Veterinary Medicine, University of Cambridge, Cambridge, United Kingdom",

"PB":"medRxiv",

"MH":"adult  
  
bacterial strain  
  
bacterium isolate  
  
\*carbapenem resistant Acinetobacter baumannii  
  
China  
  
\*contamination  
  
controlled study  
  
female  
  
high income country  
  
human  
  
human tissue  
  
infection prevention  
  
infectious agent  
  
\*intensive care unit  
  
major clinical study  
  
male  
  
nonhuman  
  
observational study  
  
plasmid  
  
prospective study",

"DU":"nan",

"OD":"adult  
  
bacterial strain  
  
bacterium isolate  
  
\*carbapenem resistant Acinetobacter baumannii  
  
China  
  
\*contamination  
  
controlled study  
  
female  
  
high income country  
  
human  
  
human tissue  
  
infection prevention  
  
infectious agent  
  
\*intensive care unit  
  
major clinical study  
  
male  
  
nonhuman  
  
observational study  
  
plasmid  
  
prospective study",

"AB":"Carbapenem-resistant Acinetobacter baumannii (CRAB) is a major public health concern globally. Often studied in the context of hospital outbreaks, little is known about the persistence and evolutionary dynamics of endemic CRAB populations. A three-month prospective observational study was conducted in a 28-bed intensive care unit (ICU) in Hangzhou, China. A total of 3985, 964 and 119 samples were collected from the hospital environment, patients and staff, respectively. CRAB were isolated from 10.75% of collected samples (n = 551) and whole-genome sequenced. The ICU CRAB population was dominated by OXA-23-producing global clone 2 isolates (99.27 % of all isolates) that could be divided into 20 distinct clusters. CRAB was persistently present in the ICU, driven by regular introductions of distinct clusters. The hospital environment was heavily contaminated, with CRAB isolated from bed units on 183/335 (54.63 %) sampling occasions but from patients on only 72/299 (24.08 %) occasions. CRAB was spread to adjacent bed units and rooms and following re-location of patients within the ICU. We also observed that, over the course of this study, three different plasmids had transferred between CRAB strains in the ICU. The epidemiology of CRAB in this setting contrasted with previously described clonal outbreaks in high-income countries, highlighting the importance of environmental CRAB reservoirs in ICU epidemiology. There is an urgent need for targeted infection prevention and control interventions in endemic settings that can address the global threat posed by this against this multidrug-resistant opportunistic pathogen.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"66",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37937985",

"TI":"Real-world in vitro activity of newer antibiotics against Enterobacterales and Pseudomonas aeruginosa, including carbapenem-non-susceptible and multidrug-resistant isolates: a multicenter analysis.",

"SO":"Microbiology Spectrum. 11(6):e0312923, 2023 Dec 12.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Riccobene T  
  
Ai C  
  
Yu KC  
  
Gregory S  
  
Kim B  
  
Debabov D  
  
Gupta V",

"MH":"Riccobene, Todd ORCID: https://orcid.org/0000-0002-3702-1097  
  
Gupta, Vikas ORCID: https://orcid.org/0000-0001-5291-5446",

"DU":"Riccobene, Todd  
  
Ai, ChinEn  
  
Yu, Kalvin C  
  
Gregory, Sara  
  
Kim, Brooke  
  
Debabov, Dmitri  
  
Gupta, Vikas",

"OD":"Riccobene, Todd. Medical Affiars, AbbVie, Florham Park, New Jersey, USA.  
  
Ai, ChinEn. Becton, Dickinson and Company (BD), Franklin Lakes, New Jersey, USA.  
  
Yu, Kalvin C. Becton, Dickinson and Company (BD), Franklin Lakes, New Jersey, USA.  
  
Gregory, Sara. Becton, Dickinson and Company (BD), Franklin Lakes, New Jersey, USA.  
  
Kim, Brooke. Medical Affiars, AbbVie, Florham Park, New Jersey, USA.  
  
Debabov, Dmitri. Clinical Microbiology, AbbVie, Irvine, California, USA.  
  
Gupta, Vikas. Becton, Dickinson and Company (BD), Franklin Lakes, New Jersey, USA.",

"AB":"Enterobacterales Gram-negative pathogens Pseudomonas aeruginosa antibiotic resistance carbapenem resistance ceftazidime-avibactam multidrug resistance",

"FTURL":"NOTNLM",

"PM":"IMPORTANCE: Newer antibiotics against Gram-negative pathogens provide important treatment options, especially for antibiotic-resistant bacteria, but little is known about their use during routine clinical care. To use these agents appropriately, clinicians need to have access to timely susceptibility data. We evaluated 27,531 facility-reported susceptibility results from the BD Insights Research Database to gain a better understanding of real-world testing practices and susceptibility rates for six newer antibiotics. Escherichia coli was the most frequently tested potential pathogen, and ceftazidime-avibactam and ceftolozane-tazobactam had the greatest numbers of susceptibility results. For cefiderocol, eravacycline, imipenem-relabactam, and meropenem-vaborbactam, susceptibility data were available for fewer than 2% of isolates. Susceptibility comparisons should be considered with caution. Ceftazidime-avibactam had the highest susceptibility rates for Enterobacterales while cefiderocol had the highest susceptibility rates for Pseudomonas aeruginosa. New antibiotics have the potential to improve the management of Gram-negative infections, but their use may be hampered by the absence of susceptibility data.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"67",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37995307",

"TI":"Perspectives on the Treatment of Multiple Myeloma.",

"SO":"Oncologist. 2023 Nov 23",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Rafae A  
  
van Rhee F  
  
Al Hadidi S",

"MH":"Rafae, Abdul  
  
van Rhee, Frits  
  
Al Hadidi, Samer",

"DU":"Rafae, Abdul. Department of Hematology and Oncology, University of Arkansas for Medical Sciences, Little Rock, Arkansas.  
  
van Rhee, Frits. Myeloma Institute, Winthrop P. Rockefeller Cancer Institute, University of Arkansas for Medical Sciences, Little Rock, Arkansas.  
  
Al Hadidi, Samer. Myeloma Institute, Winthrop P. Rockefeller Cancer Institute, University of Arkansas for Medical Sciences, Little Rock, Arkansas.",

"OD":"multiple myeloma transplantation treatment",

"AB":"NOTNLM",

"FTURL":"The treatment of multiple myeloma has evolved significantly over the past few decades with the development of novel therapeutics. The introduction of proteasome inhibitors, immunomodulatory drugs, monoclonal antibodies, and high-dose chemotherapy followed by hematopoietic stem cell transplantation has led to improved response rates and survival outcomes. The use of bispecific antibodies and chimeric antigen receptor T-cell therapy is currently under study, and early results are showing promise. Although outcomes for patients with MM have improved with the development of new treatments, there remains a subset of patients with high-risk disease who have a particularly poor prognosis. Therefore, it is critical that future clinical trials focus on developing new therapies specifically for high-risk multiple myeloma. Here we review the literature and provide guidance on treating patients with multiple myeloma for practicing oncologists. Copyright © The Author(s) 2023. Published by Oxford University Press.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Al Hadidi, Samer ORCID: https://orcid.org/0000-0003-4297-8042",

"If RCT or not":"No",

},

{

"UniqueID":"68",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018154887",

"TI":"Three-dose mRNA-1273 vaccination schedule: sufficient antibody response in majority of immunocompromised hematology patients.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 18 Apr 2022.",

"AU":"Haggenburg S.  
  
Hofsink Q.  
  
Lissenberg-Witte B.I.  
  
Broers A.E.C.  
  
van Doesum J.A.  
  
van Binnendijk R.S.  
  
den Hartog G.  
  
Bhoekhan M.S.  
  
Haverkate N.J.E.  
  
Burger J.A.  
  
Bouhuijs J.H.  
  
Smits G.P.  
  
Wouters D.  
  
van Leeuwen E.M.M.  
  
Bontkes H.J.  
  
Kootstra N.A.  
  
Zweegman S.  
  
Kater A.P.  
  
Heemskerk M.H.M.  
  
Groen K.  
  
van Meerten T.  
  
Mutsaers P.G.N.J.  
  
Beaumont T.  
  
van Gils M.J.  
  
Goorhuis A.  
  
Rutten C.E.  
  
Hazenberg M.D.  
  
Nijhof I.S.  
  
Kant I.M.J.  
  
Graas T.  
  
Toussaint B.  
  
de Jong S.  
  
Darwesh S.  
  
Mahes S.S.  
  
Beaumont G.  
  
Engel M.D.  
  
Pierie R.N.C.  
  
Janssen S.R.  
  
van Dijkman E.  
  
Heijmans J.  
  
Witte Y.Y.  
  
Nahui Palomino R.A.  
  
Omar S.Z.  
  
van den Vegt C.  
  
Arends-Halbesma I.  
  
de Pater E.  
  
Dijkstra M.J.  
  
Rots N.Y.  
  
van Rijnstra E.S.  
  
de Rooij D.M.  
  
Sanders R.W.  
  
Poniman M.  
  
Olijhoek W.  
  
van Rijswijk J.  
  
Cetinel L.  
  
Schellekens L.  
  
den Hartogh Y.M.  
  
van Meerloo J.  
  
Cloos J.  
  
Weijers S.S.  
  
Tonouh-Aajoud S.  
  
Avci S.  
  
Roelandse-Koop E.  
  
Dik W.A.",

"AO":"den Hartog, Gerco ORCID: https://orcid.org/0000-0002-2103-6315  
  
van Gils, Marit J. ORCID: https://orcid.org/0000-0003-3422-8161",

"IN":"(Haggenburg, Hofsink, Bhoekhan, Kater, Rutten, Hazenberg, Toussaint, de Jong, Darwesh, Mahes, Beaumont, Engel, Pierie, Janssen, van Dijkman, Heijmans, Witte, Nahui Palomino, Omar) Department of Hematology, Amsterdam UMC Location, University of Amsterdam, Amsterdam, Netherlands  
  
(Haggenburg, Hofsink, Bhoekhan, Haverkate, van Leeuwen, Kootstra, Hazenberg) Amsterdam Institute for Infection and Immunity, Amsterdam UMC, Amsterdam, Netherlands  
  
(Lissenberg-Witte) Department of Epidemiology and Data Science, Amsterdam UMC Location Vrije Universiteit, Amsterdam, Netherlands  
  
(Broers, Mutsaers, van den Vegt, Arends-Halbesma, de Pater) Department of Hematology, Erasmus MC Cancer Institute, Rotterdam, Netherlands  
  
(van Doesum, van Meerten, Dijkstra) Department of Hematology, University Medical Center Groningen, University of Groningen, Groningen, Netherlands  
  
(van Binnendijk, den Hartog, Smits, Rots) Centre for Immunology of Infectious Diseases and Vaccines, National Institute for Public Health and the Environment, Bilthoven, Netherlands  
  
(Haverkate, van Leeuwen, Kootstra, Witte, Nahui Palomino, Omar, van Rijnstra, de Rooij) Department of Experimental Immunology, Amsterdam UMC Location University of Amsterdam, Amsterdam, Netherlands  
  
(Burger, Bouhuijs, Beaumont, van Gils, Sanders, Poniman, Olijhoek, van Rijswijk) Department of Medical Microbiology and Infection Prevention, Amsterdam UMC, University of Amsterdam, Amsterdam, Netherlands  
  
(Wouters, Weijers) Central Diagnostic Laboratory, Amsterdam UMC, Amsterdam, Netherlands  
  
(Bontkes, Tonouh-Aajoud) Laboratory Medical Immunology, Amsterdam UMC, Amsterdam, Netherlands  
  
(Zweegman, Groen, Nijhof, Kant, Graas, Cetinel, Schellekens, den Hartogh, van Meerloo, Cloos) Department of Hematology, Amsterdam UMC Location, Vrije Universiteit, Amsterdam, Netherlands  
  
(Zweegman, Kater, Hazenberg, Nahui Palomino, Omar, van Meerloo, Cloos) Cancer Center Amsterdam, Amsterdam UMC, Amsterdam, Netherlands  
  
(Heemskerk) Department of Hematology, Leiden UMC, Leiden, Netherlands  
  
(Goorhuis) Department of Infectious Diseases, Amsterdam UMC Location, University of Amsterdam, Amsterdam, Netherlands  
  
(Hazenberg) Department of Hematopoiesis, Sanquin Research, Amsterdam, Netherlands  
  
(Nijhof) Department of Internal Medicine-Hematology, St. Antonius Hospital, Nieuwegein, Netherlands  
  
(Avci, Roelandse-Koop) Department of Clinical Chemistry, Amsterdam UMC, Amsterdam, Netherlands  
  
(Dik) Laboratory Medical Immunology, Department of Immunology, Erasmus MC, University Medical Center, Rotterdam, Netherlands",

"PB":"medRxiv",

"MH":"adult  
  
allogeneic hematopoietic stem cell transplantation  
  
\*antibody response  
  
autologous hematopoietic stem cell transplantation  
  
B cell lymphoma  
  
bone marrow cancer  
  
cancer patient  
  
cancer resistance  
  
cell therapy  
  
chimeric antigen receptor T-cell immunotherapy  
  
chronic lymphatic leukemia  
  
cohort analysis  
  
controlled study  
  
drug dose regimen  
  
drug therapy  
  
female  
  
hematologic malignancy  
  
\*hematology  
  
human  
  
human tissue  
  
immune deficiency  
  
immune system  
  
immunocompromised patient  
  
major clinical study  
  
male  
  
multiple myeloma  
  
Netherlands  
  
outcome assessment  
  
prospective study  
  
spike  
  
surgery  
  
university hospital  
  
\*vaccination  
  
CD19 antigen  
  
\*elasomeran  
  
endogenous compound  
  
ibrutinib  
  
immunoglobulin G  
  
immunoglobulin G antibody  
  
rituximab",

"DU":"adult [m]  
  
allogeneic hematopoietic stem cell transplantation [m]  
  
\*antibody response [m]  
  
autologous hematopoietic stem cell transplantation [m]  
  
B cell lymphoma [m]  
  
bone marrow cancer [m]  
  
cancer patient [m]  
  
cancer resistance [m]  
  
cell therapy [m]  
  
chimeric antigen receptor T-cell immunotherapy [m]  
  
chronic lymphatic leukemia [m]  
  
cohort analysis [m]  
  
controlled study [m]  
  
drug dose regimen [m]  
  
drug therapy [m]  
  
female [m]  
  
hematologic malignancy [m]  
  
\*hematology [m]  
  
human [m]  
  
human tissue [m]  
  
immune deficiency [m]  
  
immune system [m]  
  
immunocompromised patient [m]  
  
major clinical study [m]  
  
male [m]  
  
multiple myeloma [m]  
  
Netherlands [m]  
  
outcome assessment [m]  
  
prospective study [m]  
  
spike [m]  
  
surgery [m]  
  
university hospital [m]  
  
\*vaccination [m]",

"OD":"Importance In patients with hematologic malignancies, the immunogenicity of the standard 2-dose mRNA-1273 coronavirus disease 19 (COVID-19) vaccination schedule is often insufficient due to underlying disease and current or recent therapy. Objective To determine whether a 3rd mRNA-1273 vaccination raises antibody concentrations in immunocompromised hematology patients to levels obtained in healthy individuals after the standard 2-dose mRNA-1273 vaccination schedule. Design Prospective observational cohort study. Setting Four academic hospitals in the Netherlands. Participants 584 evaluable immunocompromised hematology patients, all grouped in predefined cohorts spanning the spectrum of hematologic malignancies. Exposure One additional vaccination with mRNA-1273 5 months after completion of the standard 2-dose mRNA-1273 vaccination schedule. Main Outcomes and Measures Serum IgG antibodies to spike subunit 1 (S1) antigens prior to and 4 weeks after each vaccination, and pseudovirus neutralization of wildtype, delta and omicron variants in a subgroup of patients. Results In immunocompromised hematology patients, a 3rd mRNA-1273 vaccination led to median S1 IgG concentrations comparable to concentrations obtained by healthy individuals after the 2-dose mRNA-1273 schedule. The rise in S1 IgG concentration after the 3rd vaccination was most pronounced in patients with a recovering immune system, but potent responses were also observed in patients with persistent immunodeficiencies. Specifically, patients with myeloid malignancies or multiple myeloma, and recipients of autologous or allogeneic hematopoietic cell transplantation (HCT) reached median S1 IgG concentrations similar to those obtained by healthy individuals after a 2-dose schedule. Patients on or shortly after rituximab therapy, CD19-directed chimeric antigen receptor T cell therapy recipients, and chronic lymphocytic leukemia patients on ibrutinib were less or unresponsive to the 3rd vaccination. In the 27 patients who received cell therapy between the 2nd and 3rd vaccination, S1 antibodies were preserved, but a 3rd mRNA-1273 vaccination did not significantly enhance S1 IgG concentrations except for multiple myeloma patients receiving autologous HCT. A 3rd vaccination significantly improved neutralization capacity per antibody. Conclusions and Relevance The primary schedule for immunocompromised patients with hematologic malignancies should be supplemented with a delayed 3rd vaccination. B cell lymphoma patients and allogeneic HCT recipients need to be revaccinated after treatment or transplantation.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"CD19 antigen [m]  
  
\*elasomeran [m]  
  
endogenous compound [m]  
  
ibrutinib [m]  
  
immunoglobulin G [m]  
  
immunoglobulin G antibody [m]  
  
rituximab [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"69",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024975151",

"TI":"The impact of poverty on mental illness: Emerging evidence of a causal relationship.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 26 May 2023.",

"AU":"Marchi M.  
  
Alkema A.  
  
Xia C.  
  
Thio C.H.L.  
  
Chen L.-Y.  
  
Schalkwijk W.  
  
Galeazzi G.M.  
  
Ferrari S.  
  
Pingani L.  
  
Kweon H.  
  
Evans-Lacko S.  
  
Hill W.D.  
  
Boks M.P.M.",

"AO":"Marchi, Mattia ORCID: https://orcid.org/0000-0003-2970-1276",

"IN":"(Marchi, Galeazzi, Ferrari, Pingani) Department of Biomedical, Metabolic and Neural Sciences, University of Modena and Reggio Emilia, Via Giuseppe Campi, 287, Modena 41125, Italy  
  
(Marchi, Galeazzi, Ferrari, Pingani) Department of Mental Health and Addiction Services, Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia, Italy  
  
(Marchi, Alkema, Chen, Schalkwijk, Boks) Department of Psychiatry, Brain Center University Medical Center Utrecht, University Utrecht, Utrecht, Netherlands  
  
(Xia, Hill) Lothian Birth Cohort studies, University of Edinburgh, 7 George Square, Edinburgh EH8 9JZ, United Kingdom  
  
(Xia, Hill) Department of Psychology, University of Edinburgh, 7 George Square, Edinburgh EH8 9JZ, United Kingdom  
  
(Thio) Department of Epidemiology, University of Groningen, University Medical Centre Groningen, Groningen, Netherlands  
  
(Kweon) Department of Economics, School of Business and Economics, Vrije Universiteit Amsterdam, Amsterdam 1081 HV, Netherlands  
  
(Evans-Lacko) Care Policy and Evaluation Centre, London School of Economics and Political Science, United Kingdom",

"PB":"medRxiv",

"MH":"anorexia nervosa  
  
anxiety disorder  
  
attention deficit hyperactivity disorder  
  
autism  
  
bipolar disorder  
  
\*cognition  
  
controlled study  
  
education  
  
effect size  
  
genome-wide association study  
  
health equity  
  
heritability  
  
household income  
  
human  
  
major depression  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
mental health  
  
obsessive compulsive disorder  
  
outcome assessment  
  
posttraumatic stress disorder  
  
\*poverty  
  
randomized controlled trial  
  
schizophrenia  
  
social isolation  
  
structural equation modeling",

"DU":"nan",

"OD":"nan",

"AB":"anorexia nervosa [m]  
  
anxiety disorder [m]  
  
attention deficit hyperactivity disorder [m]  
  
autism [m]  
  
bipolar disorder [m]  
  
\*cognition [m]  
  
controlled study [m]  
  
education [m]  
  
effect size [m]  
  
genome-wide association study [m]  
  
health equity [m]  
  
heritability [m]  
  
household income [m]  
  
human [m]  
  
major depression [m]  
  
\*Mendelian randomization analysis [m]  
  
\*mental disease [m]  
  
mental health [m]  
  
obsessive compulsive disorder [m]  
  
outcome assessment [m]  
  
posttraumatic stress disorder [m]  
  
\*poverty [m]  
  
randomized controlled trial [m]  
  
schizophrenia [m]  
  
social isolation [m]  
  
structural equation modeling [m]",

"FTURL":"The link between poverty and mental illness has sparked discussions concerning the poverty role as a risk factor for poor mental health. If poverty has as a causal role in mental illness, it would have profound implications for our comprehension of mental well-being and guide efforts to address the increasing incidence of mental health disorders. Building on the recent breakthrough discovery of heritability of poverty traits and utilizing large-scale genome-wide association studies of mental illness, we used Genomic Structural Equation Modeling (GSEM) and Mendelian randomization (MR) to examine the evidence of a causal relationship between poverty and mental illness. A common factor of poverty was derived from household income (HI), occupational income (OI), and social deprivation (SD). The causal effect of poverty was examined on 9 mental illnesses: attention deficit and hyperactivity disorder (ADHD), anorexia nervosa (AN), anxiety disorders (ANX), autism spectrum disorders (ASD), bipolar disorder (BD), major depressive disorder (MDD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and schizophrenia (SZ), while accounting for the influence of cognitive ability (CA). Our analysis highlights HI as the measure of poverty with the strongest correlation with the common factor, when compared to OI and SD. Using the common factor of poverty, bidirectional MR provided evidence that mental illness leads to poverty, consistent with the existing paradigm. What is new is evidence that higher levels of poverty likely pose a causal factor in developing ADHD (Inverse Variance Weighted Odds Ratio per Standard Deviation change [IVW OR]=3.43[95%CI:2.95-3.99]), MDD (IVW OR=1.49[95%CI:1.29-1.72]), and SZ (IVW OR=1.53[95%CI:1.35-1.73]), but exerts a protective effect against AN (IVW OR=0.50[95%CI:0.40-0.62]). The direct effect of poverty on mental illness remained following adjustment for CA, albeit with reduced effect sizes. Our research indicates that higher poverty levels are likely causal risk factors for MDD and SZ, but protective against AN. Notably, CA explains a significant portion of the impact of poverty, aligning with prior reports that highlight the contribution of impaired cognitive function to severe mental illnesses. Although individuals' skills and abilities tied to earning capacity may be the variables with the actual causal effect of poverty on mental illness, our findings warrant further investigations into interventions targeting poverty and cognitive abilities to advance mental health.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"70",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38033150",

"TI":"The effects of tryptophan loading on Attention Deficit Hyperactivity in adults: A remote double blind randomised controlled trial.",

"SO":"PLoS ONE [Electronic Resource]. 18(11):e0294911, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Dinu LM  
  
Singh SN  
  
Baker NS  
  
Georgescu AL  
  
Overton PG  
  
Dommett EJ",

"MH":"Baker, Neo S ORCID: https://orcid.org/0000-0001-9536-5333  
  
Dommett, Eleanor J ORCID: https://orcid.org/0000-0002-6973-8762",

"DU":"Dinu, Larisa M  
  
Singh, Samriddhi N  
  
Baker, Neo S  
  
Georgescu, Alexandra L  
  
Overton, Paul G  
  
Dommett, Eleanor J",

"OD":"Dinu, Larisa M. Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom.  
  
Singh, Samriddhi N. Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom.  
  
Baker, Neo S. Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom.  
  
Georgescu, Alexandra L. Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom.  
  
Overton, Paul G. Department of Psychology, The University of Sheffield, Cathedral Court, Sheffield, United Kingdom.  
  
Dommett, Eleanor J. Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, United Kingdom.",

"AB":"Humans  
  
Adult  
  
\*Tryptophan  
  
Attention Deficit Disorder with Hyperactivity/th [Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Aggression  
  
Impulsive Behavior  
  
Double-Blind Method  
  
Serotonin/tu [Therapeutic Use]",

"FTURL":"nan",

"PM":"nan",

"DJ":"BACKGROUND: Despite the impact and prevalence of Attention Deficit Hyperactivity Disorder (ADHD), current treatment options remain limited and there is a drive for alternative approaches, including those building on evidence of a role for tryptophan (TRP) and serotonin (5-HT). This study aimed to evaluate the effect of acute TRP loading on attention and impulsivity in adults with ADHD.  
  
TRIAL DESIGN AND METHODS: We conducted a remote double blind randomised controlled trial (RCT) using TRP loading to examine the effects of a balanced amino acid load in comparison to low and high TRP loading in individuals with ADHD (medicated, N = 48, and unmedicated, N = 46) and controls (N = 50). Participants were randomised into one of three TRP treatment groups using stratified randomisation considering participant group and gender using a 1:1:1 ratio. Baseline testing of attention and impulsivity using the Test of Variables of Attention Task, Delay Discounting Task, and Iowa Gambling Task was followed by consumption of a protein drink (BAL, LOW, or HIGH TRP) before repeated testing.  
  
RESULTS AND CONCLUSIONS: No effects of TRP were observed for any of the measures. In the present study, TRP loading did not impact on any measure of attention or impulsivity in those with ADHD or Controls. The findings need to be confirmed in another trial with a larger number of patients that also considers additional measures of dietary protein, plasma TRP and aggression. (Registration ID ISRCTN15119603). Copyright: © 2023 Dinu et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.",

"MV":"8DUH1N11BX (Tryptophan)  
  
333DO1RDJY (Serotonin)",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"71",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2023737622",

"TI":"Causal associations between female reproductive behaviors and psychiatric disorders: a lifecourse Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 20 Mar 2023.",

"AU":"Hou L.  
  
Wu Y.  
  
Yu Y.  
  
Liu X.  
  
Wu S.  
  
He Y.  
  
Ge Y.  
  
Wei Y.  
  
Qian F.  
  
Luo Q.  
  
Feng Y.  
  
Cheng X.  
  
Yu T.  
  
Li H.  
  
Xue F.",

"AO":"(Yu, Hou, Wu, Yu, Liu, Wu, He, Ge, Wei, Qian, Luo, Feng, Li, Xue) Department of Epidemiology and Health Statistics, School of Public Health, Cheeloo College of Medicine, Shandong University, Jinan, China  
  
(Yu, Hou, Wu, Yu, Liu, Wu, He, Ge, Wei, Qian, Luo, Feng, Li, Xue) Institute for Medical Dataology, Cheeloo College of Medicine, Shandong University, Jinan, China  
  
(Cheng, Yu, Xue) Qilu Hospital, Cheeloo College of Medicine, Shandong University, Jinan, China",

"IN":"medRxiv",

"PB":"adult  
  
anorexia nervosa  
  
anxiety disorder  
  
attention deficit hyperactivity disorder  
  
\*behavior disorder  
  
bipolar disorder  
  
clinical article  
  
controlled study  
  
\*depression  
  
female  
  
\*genetic correlation  
  
genome-wide association study  
  
human  
  
\*lifespan  
  
menarche  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
posttraumatic stress disorder  
  
randomized controlled trial  
  
\*reproductive behavior  
  
schizophrenia  
  
sexual intercourse",

"MH":"nan",

"DU":"adult [m]  
  
anorexia nervosa [m]  
  
anxiety disorder [m]  
  
attention deficit hyperactivity disorder [m]  
  
\*behavior disorder [m]  
  
bipolar disorder [m]  
  
clinical article [m]  
  
controlled study [m]  
  
\*depression [m]  
  
female [m]  
  
\*genetic correlation [m]  
  
genome-wide association study [m]  
  
human [m]  
  
\*lifespan [m]  
  
menarche [m]  
  
\*Mendelian randomization analysis [m]  
  
\*mental disease [m]  
  
posttraumatic stress disorder [m]  
  
randomized controlled trial [m]  
  
\*reproductive behavior [m]  
  
schizophrenia [m]  
  
sexual intercourse [m]",

"OD":"Background: The timings of reproductive life events have been examined to be associated with various psychiatric disorders. However, studies have not considered the causal pathways from reproductive behaviors to different psychiatric disorders. This study aimed to investigate the nature of the relationships between five reproductive behaviors and twelve psychiatric disorders. Method(s): Firstly, we calculated genetic correlations between reproductive factors and psychiatric disorders. Then two-sample Mendelian randomization (MR) was conducted to estimate the causal associations among five reproductive behaviors, and these reproductive behaviors on twelve psychiatric disorders, using genome-wide association study (GWAS) summary data from genetic consortia. Multivariable MR was then applied to evaluate the direct effect of reproductive behaviors on these psychiatric disorders whilst accounting for other reproductive factors at different life periods. Result(s): Univariable MR analyses provide evidences that age at menarche, age at first sexual intercourse and age at first birth have effects on one (depression), seven (anxiety disorder, ADHD, bipolar disorder, bipolar disorder II, depression, PTSD and schizophrenia) and three psychiatric disorders (ADHD, depression and PTSD) (based on 7.14 10), respectively. However, after performing multivariable MR, only age at first sexual intercourse has direct effects on six psychiatric disorders (Depression, Attention deficit or hyperactivity disorder, Bipolar disorder, Posttraumatic stress disorder, Anxiety disorders and Anorexia Nervosa) when accounting for other reproductive behaviors with significant effects in univariable analyses. Conclusion(s): Our findings suggest that reproductive behaviors predominantly exert their detrimental effects on psychiatric disorders and age at first sexual intercourse has direct effects on psychiatric disorders.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"72",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"9",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37833590",

"TI":"Modulation of hippocampal activity in schizophrenia with levetiracetam: a randomized, double-blind, cross-over, placebo-controlled trial.",

"SO":"Neuropsychopharmacology. 2023 Oct 13",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Roeske MJ  
  
McHugo M  
  
Rogers B  
  
Armstrong K  
  
Avery S  
  
Donahue M  
  
Heckers S",

"MH":"Roeske, Maxwell J  
  
McHugo, Maureen  
  
Rogers, Baxter  
  
Armstrong, Kristan  
  
Avery, Suzanne  
  
Donahue, Manus  
  
Heckers, Stephan",

"DU":"Roeske, Maxwell J. Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA. maxwell.j.roeske.2@vumc.org.  
  
McHugo, Maureen. Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA.  
  
Rogers, Baxter. Vanderbilt University Institute of Imaging Sciences, Nashville, TN, USA.  
  
Armstrong, Kristan. Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA.  
  
Avery, Suzanne. Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA.  
  
Donahue, Manus. Department of Neurology, Vanderbilt University Medical Center, Nashville, TN, USA.  
  
Heckers, Stephan. Department of Psychiatry and Behavioral Sciences, Vanderbilt University Medical Center, Nashville, TN, USA.",

"OD":"Hippocampal hyperactivity is a novel pharmacological target in the treatment of schizophrenia. We hypothesized that levetiracetam (LEV), a drug binding to the synaptic vesicle glycoprotein 2 A, normalizes hippocampal activity in persons with schizophrenia and can be measured using neuroimaging methods. Thirty healthy control participants and 30 patients with schizophrenia (28 treated with antipsychotic drugs), were randomly assigned to a double-blind, cross-over trial to receive a single administration of 500 mg oral LEV or placebo during two study visits. At each visit, we assessed hippocampal function using resting state fractional amplitude of low frequency fluctuations (fALFF), cerebral blood flow (CBF) with arterial spin labeling, and hippocampal blood-oxygen-level-dependent (BOLD) signal during a scene processing task. After placebo treatment, we found significant elevations in hippocampal fALFF in patients with schizophrenia, consistent with hippocampal hyperactivity. Additionally, hippocampal fALFF in patients with schizophrenia after LEV treatment did not significantly differ from healthy control participants receiving placebo, suggesting that LEV may normalize hippocampal hyperactivity. In contrast to our fALFF findings, we did not detect significant group differences or an effect of LEV treatment on hippocampal CBF. In the context of no significant group difference in BOLD signal, we found that hippocampal recruitment during scene processing is enhanced by LEV more significantly in schizophrenia. We conclude that pharmacological modulation of hippocampal hyperactivity in schizophrenia can be studied with some neuroimaging methods, but not others. Additional studies in different cohorts, employing alternate neuroimaging methods and study designs, are needed to establish levetiracetam as a treatment for schizophrenia. Copyright © 2023. The Author(s), under exclusive licence to American College of Neuropsychopharmacology.",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"Roeske, Maxwell J ORCID: http://orcid.org/0000-0003-4372-719X  
  
McHugo, Maureen ORCID: http://orcid.org/0000-0001-8956-0087  
  
Rogers, Baxter ORCID: http://orcid.org/0000-0002-5666-2797  
  
Avery, Suzanne ORCID: http://orcid.org/0000-0002-5320-4619",

"If RCT or not":"Yes",

},

{

"UniqueID":"73",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2018154746",

"TI":"Drinking water chlorination impact on fecal carriage of extended-spectrum beta-lactamase-producing Enterobacteriaceae in Bangladeshi children in a double-blind, cluster-randomized controlled trial.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 08 Apr 2022.",

"AU":"Montealegre M.C.  
  
Greenwood E.E.  
  
Teichmann L.  
  
Nadimpalli M.L.  
  
Caduff L.  
  
Swarthout J.M.  
  
Nydegger T.  
  
Sultana S.  
  
Islam M.A.  
  
Lanza V.F.  
  
Luby S.P.  
  
Pickering A.J.  
  
Julian T.R.",

"AO":"Montealegre, Maria Camila ORCID: https://orcid.org/0000-0001-9639-9690  
  
Pickering, Amy J. ORCID: https://orcid.org/0000-0001-6193-2221  
  
Lanza, Val F. ORCID: https://orcid.org/0000-0003-0870-9500  
  
Luby, Stephen P. ORCID: https://orcid.org/0000-0001-5385-899X  
  
Julian, Timothy R. ORCID: https://orcid.org/0000-0003-1000-0306",

"IN":"(Montealegre, Greenwood, Teichmann, Caduff, Nydegger, Julian) Eawag, Swiss Federal Institute of Aquatic Science and Technology, Eawag, Dubendorf, Switzerland  
  
(Nadimpalli, Swarthout, Pickering) Department of Civil and Environmental Engineering, Tufts University, Medford, MA, United States  
  
(Nadimpalli, Pickering) Stuart B. Levy Center for Integrated Management of Antimicrobial Resistance (Levy CIMAR), Tufts University, Boston, MA, United States  
  
(Sultana, Islam) Enteric and Food Microbiology Laboratory, International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), Dhaka, Bangladesh  
  
(Islam) Paul G. Allen School for Global Health, Washington State University, Pullman, WA, United States  
  
(Lanza) Servicio de Microbiologia, Hospital Universitario Ramon y Cajal (IRYCIS), Madrid, Spain  
  
(Luby) Woods Institute for the Environment, Stanford University, Stanford, CA, United States  
  
(Julian) Swiss Tropical and Public Health Institute, Basel, Switzerland  
  
(Julian) University of Basel, Basel, Switzerland",

"PB":"medRxiv",

"MH":"antibiotic resistance  
  
Bangladesh  
  
\*Bangladeshi  
  
child  
  
\*chlorination  
  
Citrobacter  
  
controlled study  
  
double blind procedure  
  
Enterobacter  
  
\*extended spectrum beta lactamase producing Escherichia coli  
  
\*feces  
  
female  
  
human  
  
hygiene  
  
Klebsiella  
  
lowest income group  
  
major clinical study  
  
male  
  
metagenome  
  
nonhuman  
  
prevalence  
  
randomized controlled trial  
  
risk factor  
  
sanitation  
  
Serratia  
  
urban population  
  
beta lactamase  
  
\*drinking water  
  
endogenous compound  
  
\*extended spectrum beta lactamase",

"DU":"beta lactamase [m]  
  
\*drinking water [m]  
  
endogenous compound [m]  
  
\*extended spectrum beta lactamase [m]",

"OD":"antibiotic resistance [m]  
  
Bangladesh [m]  
  
\*Bangladeshi [m]  
  
child [m]  
  
\*chlorination [m]  
  
Citrobacter [m]  
  
controlled study [m]  
  
double blind procedure [m]  
  
Enterobacter [m]  
  
\*extended spectrum beta lactamase producing Escherichia coli [m]  
  
\*feces [m]  
  
female [m]  
  
human [m]  
  
hygiene [m]  
  
Klebsiella [m]  
  
lowest income group [m]  
  
major clinical study [m]  
  
male [m]  
  
metagenome [m]  
  
nonhuman [m]  
  
prevalence [m]  
  
randomized controlled trial [m]  
  
risk factor [m]  
  
sanitation [m]  
  
Serratia [m]  
  
urban population [m]",

"AB":"Background Water, sanitation, and hygiene (WASH) services have the potential to interrupt transmission of antimicrobial-resistant bacteria and reduce the need for antibiotics, thereby reducing selection for resistance. However, evidence of WASH impacts on antimicrobial resistance (AMR) is lacking. Methods We evaluated extended-spectrum beta-lactamase (ESBL)-producing Escherichia coli and ESBL-KESC (Klebsiella spp., Enterobacter spp., Serratia spp., and Citrobacter spp.) carriage in the feces of 479 Bangladeshi children under 5 years of age enrolled in a double-blind, cluster-randomized controlled trial of in-line drinking water chlorination in two low-income urban communities in Bangladesh. We additionally assessed the intervention's impact on circulating beta-lactamase genes in fecal metagenomes and in genomes of fecal ESBL-E. coli isolates. Findings We detected ESBL-E. coli in 65% (n = 309) and ESBL-KESC in 12% (n = 56) of enrolled children. We observed no effect of the intervention on the prevalence of ESBL-E. coli (relative risk [95% confidence interval] = 0.98 [0.78, 1.23]) when controlling for study site and age. Although ESBL-KESC (0.76 [0.44, 1.29]) was lower among children in the intervention group, the relative risk was not significant. Concentrations of ESBL-E. coli (log10 CFU/g-wet) were on average [95% confidence interval] 0.13 [-0.16, 0.42] higher in the intervention group and ESBL-KESC (log10 CFU/g-wet) were 0.10 [-0.22, 0.02], lower in the intervention group, when controlling for study site and age. Furthermore, the distribution of ESBL-E.coli sequence types, type of beta-lactamase-encoding genes in ESBL-E. coli isolates, and the presence and relative abundance of beta-lactamase-encoding genes in children's fecal metagenomes did not differ significantly between the intervention and control children. Interpretation One year of in-line drinking water chlorination in communities did not meaningfully impact the carriage of ESBL-E. coli among children in an area of high ESBL-E. coli carriage. While ESBL-KESC was at lower prevalence than ESBL-E. coli, in the intervention group, limited study power prevented a clear interpretation of treatment effect. Development and evaluation of effective interventions to reduce AMR carriage are needed to support calls for WASH embedded in current National and Global AMR Action Plans.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"Yes",

},

{

"UniqueID":"74",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38047021",

"TI":"A multicentre study to determine the in vitro efficacy of flomoxef against extended-spectrum beta-lactamase producing Escherichia coli in Malaysia.",

"SO":"PeerJ. 11:e16393, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Yap PSX  
  
Chong CW  
  
Ponnampalavanar S  
  
Ramli R  
  
Harun A  
  
Tengku Jamaluddin TZM  
  
Ahmed Khan A  
  
Ngoi ST  
  
Lee YQ  
  
Lau MY  
  
Tan SC  
  
Kong ZX  
  
Woon JJ  
  
Mak ST  
  
Abdul Jabar K  
  
Karunakaran R  
  
Ismail Z  
  
Salleh SA  
  
Md Noor SS  
  
Masri SN  
  
Mohd Taib N  
  
Jasni AS  
  
Tee LH  
  
Leong KC  
  
Lim VKE  
  
Abu Bakar S  
  
Teh CSJ",

"MH":"Chong, Chun Wie ORCID: https://orcid.org/0000-0002-6881-8883  
  
Ngoi, Soo Tein ORCID: https://orcid.org/0000-0001-8332-4833  
  
Abdul Jabar, Kartini ORCID: https://orcid.org/0000-0002-8716-4416  
  
Teh, Cindy Shuan Ju ORCID: https://orcid.org/0000-0002-9062-3839",

"DU":"Yap, Polly Soo Xi  
  
Chong, Chun Wie  
  
Ponnampalavanar, Sasheela  
  
Ramli, Ramliza  
  
Harun, Azian  
  
Tengku Jamaluddin, Tengku Zetty Maztura  
  
Ahmed Khan, Anis  
  
Ngoi, Soo Tein  
  
Lee, Yee Qing  
  
Lau, Min Yi  
  
Tan, Shiang Chiet  
  
Kong, Zhi Xian  
  
Woon, Jia Jie  
  
Mak, Siew Thong  
  
Abdul Jabar, Kartini  
  
Karunakaran, Rina  
  
Ismail, Zalina  
  
Salleh, Sharifah Azura  
  
Md Noor, Siti Suraiya  
  
Masri, Siti Norbaya  
  
Mohd Taib, Niazlin  
  
Jasni, Azmiza Syawani  
  
Tee, Loong Hua  
  
Leong, Kin Chong  
  
Lim, Victor Kok Eow  
  
Abu Bakar, Sazaly  
  
Teh, Cindy Shuan Ju",

"OD":"Yap, Polly Soo Xi. Jeffrey Cheah School of Medicine and Health Science, Monash University Malaysia, Bandar Sunway, Selangor, Malaysia.  
  
Chong, Chun Wie. School of Pharmacy, Monash University Malaysia, Bandar Sunway, Selangor, Malaysia.  
  
Ponnampalavanar, Sasheela. Department of Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Ramli, Ramliza. Department of Medical Microbiology and Immunology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Kuala Lumpur, Malaysia.  
  
Harun, Azian. Department of Medical Microbiology and Parasitology, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia.  
  
Harun, Azian. Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan, Malaysia.  
  
Tengku Jamaluddin, Tengku Zetty Maztura. Department of Medical Microbiology and Parasitology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia.  
  
Ahmed Khan, Anis. School of Medicine, International Medical University, Bukit Jalil, Kuala Lumpur, Malaysia.  
  
Ngoi, Soo Tein. Department of Anesthesiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Kuala Lumpur, Malaysia.  
  
Lee, Yee Qing. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Lau, Min Yi. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Tan, Shiang Chiet. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Kong, Zhi Xian. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Woon, Jia Jie. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Mak, Siew Thong. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Abdul Jabar, Kartini. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Karunakaran, Rina. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Ismail, Zalina. Department of Medical Microbiology and Immunology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Kuala Lumpur, Malaysia.  
  
Salleh, Sharifah Azura. Department of Medical Microbiology and Immunology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Kuala Lumpur, Malaysia.  
  
Md Noor, Siti Suraiya. Department of Medical Microbiology and Parasitology, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian, Kelantan, Malaysia.  
  
Masri, Siti Norbaya. Department of Medical Microbiology and Parasitology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia.  
  
Mohd Taib, Niazlin. Department of Medical Microbiology and Parasitology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia.  
  
Jasni, Azmiza Syawani. Department of Medical Microbiology and Parasitology, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Serdang, Selangor, Malaysia.  
  
Tee, Loong Hua. Shionogi Singapore, Singapore, Singapore.  
  
Leong, Kin Chong. Shionogi Singapore, Singapore, Singapore.  
  
Lim, Victor Kok Eow. School of Medicine, International Medical University, Bukit Jalil, Kuala Lumpur, Malaysia.  
  
Abu Bakar, Sazaly. Tropical Infectious Diseases Research and Education Centre (TIDREC), Universiti Malaya, Kuala Lumpur, Malaysia.  
  
Teh, Cindy Shuan Ju. Department of Medical Microbiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia.",

"AB":"Antimicrobial resistance Enterobacterales Escherichia coli Extended-spectrum beta-lactamase (ESBL) Flomoxef Surgical site infection",

"FTURL":"NOTNLM",

"PM":"Background: The high burden of extended-spectrum beta-lactamase-producing (ESBL)-producing Enterobacterales worldwide, especially in the densely populated South East Asia poses a significant threat to the global transmission of antibiotic resistance. Molecular surveillance of ESBL-producing pathogens in this region is vital for understanding the local epidemiology, informing treatment choices, and addressing the regional and global implications of antibiotic resistance.  
  
Methods: Therefore, an inventory surveillance of the ESBL-Escherichia coli (ESBL-EC) isolates responsible for infections in Malaysian hospitals was conducted. Additionally, the in vitro efficacy of flomoxef and other established antibiotics against ESBL-EC was evaluated.  
  
Results: A total of 127 non-repetitive ESBL-EC strains isolated from clinical samples were collected during a multicentre study performed in five representative Malaysian hospitals. Of all the isolates, 33.9% were isolated from surgical site infections and 85.8% were hospital-acquired infections. High rates of resistance to cefotaxime (100%), cefepime (100%), aztreonam (100%) and trimethoprim-sulfamethoxazole (100%) were observed based on the broth microdilution test. Carbapenems remained the most effective antibiotics against the ESBL-EC, followed by flomoxef. Antibiotic resistance genes were identified by PCR. The blaCTX-M-1 was the most prevalent ESBL gene, with 28 isolates (22%) harbouring blaCTX-M-1 only, 27 isolates (21.3%) co-harbouring blaCTX-M-1 and blaTEM, and ten isolates (7.9%) co-harbouring blaCTX-M-1, blaTEM and blaSHV. A generalised linear model showed significant antibacterial activity of imipenem against different types of infection. Besides carbapenems, this study also demonstrated a satisfactory antibacterial activity of flomoxef (81.9%) on ESBL-EC, regardless of the types of ESBL genes. Copyright © 2023 Yap et al.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"75",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37960969",

"TI":"Incidence, timing, and management of infections in patients receiving teclistamab for the treatment of relapsed/refractory multiple myeloma in the MajesTEC-1 study.",

"SO":"Cancer. 2023 Nov 14",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Nooka AK  
  
Rodriguez C  
  
Mateos MV  
  
Manier S  
  
Chastain K  
  
Banerjee A  
  
Kobos R  
  
Qi K  
  
Verona R  
  
Doyle M  
  
Martin TG  
  
van de Donk NWCJ",

"MH":"Nooka, Ajay K  
  
Rodriguez, Cesar  
  
Mateos, Maria Victoria  
  
Manier, Salomon  
  
Chastain, Katherine  
  
Banerjee, Arnob  
  
Kobos, Rachel  
  
Qi, Keqin  
  
Verona, Raluca  
  
Doyle, Margaret  
  
Martin, Thomas G  
  
van de Donk, Niels W C J",

"DU":"Nooka, Ajay K. Winship Cancer Institute, Emory University, Atlanta, Georgia, USA.  
  
Rodriguez, Cesar. Icahn School of Medicine at Mount Sinai, New York, New York, USA.  
  
Mateos, Maria Victoria. University Hospital of Salamanca/IBSAL/CIC/CIBERONC, Salamanca, Spain.  
  
Manier, Salomon. Lille University Hospital, Lille, France.  
  
Chastain, Katherine. Janssen Research & Development LLC, Raritan, New Jersey, USA.  
  
Banerjee, Arnob. Janssen Research & Development LLC, Spring House, Pennsylvania, USA.  
  
Kobos, Rachel. Janssen Research & Development LLC, Raritan, New Jersey, USA.  
  
Qi, Keqin. Janssen Research & Development LLC, Titusville, New Jersey, USA.  
  
Verona, Raluca. Janssen Research & Development LLC, Spring House, Pennsylvania, USA.  
  
Doyle, Margaret. Janssen Global Services, Dublin, Ireland.  
  
Martin, Thomas G. University of California, San Francisco, San Francisco, California, USA.  
  
van de Donk, Niels W C J. Amsterdam University Medical Center, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands.",

"OD":"B-cell maturation antigen antibodies bispecific infections multiple myeloma",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: Patients with relapsed/refractory multiple myeloma are at increased risk of infection. Infections during treatment with teclistamab, the first B-cell maturation antigen-directed bispecific antibody approved for triple-class-exposed relapsed/refractory multiple myeloma, was examined in the phase 1/2 MajesTEC-1 study.  
  
METHODS: Patients (N = 165) received subcutaneous teclistamab 1.5 mg/kg weekly after a step-up dosing schedule (0.06 mg/kg and 0.3 mg/kg, each separated by 2-4 days). Patients were monitored frequently for infections prophylaxis and management were per institutional guidelines.  
  
RESULTS: At a median follow-up of 22.8 months (range, 0.3-33.6), infections were reported in 132 patients (80.0%). Grade 3/4 infections occurred in 91 patients (55.2%), including COVID-19 (21.2%), respiratory infections (19.4%), Pneumocystis jirovecii pneumonia (4.2%), viral infections (4.2%), and gastrointestinal infections (1.2%). Twenty-one patients died from infections (18 from COVID-19). Median time to first onset of any-grade and grade 3 to 5 infections was 1.7 and 4.2 months, respectively. Overall, 70.9% of patients had >=1 postbaseline immunoglobulin G (IgG) level <400 mg/dL median time to IgG <400 mg/dL was 1.2 months (range, 0.2-19.8) and 46.1% received >=1 dose of IgG replacement. Grade 3/4 neutropenia occurred in 65.5% of patients (median time to grade >=3 neutropenia/febrile neutropenia was 2.3 months [range, 0-18.1]).  
  
CONCLUSION: Based on the infection profile of B-cell maturation antigen-targeted bispecific antibodies such as teclistamab, it is recommended that clinicians and patients remain vigilant for a range of infection types throughout treatment to facilitate prompt intervention. Appropriate screening, prophylaxis, and management of infections, hypogammaglobulinemia, and neutropenia are important.  
  
CLINICAL TRIAL REGISTRATION: NCT03145181/NCT04557098 (ClinicalTrials.gov) PLAIN LANGUAGE SUMMARY: Before starting teclistamab, patients should be up to date with vaccinations (including COVID-19) and screened for hepatitis B and C and HIV. Teclistamab should not be given to patients with any active infections. Prophylactic antimicrobials should be administered per institutional guidelines. Prophylaxis for Pneumocystis jirovecii pneumonia and herpes simplex/varicella zoster virus is recommended during teclistamab treatment. Close monitoring of infections and immunoglobulin G (IgG) levels should continue throughout teclistamab treatment. IgG replacement (administered every 3-6 weeks) should be used to maintain IgG >=400 mg/dL. Growth factors should be considered for grade >=3 neutropenia with infection/fever and grade 4 neutropenia. Copyright © 2023 The Authors. Cancer published by Wiley Periodicals LLC on behalf of American Cancer Society.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"Nooka, Ajay K ORCID: https://orcid.org/0000-0003-4165-6869  
  
Martin, Thomas G ORCID: https://orcid.org/0000-0003-1752-5092",

"If RCT or not":"No",

},

{

"UniqueID":"76",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017166824",

"TI":"A THREE GENE SIGNATURE PREDICTS RESPONSE TO SELINEXOR IN MULTIPLE MYELOMA.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 26 Feb 2022.",

"AU":"Restrepo P.  
  
Bhalla S.  
  
Aleman A.  
  
Leshchenko V.  
  
Melnekoff D.T.  
  
Agte S.  
  
Jiang J.  
  
Madduri D.  
  
Richter J.  
  
Richard S.  
  
Chari A.  
  
Cho H.J.  
  
Jagannath S.  
  
Walker C.J.  
  
Landesman Y.  
  
Lagana A.  
  
Parekh S.",

"AO":"Richter, Joshua ORCID: https://orcid.org/0000-0002-0274-0585  
  
Richard, Shambavi ORCID: https://orcid.org/0000-0003-0274-4292  
  
Chari, Ajai ORCID: https://orcid.org/0000-0002-0405-7480  
  
Jagannath, Sundar ORCID: https://orcid.org/0000-0003-2934-6518  
  
Parekh, Samir ORCID: https://orcid.org/0000-0001-9694-8469  
  
Restrepo, Paula ORCID: https://orcid.org/0000-0003-2045-2357  
  
Bhalla, Sherry ORCID: https://orcid.org/0000-0001-9482-9343  
  
Leshchenko, Violetta ORCID: https://orcid.org/0000-0003-2989-0601  
  
Lagana, Alessandro ORCID: https://orcid.org/0000-0003-1134-0564  
  
Aleman, Adolfo ORCID: https://orcid.org/0000-0002-8884-2100  
  
Melnekoff, David T. ORCID: https://orcid.org/0000-0003-2349-1917  
  
Madduri, Deepu ORCID: https://orcid.org/0000-0002-7305-9690  
  
Cho, Hearn Jay ORCID: https://orcid.org/0000-0003-4481-5757  
  
Landesman, Yosef ORCID: https://orcid.org/0000-0001-5542-5098",

"IN":"(Restrepo, Bhalla, Aleman, Leshchenko, Melnekoff, Agte, Madduri, Richter, Richard, Chari, Cho, Jagannath, Lagana, Parekh) Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Restrepo, Bhalla, Lagana) Department of Oncological Sciences, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Leshchenko) Department of Hematology & Medical Oncology, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Melnekoff, Lagana) Department of Genetics & Genomic Sciences, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Aleman, Melnekoff, Jiang) Graduate School of Biomedical Sciences, Icahn School of Medicine at Mount Sinai, New York, NY, United States  
  
(Madduri) Janssen Pharmaceutical Research & Development, Raritan, NJ, United States  
  
(Cho) Multiple Myeloma Research Foundation, Norwalk, CT, United States  
  
(Walker, Landesman) Karyopharm Therapeutics, Newton, MA, United States",

"PB":"medRxiv",

"MH":"adult  
  
apoptosis  
  
bone marrow  
  
cancer patient  
  
cancer recurrence  
  
cancer resistance  
  
clinical outcome  
  
clinical trial  
  
cohort analysis  
  
controlled study  
  
\*drug sensitivity  
  
drug therapy  
  
female  
  
gene expression  
  
\*gene expression profiling  
  
glioblastoma  
  
human  
  
human cell  
  
major clinical study  
  
male  
  
Massachusetts  
  
\*multiple myeloma  
  
outcome assessment  
  
RNA sequencing  
  
\*survival prediction  
  
tumor cell  
  
endogenous compound  
  
interferon  
  
mitogen activated protein kinase phosphatase 1  
  
\*selinexor  
  
Wnt10a protein",

"DU":"adult [m]  
  
apoptosis [m]  
  
bone marrow [m]  
  
cancer patient [m]  
  
cancer recurrence [m]  
  
cancer resistance [m]  
  
clinical outcome [m]  
  
clinical trial [m]  
  
cohort analysis [m]  
  
controlled study [m]  
  
\*drug sensitivity [m]  
  
drug therapy [m]  
  
female [m]  
  
gene expression [m]  
  
\*gene expression profiling [m]  
  
glioblastoma [m]  
  
human [m]  
  
human cell [m]  
  
major clinical study [m]  
  
male [m]  
  
Massachusetts [m]  
  
\*multiple myeloma [m]  
  
outcome assessment [m]  
  
RNA sequencing [m]  
  
\*survival prediction [m]  
  
tumor cell [m]",

"OD":"Selinexor is the first selective inhibitor of nuclear export (SINE) to be approved for treatment of relapsed or refractory multiple myeloma (MM). There are currently no known genomic biomarkers or assays to help select MM patients at higher likelihood of response to selinexor. Here, we aim to characterize transcriptomic correlates of response to selinexor-based therapy, and present a novel, three-gene expression signature that predicts selinexor response in MM. We analyzed RNA sequencing of CD138+ tumor cells from bone marrow of 100 MM patients who participated in the BOSTON study and identified three genes upregulated in responders. Then, we validated this gene signature in 64 patients from the STORM cohort of triple-class refractory MM, and additionally in an external cohort of 35 patients treated in a real world setting outside of clinical trials. We also found that the signature tracked with response in a cohort of 57 patients with recurrent glioblastoma treated with selinexor. Furthermore, the genes involved in the signature, WNT10A, DUSP1, and ETV7, reveal a potential mechanism through upregulated interferon-mediated apoptotic signaling that may prime tumors to respond to selinexor-based therapy. This signature has important clinical relevance as it could identify cancer patients that are most likely to benefit from treatment with selinexor-based therapy.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"endogenous compound [m]  
  
interferon [m]  
  
mitogen activated protein kinase phosphatase 1 [m]  
  
\*selinexor [m]  
  
Wnt10a protein [m]",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"77",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024975140",

"TI":"Bidirectional two-sample Mendelian randomization study of differential white blood cell count and schizophrenia.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 19 May 2023.",

"AU":"Leung P.B.M.  
  
Liu Z.  
  
Zhong Y.  
  
Di Forti M.  
  
Murray R.M.  
  
So H.-C.  
  
Sham P.C.  
  
Lui S.S.Y.",

"AO":"nan",

"IN":"(Leung, Liu, Zhong, Sham, Lui) Department of Psychiatry, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Pok Fu Lam, Hong Kong  
  
(Leung, Murray) Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom  
  
(Liu) Guangzhou Women and Children's Medical Center, Guangdong Provincial Clinical Research Centre for Child Health, Guangzhou, China  
  
(Di Forti) Social, Genetics and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, United Kingdom  
  
(So) School of Biomedical Sciences, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Department of Psychiatry, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(Sham) Centre for Panoromic Sciences, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong  
  
(Sham) State Key Laboratory of Brain and Cognitive Sciences, The University of Hong Kong, Hong Kong",

"PB":"medRxiv",

"MH":"absolute neutrophil count  
  
blood cell  
  
contamination  
  
controlled study  
  
eosinophil count  
  
false discovery rate  
  
genomics  
  
human  
  
human cell  
  
\*leukocyte  
  
leukocyte count  
  
\*leukocyte differential count  
  
lymphocyte count  
  
major clinical study  
  
\*Mendelian randomization analysis  
  
nervous system inflammation  
  
pleiotropy  
  
randomized controlled trial  
  
\*schizophrenia",

"DU":"nan",

"OD":"nan",

"AB":"absolute neutrophil count [m]  
  
blood cell [m]  
  
contamination [m]  
  
controlled study [m]  
  
eosinophil count [m]  
  
false discovery rate [m]  
  
genomics [m]  
  
human [m]  
  
human cell [m]  
  
\*leukocyte [m]  
  
leukocyte count [m]  
  
\*leukocyte differential count [m]  
  
lymphocyte count [m]  
  
major clinical study [m]  
  
\*Mendelian randomization analysis [m]  
  
nervous system inflammation [m]  
  
pleiotropy [m]  
  
randomized controlled trial [m]  
  
\*schizophrenia [m]",

"FTURL":"Background: Schizophrenia and white blood cell count (WBC) are both complex and polygenic disease/traits. Previous evidence suggested that increased WBC is associated with higher all-cause mortality, and other evidence found elevated WBC in first-episode psychosis and chronic schizophrenia patients. However, prior observational findings may be confounded by antipsychotic exposures and their effects on WBC. Mendelian randomization (MR) is a useful method to examine the directional causal relationship between schizophrenia and WBC Methods: We performed a two-sample MR using summary statistics of the Psychiatric Genomics Consortium Schizophrenia Workgroup (N=130,644) and the Blood Cell Consortium (N=563,085). The MR methods included inverse variance weighted, ME Egger, weighted median, and MR-PRESSO, contamination mixture, and a novel approach called mixture model reciprocal causal inference (MRCI). False discovery rate was employed to correct for multiple testing. Result(s): After correcting for horizontal pleiotropy, the MRCI method demonstrated that elevated lymphocyte count (causal effects at the liability scale=0.077 FDR adjusted p-value=0.026) and eosinophil count (causal effects at the liability scale=0.048 FDR adjusted p-value=0.026) may cause schizophrenia. The contamination mixture method showed that schizophrenia may lead to elevated neutrophil count (beta=0.011 in unit of standard deviation of mean absolute neutrophil count FDR adjusted p-value=0.045) and reduction of eosinophil count (beta=-0.013 in unit of standard deviation of mean absolute eosinophil count FDR adjusted p-value=0.045). Some further significant findings had been identified by conventional MR approaches and MR-PRESSO, but we interpreted those with cautious due to substantial heterogeneity and plausible pleiotropic effects identified. Conclusion(s): This MR study provided evidence that schizophrenia has causal relationships with altered differential WBC. Our findings support the role of WBC in influencing schizophrenia risk, and may concur with the hypothesis of neuroinflammation in schizophrenia.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"78",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37782302",

"TI":"Using a mobile phone-based application as an adjunct to facilitate oral hygiene practices in children with Attention Deficit Hyperactivity Disorder (ADHD).",

"SO":"European Journal of Paediatric Dentistry. 24(4):267 - 271, 2023 12 01.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Gurnani H  
  
Naik S  
  
Dsouza A  
  
Thakur K",

"MH":"nan",

"DU":"Gurnani, H  
  
Naik, S  
  
Dsouza, A  
  
Thakur, K",

"OD":"Gurnani, H. BDS, MDS, Pediatric & Preventive Dentist, Myofunctional Therapist, Mumbai, India.  
  
Naik, S. BDS, MDS, Professor & Head of the Department, Department of Pediatric and Preventive Dentistry, D.Y Patil deemed to be University - School of Dentistry, Navi Mumbai, India.  
  
Dsouza, A. BDS, MDS, Department of Pediatric & Preventive Dentistry, DY Patil deemed to be University - School Of Dentistry, Navi Mumbai, India.  
  
Thakur, K. BDS, MDS, Department of Pediatric & Preventive Dentistry, DY Patil deemed to be University - School Of Dentistry, Navi Mumbai, India.",

"AB":"Child  
  
Humans  
  
Oral Hygiene  
  
\*Attention Deficit Disorder with Hyperactivity  
  
\*Mobile Applications  
  
Toothbrushing  
  
\*Cell Phone",

"FTURL":"nan",

"PM":"nan",

"DJ":"AIM: To evaluate the efficacy of a mobile phone application to facilitate oral hygiene practices in children with ADHD.  
  
METHODS: This was a randomized controlled study that included 54 ADHD children after obtaining informed parental consent. The children were randomly divided into 2 groups Group 1 (conventional) participants were instructed verbally as well as demonstrated the brushing technique on models. Group 2 (mobile phone application) participants were made to download and use the 'BRUSH DJ' app developed by Ben Underwood. At baseline, the oral hygiene index-simplified (OHI-S) [Greene and Vermillion, 1964] of each child was evaluated clinically and the parents were asked to fill a questionnaire regarding the oral hygiene practices followed by their child every day. At the end of the second, sixth, and twelfth week, the parents were asked to fill the same questionnaire in addition to the evaluation of the OHI-S index.  
  
RESULTS: A significant difference was found in the brushing time, brushing frequency, and OHI-S index between group 1 and group 2 at the end of 12 weeks. (unpaired t-test, p<0.05)  
  
CONCLUSION: The mobile phone application proved to be an effective tool in captivating the attention of these children and thus improving their oral health.",

"MV":"nan",

"TN":"Randomized Controlled Trial  
  
Journal Article",

"If RCT or not":"Yes",

},

{

"UniqueID":"79",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022548474",

"TI":"EVALUATING THE CAUSAL RELATIONSHIP BETWEEN EDUCATIONAL ATTAINMENT AND MENTAL HEALTH.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 26 Jan 2023.",

"AU":"Demange P.A.  
  
Boomsma D.I.  
  
van Bergen E.  
  
Nivard M.G.",

"AO":"(Demange, Boomsma, van Bergen, Nivard) Department of Biological Psychology, Vrije Universiteit Amsterdam, Netherlands  
  
(Demange, van Bergen) Research Institute LEARN, Vrije Universiteit Amsterdam, Amsterdam, Netherlands  
  
(Demange, van Bergen) Amsterdam Public Health Research Institute, Mental Health, Amsterdam, Netherlands  
  
(Boomsma) Amsterdam Reproduction & Development Research Institute, Amsterdam, Netherlands",

"IN":"medRxiv",

"PB":"alcoholism  
  
anorexia nervosa  
  
attention deficit hyperactivity disorder  
  
bipolar disorder  
  
controlled study  
  
genetic variability  
  
human  
  
major clinical study  
  
Mendelian randomization analysis  
  
\*mental capacity  
  
\*mental health  
  
posttraumatic stress disorder  
  
psychiatric diagnosis  
  
randomized controlled trial  
  
schizophrenia",

"MH":"nan",

"DU":"alcoholism [m]  
  
anorexia nervosa [m]  
  
attention deficit hyperactivity disorder [m]  
  
bipolar disorder [m]  
  
controlled study [m]  
  
genetic variability [m]  
  
human [m]  
  
major clinical study [m]  
  
Mendelian randomization analysis [m]  
  
\*mental capacity [m]  
  
\*mental health [m]  
  
posttraumatic stress disorder [m]  
  
psychiatric diagnosis [m]  
  
randomized controlled trial [m]  
  
schizophrenia [m]",

"OD":"We investigate the causal relationship between educational attainment (EA) and mental health using two research designs. First, we compare the relationship between EA and seventeen psychiatric diagnoses within sibship in Dutch national registry data (N = 1.7 million), controlling for unmeasured familial factors. Second, we use two-sample Mendelian Randomization, which uses genetic variants related to EA or psychiatric diagnosis as instrumental variables, to test whether there is a causal relation in either direction. Our results suggest that lower levels of EA causally increase the risk of MDD, ADHD, alcohol dependence, GAD and PTSD diagnoses. We also find evidence of a causal effect in the opposite direction for ADHD. Additionally, we find inconsistent results for schizophrenia, anorexia nervosa, OCD, and bipolar disorder, highlighting the importance of using multiple research designs to understand the complex relationship between EA and mental health.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Nivard, Michel G. ORCID: https://orcid.org/0000-0003-2015-1888  
  
Demange, Perline A. ORCID: https://orcid.org/0000-0002-7061-8354  
  
van Bergen, Elsje ORCID: https://orcid.org/0000-0002-5860-5745  
  
Boomsma, Dorret I. ORCID: https://orcid.org/0000-0002-7099-7972",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"80",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"10",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37956349",

"TI":"Art Therapy as a Nursing Intervention for Individuals With Schizophrenia.",

"SO":"Journal of Psychosocial Nursing & Mental Health Services. :1-10, 2023 Nov 13",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Utas-Akhan L  
  
Avci D  
  
Basak I",

"MH":"Utas-Akhan, Latife  
  
Avci, Dilek  
  
Basak, Ilkay",

"DU":"nan",

"OD":"The aim of the current study was to determine the effects of group art therapy on clinical symptoms, alexithymia, and quality of life among people with schizophrenia. This single-blinded, randomized controlled trial was performed with 66 individuals with schizophrenia from a community mental health center in western Turkey between September 2021 and February 2022. Following art therapy, the intervention group had lower severity of positive, negative, and general psychopathology symptoms lower levels of alexithymia and higher levels of psychological health, social relationships, and total quality of life than the control group and the difference between groups was statistically significant (p < 0.05). Results reveal that art therapy combined with pharmacological therapy contributes to good clinical outcomes among individuals with schizophrenia. This evidence can guide psychiatric nurses to use art therapy to reduce psychopathology severity and increase functionality and quality of life among individuals with schizophrenia. [Journal of Psychosocial Nursing and Mental Health Services, xx(xx), xx-xx.].",

"AB":"Journal Article",

"FTURL":"2023",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"Yes",

},

{

"UniqueID":"81",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017611327",

"TI":"Bacterial culture use, etiology and antibiotic susceptibility of common bacterial infections in Indonesian hospitals in 2019.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 12 Mar 2022.",

"AU":"de Brabander J.  
  
Nelwan E.J.  
  
Limato R.  
  
Alamanda M.  
  
Mudia M.  
  
Tjoa E.  
  
Mauleti I.Y.  
  
Mayasari M.  
  
Firmansyah I.  
  
Mannaria Jayati T.  
  
van Vugt M.  
  
van Doorn H.R.  
  
Hamers R.L.",

"AO":"Limato, Ralalicia ORCID: https://orcid.org/0000-0002-5306-3254  
  
Hamers, Raph L. ORCID: https://orcid.org/0000-0002-5007-7896",

"IN":"(de Brabander, Limato, Alamanda, Mudia, Hamers) Eijkman-Oxford Clinical Research Unit, Jakarta, Indonesia  
  
(de Brabander, van Vugt) Department of Internal Medicine, Division of Infectious Diseases, Amsterdam UMC, University of Amsterdam, Amsterdam, Netherlands  
  
(Nelwan, Hamers) Faculty of Medicine, University of Indonesia, Jakarta, Indonesia  
  
(Nelwan) Department of Internal Medicine, Division of Infectious Diseases, Cipto Mangunkusumo National General Hospital, Jakarta, Indonesia  
  
(Nelwan) Infectious Disease and Immunology Research Cluster, Indonesian Medical Education and Research Institute, Jakarta, Indonesia  
  
(Nelwan, Mannaria Jayati) Metropolitan Medical Centre Hospital, Jakarta, Indonesia  
  
(Limato, van Doorn, Hamers) Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom  
  
(Tjoa) Royal Taruma Hospital, Jakarta, Indonesia  
  
(Tjoa) School of Medicine and Health Sciences, Atma Jaya Catholic University, Jakarta, Indonesia  
  
(Mauleti) Fatmawati General Hospital, Jakarta, Indonesia  
  
(Mayasari) St. Carolus Hospital, Jakarta, Indonesia  
  
(Firmansyah) Prof. Dr. Sulianti Saroso Infectious Disease Hospital, Jakarta, Indonesia  
  
(van Doorn) Oxford University Clinical Research Unit, Hanoi, Vietnam",

"PB":"medRxiv",

"MH":"Acinetobacter  
  
adult  
  
antibiotic resistance  
  
\*antibiotic sensitivity  
  
antibiotic therapy  
  
antimicrobial stewardship  
  
\*bacterial infection  
  
\*bacterium culture  
  
blood culture  
  
carbapenem resistant Klebsiella pneumoniae  
  
combination drug therapy  
  
controlled study  
  
cross-sectional study  
  
diagnostic test accuracy study  
  
Enterobacter  
  
Enterococcus faecalis  
  
Escherichia coli  
  
female  
  
hospital patient  
  
human  
  
infection prevention  
  
major clinical study  
  
male  
  
methicillin resistant Staphylococcus aureus  
  
middle aged  
  
multicenter study  
  
multidrug resistance  
  
nonhuman  
  
pneumonia  
  
Pseudomonas aeruginosa  
  
sepsis  
  
sputum culture  
  
Staphylococcus aureus  
  
vancomycin resistant Staphylococcus aureus  
  
cephalosporin  
  
unclassified drug",

"DU":"cephalosporin [m]  
  
unclassified drug [m]",

"OD":"Acinetobacter [m]  
  
adult [m]  
  
antibiotic resistance [m]  
  
\*antibiotic sensitivity [m]  
  
antibiotic therapy [m]  
  
antimicrobial stewardship [m]  
  
\*bacterial infection [m]  
  
\*bacterium culture [m]  
  
blood culture [m]  
  
carbapenem resistant Klebsiella pneumoniae [m]  
  
combination drug therapy [m]  
  
controlled study [m]  
  
cross-sectional study [m]  
  
diagnostic test accuracy study [m]  
  
Enterobacter [m]  
  
Enterococcus faecalis [m]  
  
Escherichia coli [m]  
  
female [m]  
  
hospital patient [m]  
  
human [m]  
  
infection prevention [m]  
  
major clinical study [m]  
  
male [m]  
  
methicillin resistant Staphylococcus aureus [m]  
  
middle aged [m]  
  
multicenter study [m]  
  
multidrug resistance [m]  
  
nonhuman [m]  
  
pneumonia [m]  
  
Pseudomonas aeruginosa [m]  
  
sepsis [m]  
  
sputum culture [m]  
  
Staphylococcus aureus [m]  
  
vancomycin resistant Staphylococcus aureus [m]",

"AB":"Objectives: To describe the use of bacterial cultures, and the etiology and antibiotic susceptibility of common high-priority bacteria isolated from hospitalized patients in Jakarta, Indonesia. Method(s): We conducted a hospital-wide cross-sectional study of all inpatients receiving systemic antibiotic treatment (WHO ATC J01) in six hospitals in 2019, capturing routine data on antibiotic treatment and cultures. We reported bug-drug combinations for Escherichia coli and the ESKAPE group of bacteria. Result(s): 562 patients (52% women, median age 46 years) had 587 diagnoses, with pneumonia (258, 44%) most common. One or more culture specimens were taken in 38% (215/562) overall, a sputum culture in 25% (64/258) of pneumonia patients and a blood culture in 52% (16/31) of sepsis patients. 50% of positive blood culture results were reported after >=4 days. From 670 culture specimens, 279 bacteria were isolated, 214 (77%) were Gram-negative, including Klebsiella pneumoniae (70, 25%), Pseudomonas aeruginosa (36, 13%), and E. coli (21, 11%). Resistance included third-generation cephalosporin-resistant K. pneumoniae (77%), E. coli (65%) and Enterobacter spp (81%) carbapenem-resistant K. pneumoniae (26%), P. aeruginosa (24%), E. coli (33%), Acinetobacter spp (57%), and Enterobacter spp (60%) and meticillin-resistant S. aureus (71%). Vancomycin-resistant S. aureus (0%) and Enterococcus faecalis (12%) were uncommon. Multi-drug resistance was 30% for K. pneumoniae, 29% for P. aeruginosa, 49% for E. coli, 42% for Acinetobacter spp, and 71% for S. aureus. Conclusion(s): In Indonesian hospitals, bacterial cultures were underused and antibiotic resistance is at alarming levels. Enhanced context-specific infection prevention, diagnostic and antibiotic stewardship interventions are urgently needed.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"82",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"38033134",

"TI":"Multidrug-resistant and carbapenemase-producing critical gram-negative bacteria isolated from the intensive care unit environment in Amhara region, Ethiopia.",

"SO":"PLoS ONE [Electronic Resource]. 18(11):e0295286, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Kindu M  
  
Moges F  
  
Ashagrie D  
  
Tigabu Z  
  
Gelaw B",

"MH":"Kindu, Mizan ORCID: https://orcid.org/0000-0001-7656-0029",

"DU":"Kindu, Mizan  
  
Moges, Feleke  
  
Ashagrie, Degu  
  
Tigabu, Zemene  
  
Gelaw, Baye",

"OD":"Kindu, Mizan. Department of Medical Microbiology, University of Gondar, Gondar, Ethiopia.  
  
Moges, Feleke. Department of Medical Microbiology, University of Gondar, Gondar, Ethiopia.  
  
Ashagrie, Degu. Medical Microbiology Laboratory, Felege Hiwot Comprehensive Specialized Hospital, Bahir Dar, Ethiopia.  
  
Tigabu, Zemene. Department of Pediatrics and Child health, University of Gondar, Gondar, Ethiopia.  
  
Gelaw, Baye. Department of Medical Microbiology, University of Gondar, Gondar, Ethiopia.",

"AB":"nan",

"FTURL":"nan",

"PM":"BACKGROUND: Intensive care units are units where healthcare-associated infections (HAIs) are common and antimicrobial resistance rates are increasing. Microbial contamination in hospital environment plays an important role in the development of HAIs. Intervention-based improvements in infection prevention and control at national and facility level are critical for the containment of antimicrobial resistance and prevention of HAIs.  
  
OBJECTIVES: This study aimed to determine the distribution of multidrug-resistant and carbapenemase-producing critical gram negative bacteria (Klebsiella pneumoniae, Escherichia coli, Pseudomonas aeruginosa and Acinetobacter species) and their antibiotic resistance in intensive care unit environmental surfaces at the University of Gondar and Felege Hiwot Comprehensive Specialized Hospitals.  
  
METHODS: This was multicenter hospital-based cross sectional study. Environmental samples were swabbed from all intensive care units using a normal saline moistened-sterile cotton tip stick. Bacteria culturing and antibiotic susceptibility testing were performed following standard microbiological techniques. Selected meropenem-resistant isolates were phenotypically assessed for carbapenemase production using modified and simplified carbapenem inactivation methods.  
  
RESULTS: From a total of 384 environmental samples analyzed, 126 (32.8%) showed growth and 162 isolates were identified. K. pneumoniae (79/162, 48.8%) was the commonest isolate followed by Acinetobacter species (51/162, 31.5%), E. coli (19/162, 11.7%) and P. aeruginosa (13/162, 8.0%). Multidrug-resistant and carbapenemase-producing isolates were detected on most hospital environment surface types, especially from the baby bed sets and incubators. The most common multidrug-resistant and principal carbapenemase producer was K. pneumoniae, with rates of 71(89.9%) and 24(85.7%), respectively.  
  
CONCLUSION: This study revealed the distribution of multidrug-resistant and carbapenemase-producing critical gram negative bacteria in the environment of intensive care unit. Higher detection rate of multidrug-resistant and carbapenemase-producing K. pneumoniae on most environmental surfaces calls for urgent control action and further attention. Copyright: © 2023 Kindu et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.",

"DJ":"Multicenter Study  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"83",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37973459",

"TI":"Outcome of Multiple Myeloma Patients With Hepatitis Surface Antigen: Korean Multiple Myeloma Working Party 2103 Study.",

"SO":"Clinical lymphoma, myeloma & leukemia. 2023 Oct 14",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Yi JH  
  
Lee JL  
  
Lee YJ  
  
Kang HJ  
  
Park YH  
  
Yuh YJ  
  
Lim SN  
  
Kim HJ  
  
Jung SH  
  
Lee JJ  
  
Cho HJ  
  
Moon JH  
  
Yhim HY  
  
Kim K",

"MH":"Yi, Jun Ho  
  
Lee, Jung Lim  
  
Lee, Yoo Jin  
  
Kang, Hye Jin  
  
Park, Young Hoon  
  
Yuh, Young Jin  
  
Lim, Sung-Nam  
  
Kim, Hyo Jung  
  
Jung, Sung-Hoon  
  
Lee, Je-Jung  
  
Cho, Hee Jeong  
  
Moon, Joon Ho  
  
Yhim, Ho-Young  
  
Kim, Kihyun",

"DU":"Yi, Jun Ho. Division of Hematology-Oncology, Department of Medicine, Chung-Ang University, Seoul, Korea.  
  
Lee, Jung Lim. Department of Hemato-oncology, Daegu Fatima Hospital, Daegu, Korea.  
  
Lee, Yoo Jin. Department of Hematology and Oncology, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan, Korea.  
  
Kang, Hye Jin. Division of Hematology/Oncology, Department of Internal Medicine, Korea Cancer Center Hospital, Korea Institute of Radiological and Medical Sciences, Seoul, Korea.  
  
Park, Young Hoon. Division of Hematology-Oncology, Department of Internal Medicine, Ewha Womans University College of Medicine, Seoul, Korea.  
  
Yuh, Young Jin. Department of Internal Medicine, Sanggye-Paik Hospital, Inje University, Seoul, Korea.  
  
Lim, Sung-Nam. Department of Internal Medicine, Haeundae Paik Hospital, Inje University College of Medicine, Busan, Korea.  
  
Kim, Hyo Jung. Department of Internal Medicine, Hallym University Sacred Heart Hospital, Anyang, Korea.  
  
Jung, Sung-Hoon. Department of Hematology-Oncology, Chonnam National University Hwasun Hospital and Chonnam National University Medical School, Hwasun-gun, Jeollanam-do, Korea.  
  
Lee, Je-Jung. Department of Hematology-Oncology, Chonnam National University Hwasun Hospital and Chonnam National University Medical School, Hwasun-gun, Jeollanam-do, Korea.  
  
Cho, Hee Jeong. Department of Hematology-Oncology, Kyungpook National University Hospital, Kyungpook National University, Daegu, Korea.  
  
Moon, Joon Ho. Department of Hematology-Oncology, Kyungpook National University Hospital, Kyungpook National University, Daegu, Korea.  
  
Yhim, Ho-Young. Department of Internal Medicine, Jeonbuk National University Medical School, Jeonju, Korea.  
  
Kim, Kihyun. Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea. Electronic address: kihyunkimk@gmail.com.",

"OD":"Hepatitis B virus Immune suppression Multiple myeloma Prophylaxis Reactivation",

"AB":"NOTNLM",

"FTURL":"BACKGROUND: Hepatitis B virus reactivation (HBVr) is a well-known complication of systemic chemotherapy for particularly hematologic malignancies in HBV carriers. We performed a multicenter retrospective study to investigate the incidence and risk factors of HBVr in patients with hepatitis B surface antigen (HBsAg)-positive multiple myeloma (MM).  
  
METHODS: We included 123 patients with HBsAg-positive MM who had received systemic therapy. The primary objective of the study was to evaluate the incidence of HBVr in patients with HBsAg-positive MM.  
  
RESULTS: The median age was 59 years, and 72 patients were male. With a median follow-up duration of 41.4 months, there were 43 instances of HBVr in 35 patients (28.5%): 29 treatment-related HBVr occurred during 424 treatments. Treatments containing antiviral prophylaxis were associated with a significantly lower incidence of HBVr compared to those without (14.4% vs. 1.9%, P < 0.001). Moreover, treatment with cyclophosphamide (P = 0.002) and doxorubicin (P = 0.053) were risk factors for HBVr stem cell transplantation was not associated with HBVr. There was no significant difference in overall survival between patients with and without HBVr (P = 0.753) and myeloma progression was the major cause of death.  
  
CONCLUSION: Considering the low incidence of HBVr in patients who had received antiviral prophylaxis, HBsAg-positivity should not impede patients from receiving optimal antimyeloma treatment or participating in clinical trials. Copyright © 2023. Published by Elsevier Inc.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"84",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2028881914",

"TI":"Venous thromboembolism prophylaxis and multiple myeloma patients in real-life: Results of a large survey and clinical guidance recommendations from the IFM group.",

"SO":"Thrombosis Research. 233(pp 153-164), 2024. Date of Publication: January 2024.",

"AU":"Frenzel L.  
  
Decaux O.  
  
Macro M.  
  
Belhadj-Merzoug K.  
  
Manier S.  
  
Touzeau C.  
  
Leleu X.  
  
Frere C.  
  
Lecompte T.  
  
Perrot A.  
  
Avet-Loiseau H.  
  
Moreau P.  
  
Chalayer E.",

"AO":"nan",

"IN":"(Frenzel) Service d'Hematologie Adulte et unite d'hemostase clinique, Hopital Necker, Institut IMAGINE - INSERM U 1163/CNRS ERL 8254, Paris, France  
  
(Decaux) Centre Hospitalier Universitaire Rennes, France  
  
(Macro) Institut d'Hematologie de Basse Normandie (IHBN), CHU Cote de Nacre, Caen, France  
  
(Belhadj-Merzoug) Centre Hospitalier Universitaire Mondor, Creteil, France  
  
(Manier) Hematology department, CHU Lille, Lille University, INSERM UMR-S1277, Lille, France  
  
(Touzeau, Moreau) Department of Hematology, University Hospital Hotel-Dieu, Nantes 44093, France  
  
(Touzeau, Moreau) Centre de Recherche en Cancerologie et Immunologie Integree Nantes Angers, INSERM UMR 1307, CNRS UMR 6075, Nantes, France  
  
(Leleu) Hematologie Biologique, Hopital Pontchaillou University Hospital of Rennes, Rennes, France  
  
(Frere) Service d'Hematologie Biologique, Hopital Pitie-Salpetriere, Sorbonne Universite, Paris, France  
  
(Lecompte) Centre Hospitalier Universitaire Poitiers, Poitiers, France  
  
(Perrot, Avet-Loiseau) Institut Universitaire du Cancer de Toulouse-Oncopole and Centre de Recherches en Cancerologie de Toulouse Institut National de la Sante et de la Recherche Medicale, Toulouse, France  
  
(Chalayer) Hematologie clinique, Institut de Cancerologie Hematologie Universitaire, CHU St Etienne Unite INSERM SAINBIOSE, U1059, Universite Jean Monnet, St-Etienne, France",

"PB":"Elsevier Ltd",

"MH":"adult  
  
aged  
  
anticoagulant therapy  
  
article  
  
cancer patient  
  
clinician  
  
comorbidity  
  
controlled study  
  
human  
  
kidney failure  
  
middle aged  
  
\*multiple myeloma/dt [Drug Therapy]  
  
personalized medicine  
  
physician attitude  
  
practice guideline  
  
risk benefit analysis  
  
risk model  
  
systemic therapy  
  
thrombosis/dt [Drug Therapy]  
  
\*thrombosis prevention  
  
vein thrombosis  
  
\*venous thromboembolism/dt [Drug Therapy]  
  
\*venous thromboembolism/pc [Prevention]  
  
\*venous thromboembolism/si [Side Effect]  
  
very elderly  
  
acetylsalicylic acid/dt [Drug Therapy]  
  
acetylsalicylic acid/pv [Special Situation for Pharmacovigilance]  
  
anticoagulant agent/dt [Drug Therapy]  
  
anticoagulant agent/po [Oral Drug Administration]  
  
anticoagulant agent/pv [Special Situation for Pharmacovigilance]  
  
antivitamin K/dt [Drug Therapy]  
  
antivitamin K/pv [Special Situation for Pharmacovigilance]  
  
\*dexamethasone/ae [Adverse Drug Reaction]  
  
\*dexamethasone/cb [Drug Combination]  
  
\*dexamethasone/dt [Drug Therapy]  
  
\*dexamethasone/pv [Special Situation for Pharmacovigilance]  
  
\*immunomodulating agent/ae [Adverse Drug Reaction]  
  
\*immunomodulating agent/cb [Drug Combination]  
  
\*immunomodulating agent/dt [Drug Therapy]  
  
\*immunomodulating agent/pv [Special Situation for Pharmacovigilance]  
  
low molecular weight heparin/dt [Drug Therapy]  
  
low molecular weight heparin/pv [Special Situation for Pharmacovigilance]",

"DU":"adult  
  
aged  
  
anticoagulant therapy  
  
Article  
  
cancer patient  
  
clinician  
  
comorbidity  
  
controlled study  
  
human  
  
kidney failure  
  
middle aged  
  
\*multiple myeloma / \*drug therapy  
  
personalized medicine  
  
physician attitude  
  
practice guideline  
  
risk benefit analysis  
  
risk model  
  
systemic therapy  
  
thrombosis / drug therapy  
  
\*thrombosis prevention  
  
vein thrombosis  
  
\*venous thromboembolism / \*drug therapy / \*prevention / \*side effect  
  
very elderly",

"OD":"Venous thromboembolism (VTE) remains a critical issue in the management of patients with multiple myeloma (MM), particularly when immunomodulatory drugs (IMiDs) combined with dexamethasone therapy are being prescribed as first-line and relapse therapy. One possible explanation for the persistent high rates of VTE, is the use of inappropriate thromboprophylaxis strategies for patients starting antimyeloma treatment. To tackle the issue, the Intergroupe francophone du myelome (IFM) offered convenient guidance for VTE thromboprophylaxis in MM patients initiating systemic therapy. This guidance is mainly supported by the results of a large survey on the clinical habits regarding VTE of physicians who are substantially involved in daily care of MM patients. VTE prophylaxis should be considered for all patients treated with IMiDs in combination with dexamethasone, in the absence of significant comorbidities, such as renal failure or bleeding risk. Anticoagulant should be preferred to antiplatelet agents for thromboprophylaxis. Despite the absence of large randomized controlled trials comparing those attitudes/options, available data on direct oral anticoagulants, which are already used in daily management of MM patients, are consistent with their potential usefulness for VTE prophylaxis in such patients. However, in order to implement a personalized continuous improvement strategy, clinicians must to be organized to collect all the data regarding this management. In other situations, thromboprophylaxis should be evaluated by using risk models and after careful evaluation of the risk/benefit ratio.Copyright © 2023 The Authors",

"AB":"Click here for full text options",

"FTURL":"acetylsalicylic acid / drug therapy / special situation for pharmacovigilance  
  
anticoagulant agent / drug therapy / oral drug administration / special situation for pharmacovigilance  
  
antivitamin K / drug therapy / special situation for pharmacovigilance  
  
\*dexamethasone / \*adverse drug reaction / \*drug combination / \*drug therapy / \*special situation for pharmacovigilance  
  
\*immunomodulating agent / \*adverse drug reaction / \*drug combination / \*drug therapy / \*special situation for pharmacovigilance  
  
low molecular weight heparin / drug therapy / special situation for pharmacovigilance",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"85",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2014022821",

"TI":"Neuropsychiatric disorders as risk factors and consequences of COVID-19: A Mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2021. Date of Publication: 03 Jul 2021.",

"AU":"Xiang Y.  
  
Jinghong Q.I.U.  
  
Zhang R.  
  
Chau C.K.-L.  
  
Rao S.  
  
So H.-C.",

"AO":"nan",

"IN":"(Xiang, Jinghong, Zhang, Chau, Rao, So) School of Biomedical Sciences, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(Rao, So) CUHK, Shenzhen Research Institute, Shenzhen, China  
  
(So) KIZ-CUHK Joint Laboratory of Bioresources and Molecular Research of Common Diseases, Kunming Institute of Zoology, The Chinese University of Hong Kong, China  
  
(So) Department of Psychiatry, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Margaret K.L. Cheung Research Centre for Management of Parkinsonism, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Brain and Mind Institute, The Chinese University of Hong Kong, Shatin, Hong Kong  
  
(So) Hong Kong Branch of the Chinese Academy of Sciences Center for Excellence in Animal Evolution and Genetics, The Chinese University of Hong Kong, Hong Kong  
  
(Rao) Department of Bioinformatics, Fujian Medical University, Fuzhou, China",

"PB":"medRxiv",

"MH":"alcoholism  
  
anxiety  
  
attention deficit hyperactivity disorder  
  
bipolar disorder  
  
cannabis addiction  
  
confounding bias  
  
controlled study  
  
\*coronavirus disease 2019  
  
correlation analysis  
  
\*depression  
  
false discovery rate  
  
genetic correlation  
  
genome-wide association study  
  
human  
  
\*Mendelian randomization analysis  
  
\*mental disease  
  
observational study  
  
phenotype  
  
pleiotropy  
  
pneumonia  
  
posttraumatic stress disorder  
  
prospective study  
  
randomized controlled trial  
  
\*risk factor  
  
schizophrenia  
  
suicidal ideation  
  
alcohol  
  
opiate",

"DU":"nan",

"OD":"alcohol [m]  
  
opiate [m]",

"AB":"alcoholism [m]  
  
anxiety [m]  
  
attention deficit hyperactivity disorder [m]  
  
bipolar disorder [m]  
  
cannabis addiction [m]  
  
confounding bias [m]  
  
controlled study [m]  
  
\*coronavirus disease 2019 [m]  
  
correlation analysis [m]  
  
\*depression [m]  
  
false discovery rate [m]  
  
genetic correlation [m]  
  
genome-wide association study [m]  
  
human [m]  
  
\*Mendelian randomization analysis [m]  
  
\*mental disease [m]  
  
observational study [m]  
  
phenotype [m]  
  
pleiotropy [m]  
  
pneumonia [m]  
  
posttraumatic stress disorder [m]  
  
prospective study [m]  
  
randomized controlled trial [m]  
  
\*risk factor [m]  
  
schizophrenia [m]  
  
suicidal ideation [m]",

"FTURL":"Background More than 180 million cases of COVID-19 have been reported worldwide. It has been proposed that neuropsychiatric disorders may be risk factors and/or consequences of COVID-19 infection. However, observational studies could be affected by confounding bias. Methods We performed bi-directional two-sample Mendelian randomization (MR) analysis to evaluate causal relationships between liability to COVID-19 (and severe/critical infection) and a wide range of neuropsychiatric disorders or traits. We employed GWAS summary statistics from the COVID-19 Host Genetics Initiative. A variety of MR methods including those accounting for horizontal pleiotropy were employed. Results Overall, we observed evidence that liability to COVID-19 or severe infection may be causally associated with higher risks of post-traumatic stress disorder (PTSD), bipolar disorder (BD) (especially BD II), schizophrenia (SCZ), attention deficit hyperactivity disorder (ADHD) and suicidal thought (ST) when compared to the general population. On the other hand, liability to a few psychiatric traits/disorders, for example ADHD, alcohol and opioid use disorders may be causally associated with higher risks of COVID-19 infection or severe disease. In genetic correlation analysis, cannabis use disorder, ADHD, and anxiety showed significant and positive genetic correlation with critical or hospitalized infection. All the above findings passed multiple testing correction at a false discovery rate (FDR)<0.05. For pneumonia, in general we observed a different pattern of causal associations. We observed bi-directional positive associations with depression- and anxiety-related phenotypes. Conclusions In summary, this study provides evidence for tentative bi-directional causal associations between liability to COVID-19 (and severe infection) and a number of neuropsychiatric disorders. Further replications and prospective studies are required to verify the findings.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"86",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37843488",

"TI":"An updated safety review of the current drugs for managing ADHD in children. [Review]",

"SO":"Expert Opinion on Drug Safety. 22(11):1025-1040, 2023 Jul-Dec.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Ryst E  
  
Childress A",

"MH":"Childress, Ann ORCID: https://orcid.org/0000-0001-5782-7891",

"DU":"Ryst, Erika  
  
Childress, Ann",

"OD":"Ryst, Erika. College of Education and Human Development, University of Nevada, Reno, USA.  
  
Childress, Ann. Center for Psychiatry and Behavioral Medicine, Inc, Las Vegas, NV, USA.",

"AB":"Adolescent  
  
Child  
  
Humans  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity  
  
Central Nervous System Stimulants/ae [Adverse Effects]  
  
\*Central Nervous System Stimulants  
  
Methylphenidate/ae [Adverse Effects]  
  
\*Methylphenidate  
  
Atomoxetine Hydrochloride/tu [Therapeutic Use]",

"FTURL":"Alpha-2 adrenergic agonists amphetamines atomoxetine attention-deficit/hyperactivity disorder drug-related adverse reactions methylphenidate pediatrics viloxazine",

"PM":"NOTNLM",

"DJ":"INTRODUCTION: Attention-Deficit/Hyperactivity Disorder (ADHD) is a highly prevalent condition that causes persistent problems with attention and/or hyperactivity-impulsivity and often results in significant impairment when left untreated. Medications for this disorder continue to evolve and provide new treatment options. Ongoing review of related medication safety and tolerability remains an important task for prescribers.  
  
AREAS COVERED: This manuscript provides an updated safety review of medications used to treat ADHD in children and adolescents. PubMed and OneSearch online databases were utilized to search for literature relevant to the topic of ADHD medications and safety. Clinical trials of medications used to treat ADHD, systematic reviews and meta-analyses, and articles covering specific safety issues (adverse or unfavorable events) such as cardiovascular effects, seizures, impact on growth, depression, suicidal ideation, substance use disorders, psychosis, and tics are described.  
  
EXPERT OPINION: Available pharmacologic treatments for ADHD have favorable efficacy, safety and tolerability and allow many patients to achieve significant improvement of their symptoms. Despite the availability of multiple stimulant and non-stimulant formulations, some individuals with ADHD may not tolerate available medications or attain satisfactory improvement. To satisfy unmet clinical needs, ADHD pharmaceutical research with stimulant and nonstimulant formulations targeting dopamine, norepinephrine, and novel receptors is ongoing.",

"MV":"0 (Central Nervous System Stimulants)  
  
207ZZ9QZ49 (Methylphenidate)  
  
57WVB6I2W0 (Atomoxetine Hydrochloride)",

"TN":"Journal Article  
  
Review",

"If RCT or not":"No",

},

{

"UniqueID":"87",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022548241",

"TI":"Genetic liability to major psychiatric disorders contributes to multi-faceted quality of life outcomes in children and adults.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 18 Jan 2023.",

"AU":"Shi Y.  
  
Franke B.  
  
Mota N.R.  
  
Sprooten E.",

"AO":"(Shi, Franke, Mota, Sprooten) Department of Human Genetics, Radboud University Medical Center, Nijmegen, Netherlands  
  
(Franke, Mota, Sprooten) Donders Institute for Brain, Cognition and Behaviour, Radboud University, Nijmegen, Netherlands  
  
(Shi, Franke) Department of Psychiatry, Radboud University Medical Center, Nijmegen, Netherlands  
  
(Sprooten) Department of Cognitive Neuroscience, Radboud University Medical Center, Nijmegen, Netherlands",

"IN":"medRxiv",

"PB":"adolescent  
  
adult  
  
adulthood  
  
aged  
  
anxiety disorder  
  
attention deficit hyperactivity disorder  
  
autism  
  
biobank  
  
bipolar disorder  
  
brain  
  
British citizen  
  
cannabis addiction  
  
child  
  
childhood  
  
cognition  
  
cognitive development  
  
cohort analysis  
  
confirmatory factor analysis  
  
covariance  
  
effect size  
  
female  
  
genetic association  
  
genetic risk  
  
genetic risk score  
  
genome-wide association study  
  
genotyping  
  
health  
  
human  
  
major clinical study  
  
major depression  
  
male  
  
\*mental disease  
  
multicenter study  
  
outcome assessment  
  
\*quality of life  
  
quantitative analysis  
  
schizophrenia  
  
school child  
  
social status  
  
social well-being",

"MH":"nan",

"DU":"adolescent [m]  
  
adult [m]  
  
adulthood [m]  
  
aged [m]  
  
anxiety disorder [m]  
  
attention deficit hyperactivity disorder [m]  
  
autism [m]  
  
biobank [m]  
  
bipolar disorder [m]  
  
brain [m]  
  
British citizen [m]  
  
cannabis addiction [m]  
  
child [m]  
  
childhood [m]  
  
cognition [m]  
  
cognitive development [m]  
  
cohort analysis [m]  
  
confirmatory factor analysis [m]  
  
covariance [m]  
  
effect size [m]  
  
female [m]  
  
genetic association [m]  
  
genetic risk [m]  
  
genetic risk score [m]  
  
genome-wide association study [m]  
  
genotyping [m]  
  
health [m]  
  
human [m]  
  
major clinical study [m]  
  
major depression [m]  
  
male [m]  
  
\*mental disease [m]  
  
multicenter study [m]  
  
outcome assessment [m]  
  
\*quality of life [m]  
  
quantitative analysis [m]  
  
schizophrenia [m]  
  
school child [m]  
  
social status [m]  
  
social well-being [m]",

"OD":"Importance Psychiatric disorders can have an immense impact on socioeconomic, physical, and social-psychological facets of life. Psychiatric disorders are also highly heritable. Under a liability threshold model, an important question arises as to what extent genetic liability for psychiatric disorders relates to, and possibly impacts on, different aspects of quality of life in the general population. Objective To characterize the link between psychiatric genetic liability and diverse aspects of quality of life in childhood and adulthood. Design, setting, and participants We used data from two multi-site, population-based cohorts, i.e. preadolescent children in the USA enrolled at age 9-10 years from the Adolescent Brain Cognitive Development (ABCD) study (N=4,645) and white British adults between age 40-69 years from the UK Biobank (UKB) study (N=377,664). Due to the current limitations of our genetic methods, only data from unrelated individuals of European descent could be included. Main outcomes and measures To derive robust measures capturing multiple domains of quality of life in each of the cohorts, we integrated an array of measurements of academic, economic, and physical status, as well as social well-being, in a second-level three-factor confirmatory factor analysis. The genetic liabilities to seven major psychiatric disorders were quantified by a set of polygenic scores (PGSs) derived from the largest genome-wide association studies to date, independent of the target cohorts, of major depressive disorder (MDD, N=142k-173k), anxiety disorders (ANX, N=22k-144k), attention-deficit/hyperactivity disorder (ADHD, N=226k), autism spectrum disorder (ASD, N=55k), schizophrenia (SCZ, N=130k), bipolar disorder (BIP, N=353k-414k), and cannabis use disorder (CUD, N=384k). Using general linear models we assessed associations between PGSs and the estimated latent factors, controlling for age, sex, site, genotyping batch, plate, and genetic ancestry. Results In each cohort, three latent factors indexing distinct but correlated quality of life domains, (1) educational performance and cognition (Edu, in ABCD) / social economic status (SES, in UKB), (2) physical health (Hea), (3) adverse social experience (Adv, in ABCD) / social well-being (Soc, in UKB), were estimated with excellent model fit indices. In addition, a general factor was derived that captured the covariances between the three latent factors (QoL). In the ABCD cohort, ADHD-PGS was significantly associated with Edu (beta = -0.13, t = -8.29, p = 1.53e-16), Adv (beta = -0.09, t = -5.79, p = 7.81e-09), and general QoL (beta = -0.14, t = -8.74, p = 3.37e-18) factors. In the UKB cohort, all examined disorder PGSs were significantly associated with the general QoL latent factor and at least one first-order subdomain, with ADHD-PGS (beta = -0.06 ~ -0.10, t = -29.1 ~ -52.5, p < 5.91e-186) and MDD-PGS (beta = -0.04 ~ -0.07, t = -23.8 ~ -36.3, p < 3.63e-125) showing the largest effects. Conclusions and relevance The present study reveals an inverse relationship between psychiatric genetic liabilities and multiple quality of life metrics, with ADHD-associated genetic risk being the main contributor in both children and adults, and MDD additionally showing effects in adults. All effect sizes observed were small, as expected. Understanding potential real-world outcomes of quantitative measures of disorder-related genetic risks in the general population can provide a scientific foundation for societal intervention and policy-making processes, with profound implications for promoting a flourishing society.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"Mota, Nina Roth ORCID: https://orcid.org/0000-0003-3504-759X  
  
Shi, Yingjie ORCID: https://orcid.org/0000-0003-1431-6340  
  
Franke, Barbara ORCID: https://orcid.org/0000-0003-4375-6572  
  
Sprooten, Emma ORCID: https://orcid.org/0000-0002-1691-9105",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"88",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"11",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"27905784",

"TI":"nan",

"SO":"Institute for Quality and Efficiency in Health Care (IQWiG). IQWiG Dossier Assessment Extracts, Extract of Dossier Assessment No. A14-42.2015 01 28",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"nan",

"PB":"Anonymous",

"MH":"nan",

"DU":"nan",

"OD":"The aim of this report was to assess the added benefit of lurasidone compared with the appropriate comparator therapy (ACT) in adult patients with schizophrenia. The Federal Joint Committee (G-BA) specified amisulpride, aripiprazole, olanzapine, paliperidone, risperidone, quetiapine or ziprasidone as ACTs. The company followed this specification in principle. Instead of choosing a drug however, it presented the result versus those drugs for which direct comparative studies were available. The company planned no summarizing analysis for all drugs. In the present benefit assessment, a summarizing assessment of the added benefit is conducted versus the drugs named by the G-BA. Two research questions resulted for the assessment, which are derived from the different treatment goals in the treatment of patients with schizophrenia. On the one hand, this is the treatment of acute symptoms (e.g. after exacerbation or first diagnosis), on the other hand the prevention of relapse of a stable disease. Research question 1: acute treatment of patients with schizophrenia. Research question 2: prevention of relapse in patients with schizophrenia. The assessment was based on patient-relevant outcomes. Direct comparative randomized controlled trials (RCTs) were included in the assessment. Research question 1: acute treatment of patients with schizophrenia The company identified 3 studies in which lurasidone was compared with risperidone (Study D1001002), olanzapine (Study D1050231) or extended-release quetiapine (quetiapine XR Study D1050233) respectively. In the studies in which the acute treatment of patients with schizophrenia was investigated, there were major uncertainties regarding the influence of the applied dosages of lurasidone and of the comparator therapies risperidone, olanzapine and quetiapine XR on the study results. However, the company derived an added benefit in this research question only on the basis of the reduction in adverse events (AEs). However, it could not be inferred from the available data on the studies 002, 231 and 233 that the effect of lurasidone on schizophrenia symptoms was at least similarly large as the one of the ACT. Even under the company's assumption that fewer AEs occurred under lurasidone, overall no added benefit could be derived from this. Hence irrespective of the question whether the 3 studies were suitable for the benefit assessment at all, there is no proof of added benefit of lurasidone versus the ACT. Research question 2: prevention of relapse in patients with schizophrenia Study characteristics and risk of bias One relevant study (D1050237, hereinafter referred to as 237) was available for the benefit assessment. Study 237 was a randomized, double-blind, active-controlled study, in which lurasidone was compared with risperidone. Adult patients with schizophrenia were enrolled. The treatment duration was 12 months. The dose of the study medication was flexible in both treatment arms. Beginning with the second treatment week, lurasidone could be administered in dose range between 40 and 120 mg / day. The dose in the risperidone arm was up-titrated to 4 mg / day within the first treatment week according to a fixed regimen. Thereafter, the patients received an individual dose, which could be adjusted to between 2 and 6 mg / day. Patients with a score of <= 4 on the Positive and Negative Syndrome Scale (PANSS) for the symptoms delusions, conceptual disorganization, hallucinations and unusual thought content, and concurrent Clinical Global Impression Scale of Severity (CGI-S) score of <= 4 could be enrolled in the study. The patients were not hospitalized. The primary objective of the study was to evaluate the long-term effects of lurasidone. It could be inferred from the sample size planning of the study that the proof of the non-inferiority of lurasidone in comparison with risperidone for the outcome relapse rate was a key objective. The mean PANSS total score of the patients was approximately 65, which indicates a disease severity of no more than moderate. Approximately one third of the patients had been hospitalized for schizophrenia 4 times or more before enrolment in the study. Over 10% of the patients in both study arms received other antipsychotics and / or anticholinergics as concomitant medication. The study was mainly conducted outside Europe, with the majority of the patients being from North America (66%), followed by Africa (15%) and South America (14%). Only 2% of the study participants were from Europe (Croatia) the study was not conducted in German study centres. The company's documents contained no information on further care pathways, particularly psychotherapeutic care. The transferability of the study results to the German health care context is therefore questionable. The risk of bias at study level (and consequently also at outcome level) was rated as high. The reason for this is the high rate of patients who discontinued the study (approximately 60%) and the difference regarding the time point of discontinuation between the study arms. Copyright © 2015 by the Institute for Quality and Efficiency in Healthcare (IQWiG).",

"AB":"Review",

"FTURL":"2015",

"PM":"Click here for full text options",

"DJ":"lurasidone schizophrenia Benefit assessment",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"89",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017165999",

"TI":"Carbapenem-resistant Klebsiella pneumoniae in university-affiliated hospitals: risk factors for isolation among hospitalized patients and molecular subtyping.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 09 Feb 2022.",

"AU":"Kobaidze K.  
  
Jacob J.  
  
Leong T.  
  
Flanders W.D.",

"AO":"nan",

"IN":"(Kobaidze, Jacob) Emory University, School of Medicine, United States  
  
(Leong, Flanders) Emory University Rollins, School of Public Health, United States",

"PB":"medRxiv",

"MH":"adult  
  
artificial ventilation  
  
bacterium culture  
  
\*carbapenem resistant Klebsiella pneumoniae  
  
case control study  
  
central venous catheter  
  
controlled study  
  
death toll  
  
enteric feeding  
  
female  
  
\*hospital patient  
  
human  
  
in-hospital mortality  
  
invasive procedure  
  
major clinical study  
  
male  
  
molecular epidemiology  
  
mortality  
  
mortality risk  
  
nonhuman  
  
pulsed field gel electrophoresis  
  
randomized controlled trial  
  
retrospective study  
  
risk assessment  
  
\*risk factor  
  
teaching hospital",

"DU":"nan",

"OD":"adult [m]  
  
artificial ventilation [m]  
  
bacterium culture [m]  
  
\*carbapenem resistant Klebsiella pneumoniae [m]  
  
case control study [m]  
  
central venous catheter [m]  
  
controlled study [m]  
  
death toll [m]  
  
enteric feeding [m]  
  
female [m]  
  
\*hospital patient [m]  
  
human [m]  
  
in-hospital mortality [m]  
  
invasive procedure [m]  
  
major clinical study [m]  
  
male [m]  
  
molecular epidemiology [m]  
  
mortality [m]  
  
mortality risk [m]  
  
nonhuman [m]  
  
pulsed field gel electrophoresis [m]  
  
randomized controlled trial [m]  
  
retrospective study [m]  
  
risk assessment [m]  
  
\*risk factor [m]  
  
teaching hospital [m]",

"AB":"Background: Carbapenem-resistant Klebsiella pneumoniae (CRKP) is an important healthcare-associated pathogen. This study aimed to identify factors associated with CRKP isolation among hospitalized patients, describe molecular epidemiology, and mortality associated with CRKP isolation. Method(s): We performed a retrospective case-control study at the two university-affiliated teaching hospitals. 150 patients were included (30 cases and 120 controls) in this study. Each patient with CRKP, a case-patient, was matched with four controls by admission facility, age, and sex. Controls, patients without CRKP were randomly selected from a computerized list of inpatients whose admission date was the same as that of the case, within 48 hours of the date of the initial positive culture. We calculated the risk of in-hospital death as the number of deaths divided by the number of cases and evaluated the risk of mortality associated with the site of positive culture. Molecular epidemiology investigation using comparison of restricted DNA patterns of CRKP by pulsed-field gel electrophoresis (PFGE) was conducted. Result(s): A greater proportion of cases than controls had undergone an invasive procedure, including use of a central vein catheter (p=0.007, OR, 3.4, 95% CI, 1.4-8.7), and mechanical ventilation (p=0.002, OR, 3.6, 95% CI, 1.6-8.1), nutrition by tube feeding (p=0.001, OR, 4.2, 95% CI, 1.8 -10).Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"90",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37910603",

"TI":"Fecal microbiota transplantation promotes reduction of antimicrobial resistance by strain replacement.",

"SO":"Science Translational Medicine. 15(720):eabo2750, 2023 Nov.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Woodworth MH  
  
Conrad RE  
  
Haldopoulos M  
  
Pouch SM  
  
Babiker A  
  
Mehta AK  
  
Sitchenko KL  
  
Wang CH  
  
Strudwick A  
  
Ingersoll JM  
  
Philippe C  
  
Lohsen S  
  
Kocaman K  
  
Lindner BG  
  
Hatt JK  
  
Jones RM  
  
Miller C  
  
Neish AS  
  
Friedman-Moraco R  
  
Karadkhele G  
  
Liu KH  
  
Jones DP  
  
Mehta CC  
  
Ziegler TR  
  
Weiss DS  
  
Larsen CP  
  
Konstantinidis KT  
  
Kraft CS",

"MH":"Woodworth, Michael H ORCID: https://orcid.org/0000-0002-6181-4599  
  
Conrad, Roth E ORCID: https://orcid.org/0000-0001-8155-8441  
  
Haldopoulos, Marina ORCID: https://orcid.org/0000-0002-8380-448X  
  
Pouch, Stephanie M ORCID: https://orcid.org/0000-0002-5628-2444  
  
Babiker, Ahmed ORCID: https://orcid.org/0000-0003-0578-4871  
  
Mehta, Aneesh K ORCID: https://orcid.org/0000-0002-6552-9162  
  
Sitchenko, Kaitlin L ORCID: https://orcid.org/0000-0002-4098-3422  
  
Wang, Charlotte H ORCID: https://orcid.org/0000-0001-7588-2077  
  
Strudwick, Amanda ORCID: https://orcid.org/0000-0003-0999-7356  
  
Philippe, Cecile ORCID: https://orcid.org/0000-0003-1105-6571  
  
Lohsen, Sarah ORCID: https://orcid.org/0000-0001-7552-1714  
  
Kocaman, Kumru ORCID: https://orcid.org/0000-0002-7110-4435  
  
Hatt, Janet K ORCID: https://orcid.org/0000-0002-5666-0994  
  
Neish, Andrew S ORCID: https://orcid.org/0000-0002-7090-0237  
  
Karadkhele, Geeta ORCID: https://orcid.org/0000-0002-0267-9665  
  
Liu, Ken H ORCID: https://orcid.org/0000-0002-9736-5828  
  
Jones, Dean P ORCID: https://orcid.org/0000-0002-2090-0677  
  
Mehta, C Christina ORCID: https://orcid.org/0000-0001-6854-7983  
  
Weiss, David S ORCID: https://orcid.org/0000-0003-0980-7866  
  
Larsen, Christian P ORCID: https://orcid.org/0000-0001-6573-2649  
  
Konstantinidis, Konstantinos T ORCID: https://orcid.org/0000-0002-0954-4755  
  
Kraft, Colleen S ORCID: https://orcid.org/0000-0003-1757-8477",

"DU":"Woodworth, Michael H  
  
Conrad, Roth E  
  
Haldopoulos, Marina  
  
Pouch, Stephanie M  
  
Babiker, Ahmed  
  
Mehta, Aneesh K  
  
Sitchenko, Kaitlin L  
  
Wang, Charlotte H  
  
Strudwick, Amanda  
  
Ingersoll, Jessica M  
  
Philippe, Cecile  
  
Lohsen, Sarah  
  
Kocaman, Kumru  
  
Lindner, Blake G  
  
Hatt, Janet K  
  
Jones, Rheinallt M  
  
Miller, Candace  
  
Neish, Andrew S  
  
Friedman-Moraco, Rachel  
  
Karadkhele, Geeta  
  
Liu, Ken H  
  
Jones, Dean P  
  
Mehta, C Christina  
  
Ziegler, Thomas R  
  
Weiss, David S  
  
Larsen, Christian P  
  
Konstantinidis, Konstantinos T  
  
Kraft, Colleen S",

"OD":"Woodworth, Michael H. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Woodworth, Michael H. Emory Antibiotic Resistance Center, Atlanta, GA 30322, USA.  
  
Conrad, Roth E. Ocean Science & Engineering, School of Biological Sciences, Georgia Institute of Technology, Atlanta, GA 30332, USA.  
  
Haldopoulos, Marina. Emory Antibiotic Resistance Center, Atlanta, GA 30322, USA.  
  
Pouch, Stephanie M. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Pouch, Stephanie M. Emory Antibiotic Resistance Center, Atlanta, GA 30322, USA.  
  
Babiker, Ahmed. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Babiker, Ahmed. Emory Antibiotic Resistance Center, Atlanta, GA 30322, USA.  
  
Babiker, Ahmed. Department of Pathology and Laboratory Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Mehta, Aneesh K. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Mehta, Aneesh K. Emory Transplant Center, Atlanta, GA 30322, USA.  
  
Sitchenko, Kaitlin L. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Sitchenko, Kaitlin L. Department of Pathology and Laboratory Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Wang, Charlotte H. Emory College of Arts and Sciences, Emory University, Atlanta, GA 30322, USA.  
  
Strudwick, Amanda. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Ingersoll, Jessica M. Department of Pathology and Laboratory Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Philippe, Cecile. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Lohsen, Sarah. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Kocaman, Kumru. School of Civil and Environmental Engineering, Georgia Institute of Technology, Atlanta, GA 30332, USA.  
  
Lindner, Blake G. School of Civil and Environmental Engineering, Georgia Institute of Technology, Atlanta, GA 30332, USA.  
  
Hatt, Janet K. School of Civil and Environmental Engineering, Georgia Institute of Technology, Atlanta, GA 30332, USA.  
  
Jones, Rheinallt M. Division of Pediatric Gastroenterology, Hepatology, and Nutrition, Department of Pediatrics, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Miller, Candace. Department of Pathology and Laboratory Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Neish, Andrew S. Department of Pathology and Laboratory Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Friedman-Moraco, Rachel. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Karadkhele, Geeta. Emory Transplant Center, Atlanta, GA 30322, USA.  
  
Liu, Ken H. Clinical Biomarkers Laboratory, Department of Medicine, Emory University, Atlanta, GA 30322, USA.  
  
Jones, Dean P. Clinical Biomarkers Laboratory, Department of Medicine, Emory University, Atlanta, GA 30322, USA.  
  
Mehta, C Christina. Department of Biostatistics and Bioinformatics, Rollins School of Public Health, Emory University, Atlanta, GA 30322, USA.  
  
Ziegler, Thomas R. Division of Endocrinology, Metabolism, and Lipids, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Weiss, David S. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Weiss, David S. Emory Antibiotic Resistance Center, Atlanta, GA 30322, USA.  
  
Larsen, Christian P. Emory Transplant Center, Atlanta, GA 30322, USA.  
  
Konstantinidis, Konstantinos T. School of Civil and Environmental Engineering, Georgia Institute of Technology, Atlanta, GA 30332, USA.  
  
Kraft, Colleen S. Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.  
  
Kraft, Colleen S. Emory Antibiotic Resistance Center, Atlanta, GA 30322, USA.  
  
Kraft, Colleen S. Department of Pathology and Laboratory Medicine, Emory University School of Medicine, Atlanta, GA 30322, USA.",

"AB":"nan",

"FTURL":"nan",

"PM":"Multidrug-resistant organism (MDRO) colonization is a fundamental challenge in antimicrobial resistance. Limited studies have shown that fecal microbiota transplantation (FMT) can reduce MDRO colonization, but its mechanisms are poorly understood. We conducted a randomized, controlled trial of FMT for MDRO decolonization in renal transplant recipients called PREMIX (NCT02922816). Eleven participants were enrolled and randomized 1:1 to FMT or an observation period followed by delayed FMT if stool cultures were MDRO positive at day 36. Participants who were MDRO positive after one FMT were treated with a second FMT. At last visit, eight of nine patients who completed all treatments were MDRO culture negative. FMT-treated participants had longer time to recurrent MDRO infection versus PREMIX-eligible controls who were not treated with FMT. Key taxa (Akkermansia muciniphila, Alistipes putredinis, Phocaeicola dorei, Phascolarctobacterium faecium, Alistipes species, Mesosutterella massiliensis, Barnesiella intestinihominis, and Faecalibacterium prausnitzii) from the single feces donor used in the study that engrafted in recipients and metabolites such as short-chain fatty acids and bile acids in FMT-responding participants uncovered leads for rational microbiome therapeutic and diagnostic development. Metagenomic analyses revealed a previously unobserved mechanism of MDRO eradication by conspecific strain competition in an FMT-treated subset. Susceptible Enterobacterales strains that replaced baseline extended-spectrum beta-lactamase-producing strains were not detectable in donor microbiota manufactured as FMT doses but in one case were detectable in the recipient before FMT. These data suggest that FMT may provide a path to exploit strain competition to reduce MDRO colonization.",

"DJ":"Randomized Controlled Trial  
  
Journal Article",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"Yes",

},

{

"UniqueID":"91",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37970345",

"TI":"Characterization and prognostic features of secondary acute myeloid leukemia in survivors of multiple myeloma.",

"SO":"American Journal of Cancer Research. 13(10):4803-4810, 2023.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Jia J  
  
Chen W",

"MH":"Jia, Jing  
  
Chen, Wenming",

"DU":"Jia, Jing. Department of Hematology, Beijing Chaoyang Hospital, Capital Medical University Beijing 100020, China.  
  
Chen, Wenming. Department of Hematology, Beijing Chaoyang Hospital, Capital Medical University Beijing 100020, China.",

"OD":"Multiple myeloma SEER secondary acute myeloid leukemia survival",

"AB":"NOTNLM",

"FTURL":"This large population-based study determined the epidemiology and outcomes of secondary acute myeloid leukemia (sAML) in multiple myeloma (MM) survivors using the Surveillance Epidemiology and End Results (SEER) Research Plus 9 database. To identify 64,753 cases of MM which included 136 cases with sAML these patients were juxtaposed with patients with de novo AML from the same database. Younger MM patients who received chemotherapy (ChT) had a higher sAML risk. The novel agent era saw a decreased sAML incidence (0.15% vs. 0.26%) and shorter latency period (median: 56 vs. 66 months, P=0.031). Compared to de novo AML, sAML patients were older (median age 69 vs. 68 years, P=0.027), less likely to receive ChT (51.9% vs. 67.4%, P<0.001), and had inferior overall survival (OS) (median OS: 2 vs. 5 months, P<0.001). Multivariate Cox regression revealed that younger diagnosis age, diagnosis after 2003, and ChT were associated with prolonged OS in sAML patients. Clinicians should be aware of the sAML risk in younger, intensively-treated MM patients. Given the poor sAML prognosis compared to de novo AML, clinical trials of novel therapies based on age, geriatric assessment, and cytogenetic features are warranted. AJCR Copyright © 2023.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"92",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2027001604",

"TI":"Circulating sRANKL, Periostin, and Osteopontin as Biomarkers for the Assessment of Activated Osteoclastogenesis in Myeloma Related Bone Disease.",

"SO":"Cancers. 15(23) (no pagination), 2023. Article Number: 5562. Date of Publication: December 2023.",

"AU":"Gerov V.  
  
Gerova D.  
  
Micheva I.  
  
Nikolova M.  
  
Pasheva M.  
  
Nazifova N.  
  
Galunska B.",

"AO":"Gerov, Vladimir ORCID: https://orcid.org/0000-0002-3537-7831  
  
Nikolova, Miglena ORCID: https://orcid.org/0000-0003-0754-9330",

"IN":"(Gerov, Micheva) Clinics of Hematology, St. Marina University Hospital, Varna 9010, Bulgaria  
  
(Gerova) Department of Clinical Laboratory, Faculty of Medicine, MU Varna, Varna 9002, Bulgaria  
  
(Micheva) Second Department of Internal Disease, Faculty of Medicine, MU Varna, Varna 9002, Bulgaria  
  
(Nikolova, Pasheva, Nazifova, Galunska) Department of Biochemistry, Molecular Medicine and Nutrigenomics, Faculty of Pharmacy, MU Varna, Varna 9000, Bulgaria",

"PB":"Multidisciplinary Digital Publishing Institute (MDPI)",

"MH":"adult  
  
aged  
  
article  
  
autologous stem cell transplantation  
  
\*bone disease  
  
bone remodeling  
  
computer assisted tomography  
  
controlled study  
  
diagnostic test accuracy study  
  
enzyme linked immunosorbent assay  
  
female  
  
glomerulus filtration rate  
  
human  
  
low-dose computed tomography  
  
male  
  
\*myeloma  
  
osteoclast activity  
  
\*osteoclastogenesis  
  
osteolysis  
  
plasma cell  
  
prospective study  
  
quality of life  
  
receiver operating characteristic  
  
red blood cell distribution width  
  
sensitivity and specificity  
  
stroma cell  
  
\*biological marker/ec [Endogenous Compound]  
  
\*osteoclast differentiation factor/ec [Endogenous Compound]  
  
\*osteopontin/ec [Endogenous Compound]  
  
\*transcription factor RUNX2/ec [Endogenous Compound]  
  
ELISA kit  
  
myeloma plasma cell",

"DU":"adult  
  
aged  
  
Article  
  
autologous stem cell transplantation  
  
\*bone disease  
  
bone remodeling  
  
computer assisted tomography  
  
controlled study  
  
diagnostic test accuracy study  
  
enzyme linked immunosorbent assay  
  
female  
  
glomerulus filtration rate  
  
human  
  
low-dose computed tomography  
  
male  
  
\*myeloma  
  
osteoclast activity  
  
\*osteoclastogenesis  
  
osteolysis  
  
plasma cell  
  
prospective study  
  
quality of life  
  
receiver operating characteristic  
  
red blood cell distribution width  
  
sensitivity and specificity  
  
stroma cell",

"OD":"The hallmark of multiple myeloma is myeloma related bone disease. Interactions between myeloma plasma cells (MPCs), stromal cells, and the bone marrow (BM) microenvironment play a critical role in the pathogenesis of MBD. Bone remodeling is severely dysregulated with the prevalence of osteoclast activity. We aimed to assess circulating levels of sRANKL, periostin, and osteopontin as osteoclast activators in NDMM patients at diagnosis and in the course of treatment, correlations with clinical and laboratory data, and to evaluate their potential as additional biomarkers for the assessment of MBD. The current study involved 74 subjects (41 NDMM patients, 33 controls). MBD was assessed by whole-body low-dose computed tomography. sRANKL, periostin, and osteopontin were assayed by commercial ELISA kits. At diagnosis, all tested parameters were significantly higher in NDMM patients compared to the controls (p < 0.0001), correlating with disease stage, MBD grade, and BM infiltration by MPCs. During therapy, the serum levels of all tested proteins decrease, most prominently after autologous stem cell transplantation (p < 0.0001). A significant reduction was established in patients achieving complete and very-good partial response compared to all others (p < 0.05). In conclusion, sRANKL, periostin, and osteopontin reflect MBD severity and could be promising markers for MBD monitoring and the effect of myeloma treatment.Copyright © 2023 by the authors.",

"AB":"Click here for full text options",

"FTURL":"\*biological marker / \*endogenous compound  
  
\*osteoclast differentiation factor / \*endogenous compound  
  
\*osteopontin / \*endogenous compound  
  
\*transcription factor RUNX2 / \*endogenous compound",

"PM":"myeloma plasma cell [other term]",

"DJ":"ELISA kit",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"93",

"Disease area":"Schizophrenia",

"Database":"EMBASE",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2024975193",

"TI":"Associations of schizophrenia with arrhythmic disorders and electrocardiogram traits: an in-depth genetic exploration of population samples.",

"SO":"medRxiv. (no pagination), 2023. Date of Publication: 26 May 2023.",

"AU":"Treur J.L.  
  
Thijssen A.B.  
  
Smit D.J.A.  
  
Tadros R.  
  
Veeneman R.R.  
  
Denys D.  
  
Vermeulen J.M.  
  
Barc J.  
  
Bergstedt J.  
  
Pasman J.A.  
  
Bezzina C.R.  
  
Verweij K.J.H.",

"AO":"nan",

"IN":"(Treur, Thijssen, Smit, Veeneman) Genetic Epidemiology, Department of Psychiatry, Amsterdam UMC, University of Amsterdam, Meibergdreef 5, Amsterdam 1105 AZ, Netherlands  
  
(Tadros) Cardiovascular Genetics Center, Montreal Heart Institute, Faculty of Medicine, 5000 Rue Belanger, Montreal, QC H1T 1C8, Canada  
  
(Denys, Vermeulen, Verweij) Department of Psychiatry, Amsterdam UMC, University of Amsterdam, Meibergdreef 5, Amsterdam 1105 AZ, Netherlands  
  
(Barc) Universite de Nantes, CHU Nantes, CNRS, INSERM, l'institut du thorax, 8 Quai Moncousu, Nantes 44007, France  
  
(Bergstedt) Unit of Integrative Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, Stockholm 171 77, Sweden  
  
(Pasman) Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm 171 65, Sweden  
  
(Bezzina) Department of Experimental Cardiology, Heart Center, Amsterdam Cardiovascular Sciences, Amsterdam UMC, University of Amsterdam, Meibergdreef 9, Amsterdam 1105 AZ, Netherlands",

"PB":"medRxiv",

"MH":"adult  
  
\*arrhythmogenesis  
  
\*atrial fibrillation  
  
Brugada syndrome  
  
controlled study  
  
early intervention  
  
\*electrocardiogram  
  
\*electrocardiography  
  
female  
  
genetic correlation  
  
genome-wide association study  
  
heart rate  
  
heart rate variability  
  
human  
  
immune system  
  
major clinical study  
  
male  
  
Mendelian randomization analysis  
  
PR interval  
  
QRS interval  
  
QT interval  
  
randomized controlled trial  
  
\*schizophrenia",

"DU":"nan",

"OD":"nan",

"AB":"adult [m]  
  
\*arrhythmogenesis [m]  
  
\*atrial fibrillation [m]  
  
Brugada syndrome [m]  
  
controlled study [m]  
  
early intervention [m]  
  
\*electrocardiogram [m]  
  
\*electrocardiography [m]  
  
female [m]  
  
genetic correlation [m]  
  
genome-wide association study [m]  
  
heart rate [m]  
  
heart rate variability [m]  
  
human [m]  
  
immune system [m]  
  
major clinical study [m]  
  
male [m]  
  
Mendelian randomization analysis [m]  
  
PR interval [m]  
  
QRS interval [m]  
  
QT interval [m]  
  
randomized controlled trial [m]  
  
\*schizophrenia [m]",

"FTURL":"Background: An important contributor to the decreased life expectancy of individuals with schizophrenia is sudden cardiac death. While arrhythmic disorders play an important role in this, the nature of the relation between schizophrenia and arrhythmia is not fully understood. Method(s): We leveraged summary-level data of large-scale genome-wide association studies of schizophrenia (53,386 cases 77,258 controls), arrhythmic disorders (atrial fibrillation, 55,114 cases 482,295 controls Brugada syndrome, 2,820 cases 10,001 controls) and electrocardiogram traits (heart rate (variability), PR interval, QT interval, JT interval, and QRS duration, n=46,952-293,051). First, we examined shared genetic liability by assessing global and local genetic correlations and conducting functional annotation. Next, we explored bidirectional causal relations between schizophrenia and arrhythmic disorders and electrocardiogram traits using Mendelian randomization. Outcome(s): There was no evidence for global genetic correlations, except between schizophrenia and Brugada (rg=0.14, p=4.0E-04). In contrast, strong positive and negative local genetic correlations between schizophrenia and all cardiac traits were found across the genome. In the strongest associated regions, genes related to immune system and viral response mechanisms were overrepresented. Mendelian randomization indicated a causal, increasing effect of liability to schizophrenia on Brugada syndrome (OR=1.15, p=0.009) and heart rate during activity (beta=0.25, p=0.015). Interpretation(s): While there was little evidence for global genetic correlations, specific genomic regions and biological pathways important for both schizophrenia and arrhythmic disorders and electrocardiogram traits emerged. The putative causal effect of liability to schizophrenia on Brugada warrants increased cardiac monitoring and potentially early medical intervention in patients with schizophrenia. Funding(s): European Research Council Starting Grant.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. It is made available under a CC-BY-NC-ND 4.0 International license.",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"94",

"Disease area":"ADHD",

"Database":"Medline",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37864351",

"TI":"The Effects of Crocus sativus (Saffron) on ADHD: A Systematic Review.",

"SO":"Journal of Attention Disorders. 28(1):14-24, 2024 Jan.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Seyedi-Sahebari S  
  
Farhang S  
  
Araj-Khodaei M  
  
Akhondzadeh S  
  
Naseri A  
  
Sanaie S  
  
Frounchi N",

"MH":"Naseri, Amirreza ORCID: https://orcid.org/0000-0001-9723-0109",

"DU":"Seyedi-Sahebari, Sepideh  
  
Farhang, Sara  
  
Araj-Khodaei, Mostafa  
  
Akhondzadeh, Shahin  
  
Naseri, Amirreza  
  
Sanaie, Sarvin  
  
Frounchi, Negin",

"OD":"Seyedi-Sahebari, Sepideh. Student Research Committee, Tabriz University of Medical Sciences, Tabriz, Iran.  
  
Farhang, Sara. Research Center of Psychiatry and Behavioral Sciences, Tabriz University of Medical Sciences, Tabriz, Iran.  
  
Araj-Khodaei, Mostafa. Aging Research Institute, Tabriz University of Medical Sciences, Tabriz, Iran.  
  
Akhondzadeh, Shahin. Psychiatric Research Center, Roozbeh Hospital, Tehran University of Medical Sciences, Tehran, Iran.  
  
Naseri, Amirreza. Student Research Committee, Tabriz University of Medical Sciences, Tabriz, Iran.  
  
Naseri, Amirreza. Research Center for Evidence-Based Medicine, Iranian EBM Centre: A Joanna Briggs Institute (JBI) Center of Excellence, Tabriz University of Medical Sciences, Tabriz, Iran.  
  
Sanaie, Sarvin. Research Center for Integrative Medicine in Aging, Aging Research Institute, Tabriz University of Medical Sciences, Tabriz, Iran.  
  
Frounchi, Negin. Research Center for Evidence-Based Medicine, Iranian EBM Centre: A Joanna Briggs Institute (JBI) Center of Excellence, Tabriz University of Medical Sciences, Tabriz, Iran.",

"AB":"Animals  
  
Humans  
  
\*Crocus  
  
Attention Deficit Disorder with Hyperactivity/dt [Drug Therapy]  
  
\*Attention Deficit Disorder with Hyperactivity",

"FTURL":"ADHD Crocus sativus attention deficit disorder with hyperactivity saffron systematic review",

"PM":"NOTNLM",

"DJ":"BACKGROUND AND AIM: Crocus sativus also known as saffron, is one of the most popular traditional plants. This study aims to evaluate the efficacy and safety of saffron extracts in ADHD.  
  
METHOD: This study includes clinical trial studies that assessed the efficacy and/or safety of saffron in ADHD patients. Non-English papers, review articles, commentaries, letters, observational studies, thesis, animal studies, in-vitro studies, and conference abstracts were not included. The risk of bias in randomized studies was evaluated based on the Cochrane RoB.2, and risk of bias in pre-post intervention studies was assessed using the ROBINS-I tool.  
  
RESULTS: Four studies met our inclusion criteria with a total of 118 patients. The results manifested an efficient role of saffron as either an adjuvant therapy to MPH or a single therapy against ADHD, without significant safety issues.  
  
DISCUSSION: Saffron demonstrates promise in improving ADHD symptoms, with an acceptable safety profile. Future well-designed multicentral studies are suggested.",

"MV":"nan",

"TN":"Systematic Review  
  
Journal Article",

"If RCT or not":"No",

},

{

"UniqueID":"95",

"Disease area":"ADHD",

"Database":"EMBASE",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2022075139",

"TI":"White Matter microstructure effect in ADHD: a two-sample mendelian randomization study.",

"SO":"medRxiv. (no pagination), 2022. Date of Publication: 06 Dec 2022.",

"AU":"de Araujo Tavares M.E.  
  
Carpena M.X.  
  
Vitola E.S.  
  
Bandeira C.E.  
  
Cupertino R.B.  
  
Colbeich E.  
  
da Cunha P.F.  
  
Rovaris D.L.  
  
Grevet E.H.  
  
da Silva B.S.  
  
Bau C.H.D.",

"AO":"(de Araujo Tavares, Carpena, Vitola, Bandeira, Cupertino, Colbeich, da Cunha, Rovaris, Grevet, da Silva, Bau) Department of Genetics, Institute of Biosciences, Universidade Federal do Rio Grande do Sul (UFRGS), Brazil  
  
(de Araujo Tavares, Carpena, Vitola, Bandeira, Cupertino, Colbeich, da Cunha, Rovaris, Grevet, da Silva, Bau) Adulthood ADHD Outpatient Program (ProDAH), Clinical Research Center, Hospital de Clinicas de Porto Alegre, Porto Alegre, Brazil  
  
(de Araujo Tavares, Carpena, Vitola, Bandeira, Cupertino, Colbeich, da Cunha, Rovaris, Grevet, da Silva, Bau) Laboratory of Developmental Psychiatry, Center of Experimental Research, Hospital de Clinicas de Porto Alegre, RS, Brazil  
  
(de Araujo Tavares, Carpena, Vitola, Bandeira, Cupertino, Colbeich, da Cunha, Rovaris, Grevet, da Silva, Bau) Post-graduate Program in Epidemiology, Federal University of Pelotas, Mal. Deodoro Street 1160, 3rd Floor, RS, Pelotas, Brazil  
  
(de Araujo Tavares, Carpena, Vitola, Bandeira, Cupertino, Colbeich, da Cunha, Rovaris, Grevet, da Silva, Bau) Department of Psychiatry, University of Vermont, United States  
  
(de Araujo Tavares, Carpena, Vitola, Bandeira, Cupertino, Colbeich, da Cunha, Rovaris, Grevet, da Silva, Bau) Department of Physiology and Biophysics, Instituto de Ciencias Biomedicas Universidade de Sao Paulo, Sao Paulo, Brazil",

"IN":"medRxiv",

"PB":"\*attention deficit hyperactivity disorder  
  
controlled study  
  
diagnosis  
  
fractional anisotropy  
  
gene linkage disequilibrium  
  
\*genome-wide association study  
  
human  
  
learning  
  
limbic system  
  
memory  
  
\*Mendelian randomization analysis  
  
neurobiology  
  
\*psychiatry  
  
randomized controlled trial  
  
sensitivity analysis  
  
stria terminalis  
  
\*white matter",

"MH":"nan",

"DU":"\*attention deficit hyperactivity disorder [m]  
  
controlled study [m]  
  
diagnosis [m]  
  
fractional anisotropy [m]  
  
gene linkage disequilibrium [m]  
  
\*genome-wide association study [m]  
  
human [m]  
  
learning [m]  
  
limbic system [m]  
  
memory [m]  
  
\*Mendelian randomization analysis [m]  
  
neurobiology [m]  
  
\*psychiatry [m]  
  
randomized controlled trial [m]  
  
sensitivity analysis [m]  
  
stria terminalis [m]  
  
\*white matter [m]",

"OD":"Introduction: Genome Wide Association Studies (GWAS) revealed the highly polygenic architecture of Attention-Deficit/Hyperactivity Disorder (ADHD) and highlighted the contribution of common variants related to brain development and function. In parallel, several imaging studies attempted to discover disorder-related brain structures, with some significant findings concerning white matter. Two-sample mendelian randomization (2SMR) is a powerful tool to evaluate causality between two phenotypes using summary statistics data. We aimed to investigate a possible causal relationship between white matter genetically predicted variation and ADHD diagnosis through 2SMR. Method(s): A unidirectional two-sample MR analysis was performed based on summary statistics of GWAS between 22 different white matter (WM) mean fractional anisotropy measures and ADHD. We used 4 different MR approaches, considering IVW random effects as the main analysis, followed by several sensitivity analyses. Linkage Disequilibrium Score Regression (LDSC) was evaluated in the same set of samples to corroborate the direction of associations. Results and Discussion: Our most consistent finding across MR and LDSC approach, following the sensitivity analyses, indicate that the decreased WM microstructure integrity of the fornix stria terminalis (FXSTivw beta:-0.266 SE:0.083 pFDR: 0.021) genetic liability has a causal influence on ADHD diagnosis. The FXST is formed by connection fibers inside the limbic system, which is crucial to emotional processing, learning, and memory, functions usually impaired in ADHD. Therefore, this study increases knowledge concerning ADHD neurobiology and provides novel evidence of the causal effect of WM integrity in the limbic system, which could contribute to the advances in additional diagnostic tools as well as pharmacological brain structure targets.Copyright The copyright holder for this preprint is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"AB":"Click here for full text options",

"FTURL":"nan",

"PM":"de Araujo Tavares, Maria Eduarda ORCID: https://orcid.org/0000-0002-2594-066X  
  
Carpena, Marina Xavier ORCID: https://orcid.org/0000-0002-4690-5791  
  
Vitola, Eduardo Schneider ORCID: https://orcid.org/0000-0002-6053-1132  
  
Bandeira, Cibele Edom ORCID: https://orcid.org/0000-0003-0681-1309  
  
Cupertino, Renata Basso ORCID: https://orcid.org/0000-0002-3452-0632  
  
Rovaris, Diego Luiz ORCID: https://orcid.org/0000-0002-8910-4927  
  
Grevet, Eugenio Horacio ORCID: https://orcid.org/0000-0002-6898-7126  
  
da Silva, Bruna Santos ORCID: https://orcid.org/0000-0002-5916-4638  
  
Bau, Claiton Henrique Dotto ORCID: https://orcid.org/0000-0001-5644-3845",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"96",

"Disease area":"Schizophrenia",

"Database":"Medline",

"ORN":"12",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"26491759",

"TI":"nan",

"SO":"Agency for Healthcare Research and Quality (US). U.S. Preventive Services Task Force Evidence Syntheses, formerly Systematic Evidence Reviews, Report No.: 14-05200-EF-1.2015 09",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"nan",

"PB":"Patnode CD  
  
Henderson JT  
  
Thompson JH  
  
Senger CA  
  
Fortmann SP  
  
Whitlock EP",

"MH":"Patnode, Carrie D  
  
Henderson, Jillian T  
  
Thompson, Jamie H  
  
Senger, Caitlyn A  
  
Fortmann, Stephen P  
  
Whitlock, Evelyn P",

"DU":"Patnode, Carrie D. Kaiser Permanente Research Affiliates Evidence-based Practice Center  
  
Henderson, Jillian T. Kaiser Permanente Research Affiliates Evidence-based Practice Center  
  
Thompson, Jamie H. Kaiser Permanente Research Affiliates Evidence-based Practice Center  
  
Senger, Caitlyn A. Kaiser Permanente Research Affiliates Evidence-based Practice Center  
  
Fortmann, Stephen P. Kaiser Permanente Research Affiliates Evidence-based Practice Center  
  
Whitlock, Evelyn P. Kaiser Permanente Research Affiliates Evidence-based Practice Center",

"OD":"BACKGROUND: Tobacco use is the leading preventable cause of disease, disability, and death in the United States. Interventions to help adults quit smoking might stop or reduce tobacco-related illness.  
  
PURPOSE: To systematically review evidence for the effectiveness and safety of pharmacotherapy and behavioral tobacco cessation interventions among adults, including pregnant women and those with mental health conditions, and to conduct a de novo search for primary evidence related to electronic nicotine delivery systems for adults.  
  
METHODS: We conducted a review of reviews and searched for existing systematic reviews published through August 1, 2014 in the following databases and organizations' websites: PubMed, PsycInfo, the Database of Abstracts of Reviews of Effects, the Cochrane Database of Systematic Reviews, the Centre for Reviews and Dissemination Health Technology Assessment, the Agency of Healthcare Research and Quality, British Medical Journal Clinical Evidence, the Canadian Agency for Drugs and Technologies in Health, Center for Disease Control and Prevention's Guide to Community Preventive Services, the Institute of Medicine, the National Institute for Health and Clinical Excellence, the National Health Service Health Technology Assessment Programme, and the Surgeon General. We included reviews that were published in the English language that systematically reported the effects of tobacco cessation interventions on health, cessation, or adverse outcomes. We excluded nonsystematic meta-analyses and narrative reviews and those that focused on harm reduction or relapse prevention. We conducted an a priori search for primary trial evidence related to the effectiveness and safety of electronic nicotine delivery systems (ENDS) (through March 1, 2015) and a search for pharmacotherapy among pregnant women (through August 15, 2014) to supplement the review of reviews methodology. Two investigators independently reviewed abstracts and full-text articles against a set of a priori inclusion and quality criteria. Discrepancies were resolved by consensus. One reviewer abstracted data into an evidence table and a second reviewer checked these data. We grouped reviews based on population (general adults, pregnant women, individuals with mental health conditions) and intervention (pharmacotherapy, behavioral, or combined interventions). We identified one or more reviews within each population and intervention subgroup that represented the most current and applicable evidence to serve as the basis for the main findings (primary reviews) and discussed complementary and discordant findings from other included reviews as necessary. We did not reanalyze any of the individual study evidence we presented pooled analyses and existing point estimates from included reviews.  
  
RESULTS: We included 54 systematic reviews, 22 of which served as the basis for the primary findings. Among adults, nine reviews addressed the efficacy and/or harms of nicotine replacement therapy (NRT), bupropion hydrochloride sustained release (bupropion SR), and/or varenicline. None of these reviews reported on health outcomes. All three medications were found to be effective in increasing smoking quit rates compared with placebo or nondrug arms at 6 or more months followup. The pooled risk ratio (RR) for abstinence for NRT was 1.60 (95% confidence interval [CI], 1.53 to 1.68) for bupropion SR, RR 1.62 (95% CI, 1.49 to 1.76) and for varenicline, 2.27 (95% CI, 2.02 to 2.55). Combined NRT versus a single form of NRT showed a statistically significantly greater cessation effect in pooled analysis (RR 1.34 [95% CI, 1.18 to 1.51]). None of the drugs were associated with major cardiovascular adverse events, although NRT produced higher rates of all cardiovascular events (driven by minor events). One review on combined pharmacotherapy and behavioral interventions reported a relative increase in quitting by 82 percent versus nonpharmacotherapy usual care (RR 1.82 [95% CI, 1.66 to 2.00]). We included an additional 33 reviews that addressed behavioral tobacco cessation treatments among adults, including those that focused on specific subpopulations such as older adults. Compared with various controls, behavioral interventions such as in-person advice and support from clinicians, self-help materials, and telephone counseling had modest, but significantly increased, relative smoking cessation at 6 or more months (18% to 96%). For example, the pooled RR of physician advice versus no advice was 1.76 (95% CI, 1.58 to 1.96) for smoking cessation at 6 or more months followup. Only two trials addressed the efficacy and harms related to the use of electronic cigarettes and these trials suggested no benefit on smoking cessation among smokers intending to quit. We included eight reviews that focused on pregnant women that found significant benefits for perinatal health, including increased birth weight and reduced preterm birth. These benefits were evident with behavioral interventions, and suggested by data from some of the NRT trials, although that evidence was limited. Cessation during late pregnancy was greater among women receiving any type of behavioral intervention, with evidence most clear for counseling. Rates of validated cessation among women allocated to NRT (5% to 24%) compared with placebo (0% to 15%) were not statistically different, although few studies contributed data. Our reviews among individuals with depression or schizophrenia provided limited trial evidence on the efficacy of pharmacotherapy or behavioral interventions. There was, however, some evidence of a benefit for bupropion among those with schizophrenia and the addition of a mood management component to behavioral interventions for smokers with depression.  
  
CONCLUSIONS: This review of reviews suggests that behavioral interventions and pharmacotherapy, alone or in combination, are effective in helping to reduce rates of smoking among the general adult population. Behavioral interventions, in particular, can assist pregnant women to stop smoking. Data on the effectiveness and safety of electronic nicotine delivery systems are limited. Future research should focus on direct comparisons between different combinations and classes of drugs the incidence of serious adverse events related to medications for cessation the efficacy and safety of ENDS and pharmacotherapies for pregnant women and those with mental health conditions including evidence on health outcomes.",

"AB":"Review",

"FTURL":"2015",

"PM":"Click here for full text options",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"97",

"Disease area":"Gram-negative bacteria",

"Database":"EMBASE",

"ORN":"13",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2017266504",

"TI":"Genomic rearrangements of mobile genetic elements associated with carbapenem resistance of Acinetobacter baumannii.",

"SO":"bioRxiv. (no pagination), 2022. Date of Publication: 03 Feb 2022.",

"AU":"Vijayakumar S.  
  
John J.J.  
  
Vasudevan K.  
  
Mathur P.  
  
Ray P.  
  
Neeravi A.  
  
Baskaran A.  
  
Kirubananthan A.  
  
Anandan S.  
  
Biswas I.  
  
Walia K.  
  
Veeraraghavan B.",

"AO":"Veeraraghavan, Balaji ORCID: https://orcid.org/0000-0002-8662-4257  
  
Mathur, Purva ORCID: https://orcid.org/0000-0003-4429-3688",

"IN":"(Vijayakumar, John, Neeravi, Baskaran, Kirubananthan, Anandan, Veeraraghavan) Department of Clinical Microbiology, Christian Medical College, Vellore 632004, India  
  
(Vasudevan) Reva University, Bangalore, India  
  
(Mathur) AIIMS Jai Prakash Narayan Apex Trauma Center, New Delhi, India  
  
(Ray) Post Graduate Institute of Medical Education & Research, Chandigarh, India  
  
(Biswas) Kansas University of Medical Center, Kansas City, United States  
  
(Walia) Indian Council of Medical Research, New Delhi, India",

"PB":"bioRxiv",

"MH":"\*Acinetobacter baumannii  
  
antibiotic resistance  
  
bacterium isolate  
  
\*carbapenem resistance  
  
controlled study  
  
\*gene rearrangement  
  
human  
  
human cell  
  
India  
  
\*mobile genetic element  
  
molecular epidemiology  
  
multicenter study  
  
nonhuman  
  
prevalence  
  
protein fingerprinting  
  
whole genome sequencing  
  
carbapenem  
  
carbapenemase  
  
endogenous compound  
  
\*leptophos",

"DU":"carbapenem [m]  
  
carbapenemase [m]  
  
endogenous compound [m]  
  
\*leptophos [m]",

"OD":"\*Acinetobacter baumannii [m]  
  
antibiotic resistance [m]  
  
bacterium isolate [m]  
  
\*carbapenem resistance [m]  
  
controlled study [m]  
  
\*gene rearrangement [m]  
  
human [m]  
  
human cell [m]  
  
India [m]  
  
\*mobile genetic element [m]  
  
molecular epidemiology [m]  
  
multicenter study [m]  
  
nonhuman [m]  
  
prevalence [m]  
  
protein fingerprinting [m]  
  
whole genome sequencing [m]",

"AB":"With the excessive genome plasticity, Acinetobacter baumannii has the capability to acquire and disseminate antimicrobial resistance genes that are often associated with mobile genetic elements (MGE). Analyzing the genetic environment of resistance genes often provides valuable information on the origin, emergence, evolution and spread of resistance. Thus, we characterized the genomic features of some clinical isolates of carbapenem-resistant A. baumannii to understand the role of diverse MGE and their genetic context that are responsible for the dissemination of carbapenem resistance genes. For this, a total of 17 clinical isolates of A. baumannii obtained from multiple hospitals in India between the years 2018 and 2019 were analysed. Antimicrobial resistance determinants, genetic context of resistance genes and molecular epidemiology were studied using whole genome sequencing. A high prevalence of blaOXA-23 was observed followed by the presence of dual carbapenemase, blaOXA-23 and blaNDM. Three novel Oxford sequence types were identified. Majority of the isolates belonged to dominant clone, IC2 followed by less prevalent clones such as IC7 and IC8. Complex diverse AbaR4 like and AbGRI-like islands belonging to IC2 lineage were identified. To the best of our knowledge, this is the first study that provides a comprehensive profiling of resistance islands along with the MGE, acquired antimicrobial resistance genes and the distribution of clonal lineages of carbapenem resistant A. baumannii from India.Copyright The copyright holder for this preprint is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. All rights reserved. No reuse allowed without permission.",

"FTURL":"Click here for full text options",

"PM":"nan",

"DJ":"nan",

"MV":"nan",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"98",

"Disease area":"Gram-negative bacteria",

"Database":"Medline",

"ORN":"13",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37824710",

"TI":"Prevalence of Acinetobacter baumannii and Candida auris in Patients Receiving Mechanical Ventilation.",

"SO":"JAMA. 330(18):1769-1772, 2023 11 14.",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"MEDLINE",

"PB":"Harris AD  
  
Pineles L  
  
Johnson JK  
  
O'Hara LM  
  
Smith LL  
  
French I  
  
Rubin J  
  
Perlmutter R  
  
Heller A  
  
Klein L  
  
Thoguru J  
  
Blythe D  
  
Vaeth E",

"MH":"nan",

"DU":"Harris, Anthony D  
  
Pineles, Lisa  
  
Johnson, J Kristie  
  
O'Hara, Lyndsay M  
  
Smith, L Leigh  
  
French, Indira  
  
Rubin, Jamie  
  
Perlmutter, Rebecca  
  
Heller, Ashley  
  
Klein, Liore  
  
Thoguru, John  
  
Blythe, David  
  
Vaeth, Elisabeth",

"OD":"Harris, Anthony D. University of Maryland School of Medicine, Baltimore.  
  
Pineles, Lisa. University of Maryland School of Medicine, Baltimore.  
  
Johnson, J Kristie. University of Maryland School of Medicine, Baltimore.  
  
O'Hara, Lyndsay M. University of Maryland School of Medicine, Baltimore.  
  
Smith, L Leigh. University of Maryland School of Medicine, Baltimore.  
  
French, Indira. University of Maryland School of Medicine, Baltimore.  
  
Rubin, Jamie. Maryland Department of Health, Baltimore.  
  
Perlmutter, Rebecca. Maryland Department of Health, Baltimore.  
  
Heller, Ashley. Maryland Department of Health, Baltimore.  
  
Klein, Liore. Maryland Department of Health Laboratories Administration, Baltimore.  
  
Thoguru, John. Maryland Department of Health Laboratories Administration, Baltimore.  
  
Blythe, David. Maryland Department of Health, Baltimore.  
  
Vaeth, Elisabeth. Maryland Department of Health, Baltimore.",

"AB":"nan",

"FTURL":"nan",

"PM":"Importance: To date, only 1 statewide prevalence survey has been performed for Acinetobacter baumannii (2009) in the US, and no statewide prevalence survey has been performed for Candida auris, making the current burden of these emerging pathogens unknown.  
  
Objective: To determine the prevalence of A baumannii and C auris among patients receiving mechanical ventilation in Maryland.  
  
Design, Setting, and Participants: The Maryland Multi-Drug Resistant Organism Prevention Collaborative performed a statewide cross-sectional point prevalence of patients receiving mechanical ventilation admitted to acute care hospitals (n = 33) and long-term care facilities (n = 18) between March 7, 2023, and June 8, 2023. Surveillance cultures (sputum, perianal, arm/leg, and axilla/groin) were obtained from all patients receiving mechanical ventilation. Sputum, perianal, and arm/leg cultures were tested for A baumannii and antibiotic susceptibility testing was performed. Axilla/groin cultures were tested by polymerase chain reaction for C auris.  
  
Main Outcomes and Measures: Prevalence of A baumannii, carbapenem-resistant A baumannii (CRAB), and C auris. Prevalence was stratified by type of facility.  
  
Results: All 51 eligible health care facilities (100%) participated in the survey. A total of 482 patients receiving mechanical ventilation were screened for A baumannii and 470 were screened for C auris. Among the 482 patients who had samples collected, 30.7% (148/482) grew A baumannii, 88 of the 148 (59.5%) of these A baumannii were CRAB, and C auris was identified in 31 of 470 (6.6%). Patients in long-term care facilities were more likely to be colonized with A baumannii (relative risk [RR], 7.66 [95% CI, 5.11-11.50], P < .001), CRAB (RR, 5.48 [95% CI, 3.38-8.91], P < .001), and C auris (RR, 1.97 [95% CI, 0.99-3.92], P = .05) compared with patients in acute care hospitals. Nine patients (29.0%) with cultures positive for C auris were previously unreported to the Maryland Department of Health.  
  
Conclusions: A baumannii, carbapenem-resistant A baumannii, and C auris were common among patients receiving mechanical ventilation in both acute care hospitals and long-term care facilities. Both pathogens were significantly more common in long-term care facilities than in acute care hospitals. Patients receiving mechanical ventilation in long-term care facilities are a high-risk population for emerging pathogens, and surveillance and prevention efforts should be targeted to these facilities.",

"DJ":"Journal Article  
  
Multicenter Study",

"MV":"2023",

"TN":"Click here for full text options",

"If RCT or not":"No",

},

{

"UniqueID":"99",

"Disease area":"Multiple myeloma",

"Database":"Medline",

"ORN":"13",

"VN":"Ovid Technologies",

"DB":"Ovid MEDLINE(R)",

"UI":"37941409",

"TI":"Autologous-allogeneic versus autologous tandem stem cell transplantation and maintenance therapy with thalidomide for multiple myeloma patients less than 60 years of age: a prospective phase II study.",

"SO":"Haematologica. 2023 11 09",

"AU":"1",

"AO":"From MEDLINE, a database of the U.S. National Library of Medicine.",

"IN":"Publisher",

"PB":"Kroger N  
  
Wulf G  
  
Hegenbart U  
  
Burchert A  
  
Stelljes M  
  
Gagelmann N  
  
Brecht A  
  
Kaufmann M  
  
Muller L  
  
Ganser A  
  
Wolf D  
  
Bethge W  
  
Bornhauser M  
  
Kiehl M  
  
Wagner EM  
  
Schmid C  
  
Reinhardt HC  
  
Kobbe G  
  
Salwender H  
  
Heinicke T  
  
Kropff M  
  
Heinzelmann M  
  
Ayuk F  
  
Trumper L  
  
Neubauer A  
  
Volp A  
  
Kluychnikov E  
  
Schonland S  
  
Wolschke C",

"MH":"Kroger, Nicolaus  
  
Wulf, Gerald  
  
Hegenbart, Ute  
  
Burchert, Andreas  
  
Stelljes, Matthias  
  
Gagelmann, Nico  
  
Brecht, Arne  
  
Kaufmann, Martin  
  
Muller, Lutz  
  
Ganser, Arnold  
  
Wolf, Dominik  
  
Bethge, Wolfgang  
  
Bornhauser, Martin  
  
Kiehl, Michael  
  
Wagner, Eva-Maria  
  
Schmid, Christoph  
  
Reinhardt, Hans Christian  
  
Kobbe, Guido  
  
Salwender, Hans  
  
Heinicke, Thomas  
  
Kropff, Martin  
  
Heinzelmann, Marion  
  
Ayuk, Francis  
  
Trumper, Lorenz  
  
Neubauer, Andreas  
  
Volp, Andreas  
  
Kluychnikov, Evgeny  
  
Schonland, Stefan  
  
Wolschke, Christine",

"DU":"Kroger, Nicolaus. University Medical Center Hamburg. nkroeger@uke.uni-hamburg.de.  
  
Wulf, Gerald. University Hospital Gottingen.  
  
Hegenbart, Ute. University Hospital Heidelberg.  
  
Burchert, Andreas. University Hospital Marburg.  
  
Stelljes, Matthias. Department of Medicine A, Hematology, Oncology, and Pneumology, University Hospital Munster.  
  
Gagelmann, Nico. University Medical Center Hamburg.  
  
Brecht, Arne. DKD HELIOS Hospital Wiesbaden, Germany, and HELIOS Dr. Horst Schmidt Hospitals Wiesbaden.  
  
Kaufmann, Martin. Robert Bosch Hospital, Stuttgart.  
  
Muller, Lutz. University Hospital Halle.  
  
Ganser, Arnold. Medical School Hannover.  
  
Wolf, Dominik. Internal Medicine 3, University Hospital Bonn, Germany and Depart. Hematology and Oncology, Comprehensive Cancer Center Innsbruck (CCCI), Medical University Innsbruck (MUI), Innsbruck.  
  
Bethge, Wolfgang. University Hospital Tubingen.  
  
Bornhauser, Martin. University Hospital Dresden.  
  
Kiehl, Michael. Hospital Frankfurt/Oder.  
  
Wagner, Eva-Maria. University Hospital Mainz.  
  
Schmid, Christoph. University Hospital Augsburg.  
  
Reinhardt, Hans Christian. University Hospital Essen.  
  
Kobbe, Guido. University Hospital Dusseldorf.  
  
Salwender, Hans. Asklepios Hospital Altona, Hamburg.  
  
Heinicke, Thomas. University Hospital Magdeburg.  
  
Kropff, Martin. Hospital Osnabruck.  
  
Heinzelmann, Marion. University Medical Center Hamburg.  
  
Ayuk, Francis. University Medical Center Hamburg.  
  
Trumper, Lorenz. University Hospital Gottingen.  
  
Neubauer, Andreas. University Hospital Marburg.  
  
Volp, Andreas. Psy Consult, Hamburg.  
  
Kluychnikov, Evgeny. University Medical Center Hamburg.  
  
Schonland, Stefan. University Hospital Heidelberg.  
  
Wolschke, Christine. University Medical Center Hamburg.",

"OD":"nan",

"AB":"nan",

"FTURL":"The role of autologous-allogeneic tandem stem cell transplantation (alloTSCT) followed by maintenance as upfront treatment for multiple myeloma (MM) is controversial. Between 2008 and 2014 a total of 217 MM patients with a median age of 51 years were included by 20 German centers within an open-label, parallel-group, multi-center clinical trial to compare alloTSCT to auto tandem transplantation TSCT (autoTSCT) followed by a 2-year maintenance therapy with thalidomide (100 mg/d) in both arms with respect to relapse/progression-free survival (PFS) and other relevant outcomes. A total of 178 patients underwent second SCT (allo n = 132 and auto n = 46). PFS at 4 years after the second SCT was 47% (CI: 38-55%) for alloTSCT and 35% (CI: 21-49%) for autoTSCT (p = 0.26). This difference increased to 22% at 8 years (p = 0.10). The cumulative incidences of non-relapse mortality (NRM) and of relapse at 4 years were 13% (CI: 8-20%) and 2% (CI: 0.3-2%) (p = 0.044) and 40% (CI: 33-50%) and 63% (CI: 50-79%) for alloTSCT and autoTSCT (p = 0.04), respectively. The difference for relapse/progression increased to 33% (alloTSCT: 44%, autoTSCT: 77%) at a median follow-up of 82 months (p = 0.002). Four-year OS was 66% (CI: 57-73%) for alloTSCT and 66% (CI: 50-78%) for auto TSCT (p = 0.91) and 8-year OS was 52% and 50% (p = 0.87), respectively. AlloTSCT followed by thalidomide maintenance reduced the rate of recurrence or progression during a follow-up period of up to 10 years but failed to improve PFS significantly.",

"PM":"Journal Article",

"DJ":"2023",

"MV":"Click here for full text options",

"TN":"nan",

"If RCT or not":"No",

},

{

"UniqueID":"100",

"Disease area":"Multiple myeloma",

"Database":"EMBASE",

"ORN":"13",

"VN":"Ovid Technologies",

"DB":"Embase",

"UI":"2026912156",

"TI":"Experience of Daratumumab in Relapsed/Refractory Multiple Myeloma: A Multicenter Study from Turkiye.",

"SO":"Turkish Journal of Hematology. 40(4) (pp 242-250), 2023. Date of Publication: 2023.",

"AU":"Tekinalp A.  
  
Geduk A.  
  
Akdeniz A.  
  
Demirsoy E.T.  
  
Gursoy V.  
  
Ak M.A.  
  
Bagci M.  
  
Secilmis S.  
  
Karadag F.K.  
  
Uysal A.O.  
  
Dogan A.  
  
Demircioglu S.  
  
Erol H.A.  
  
Aslan C.  
  
Ozkalemkas F.  
  
Ertop S.  
  
Dagli M.  
  
Dal M.S.  
  
Saydam G.  
  
Merter M.  
  
Ural C.  
  
Ceneli O.",

"AO":"Tekinalp, Atakan ORCID: https://orcid.org/0000-0001-7937-4045",

"IN":"(Tekinalp, Demircioglu, Ceneli) Necmettin Erbakan University Meram Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Konya, Turkey  
  
(Geduk, Erol) Kocaeli University Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Kocaeli, Turkey  
  
(Akdeniz) Mersin University Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Mersin, Turkey  
  
(Demirsoy, Aslan) University of Health Sciences Turkiye, Derince Training and Research Hospital, Clinic of Hematology, Kocaeli, Turkey  
  
(Gursoy) Bursa City Hospital, Clinic of Hematology, Bursa, Turkey  
  
(Ak, Ertop) Bulent Ecevit University Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Zonguldak, Turkey  
  
(Bagci, Dagli) Selcuk University Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Konya, Turkey  
  
(Secilmis, Dal) Dr. Abdurrahman Yurtaslan Ankara Oncology Training and Research Hospital, Clinic of Hematology, Ankara, Turkey  
  
(Karadag, Saydam) Ege University Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Izmir, Turkey  
  
(Uysal, Merter) Firat University Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Elazig, Turkey  
  
(Dogan, Ural) Van Yuzuncu Yil University, Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Van, Turkey  
  
(Ozkalemkas) Bursa Uludag University, Faculty of Medicine, Department of Hematology, Division of Internal Medicine, Bursa, Turkey",

"PB":"Turkish Society of Hematology",

"MH":"adult  
  
adverse drug reaction  
  
aged  
  
article  
  
controlled study  
  
drug combination  
  
drug therapy  
  
female  
  
follow up  
  
human  
  
infusion related reaction  
  
major clinical study  
  
male  
  
multicenter study  
  
\*multiple myeloma  
  
neutropenia  
  
overall response rate  
  
overall survival  
  
progression free survival  
  
retrospective study  
  
side effect  
  
special situation for pharmacovigilance  
  
survival analysis  
  
thrombocytopenia  
  
bortezomib  
  
\*daratumumab  
  
dexamethasone  
  
lenalidomide",

"DU":"adult [m]  
  
adverse drug reaction [m]  
  
aged [m]  
  
article [m]  
  
controlled study [m]  
  
drug combination [m]  
  
drug therapy [m]  
  
female [m]  
  
follow up [m]  
  
human [m]  
  
infusion related reaction [m]  
  
major clinical study [m]  
  
male [m]  
  
multicenter study [m]  
  
\*multiple myeloma [m]  
  
neutropenia [m]  
  
overall response rate [m]  
  
overall survival [m]  
  
progression free survival [m]  
  
retrospective study [m]  
  
side effect [m]  
  
special situation for pharmacovigilance [m]  
  
survival analysis [m]  
  
thrombocytopenia [m]",

"OD":"Objective: This study aimed to evaluate patients with relapsed/ refractory multiple myeloma (RRMM) who underwent daratumumab (DARA) therapy. Material(s) and Method(s): This multicenter retrospective study included 134 patients who underwent at least two courses of DARA from February 1, 2018, to April 15, 2022. Epidemiological, disease, and treatment characteristics of patients and treatment-related side effects were evaluated. Survival analysis was performed. Result(s): The median age at the start of DARA was 60 (range: 35-88), with 56 patients (41.8%) being female and 48 (58.2%) being male. The median time to initiation of DARA and the median follow-up time were 41.2 (5.1-223) and 5.7 (2.1-24.1) months, respectively. The overall response rate after DARA therapy was 75 (55.9%), and very good partial response or better was observed in 48 (35.8%) patients. Overall survival (OS) and progression-free survival (PFS) for all patients were 11.6 (7.8-15.5) and 8.0 (5.1-10.9) months, respectively. OS was higher for patients undergoing treatment with DARA and bortezomib-dexamethasone (DARA-Vd) compared to those undergoing treatment with DARA and lenalidomide-dexamethasone (DARA-Rd) (16.9 vs. 8.3 months p=0.014). Among patients undergoing DARA-Rd, PFS was higher in those without extramedullary disease compared to those with extramedullary disease (not achieved vs. 3.7 months odds ratio: 3.4 p<0.001). The median number of prior therapies was 3 (1-8). Initiation of DARA therapy in the early period provided an advantage for OS and PFS, although it was statistically insignificant. Infusion-related reactions were observed in 18 (13.4%) patients. All reactions occurred during the first infusion and most reactions were of grade 1 or 2 (94.5%). The frequency of neutropenia and thrombocytopenia was higher in the DARA-Rd group (61.9% vs. 24.7%, p<0.001 and 42.9% vs. 15.7%, p<0.001). Conclusion(s): Our study provides real-life data in terms of DARA therapy for patients with RRMM and supports the early initiation of DARA therapy.Copyright © 2023 by Turkish Society of Hematology Turkish Journal of Hematology.",

"AB":"Click here for full text options",

"FTURL":"bortezomib [m]  
  
\*daratumumab [m]  
  
dexamethasone [m]  
  
lenalidomide [m]",

"PM":"nan",

"DJ":"nan",

"MV":"37961952 [https://www.ncbi.nlm.nih.gov/pubmed/?term=37961952]",

"TN":"nan",

"If RCT or not":"No",

},