30666017\_PD.txt

Title: Reduction of postendodontic <P 0> pain </> after one-visit root canal treatment using three irrigating regimens with different temperature.

Publication Type: Randomized Controlled Trial

Journal-Name:Nigerian journal of clinical practice

Journal ID: 101150032

Publication date: 2019/01/31 06:00 [medline]

Objective: The aim of this clinical trial was to assess whether controlled irrigation with three different irrigation regimens with different temperature would result in reduction of post-endodontic <P 0> pain </> after one-visit root canal treatment (RCT). Materials and Methods: A total of 240 (129 females and 111 male) aged 18 - 65 years were referred and integrated in this clinical trial, All patients presented with a vital maxillary or mandibular molar, premolar or front teeth designated for conventional root canal treatment for prosthetic reasons detected with only vital pulps. All canals were cleaned and shaped with Reciproc instruments, and were used with a micro motor (VDW, Munich Germany). Final irrigation was done with cold (4 degrees C, 2.5 degrees C, and room temperature) 17% EDTA and 10 mL of cold saline solution. Results: A total of 240 of 279 patients (129 females and 111 male) aged 18 - 65 years were referred and integrated in this clinical trial, whereas 29 were rejected as not completing the requirements needed. All patients presented with a vital maxillary or mandibular molar, premolar, or front teeth designated for intentional endodontic RCT for prosthetic reasons. No statistically significant difference (P > 0.05) among the groups was found regarding degree or duration of <P 0> pain </>. There was no statistically significant difference (P > 0.05) among the 4(o)C and 2.5(o)C groups. Conclusion: The approach in both selecting the patients participating in the study and analyzing the data in this randomized clinical trial allows us to conclude that cryotherapy is an aid of clinical procedures to clean and shape the canals to reduce the occurrence of postendodontic <P 0> pain </> and the <P 36> need for medication </> in patients presenting with a diagnosis of vital pulp.

30666834\_PD.txt

Title: Single Patient Classifier Assay, Microsatellite Instability, and Epstein-Barr Virus Status Predict Clinical Outcomes in Stage II/III Gastric Cancer: Results from CLASSIC Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Yonsei medical journal

Journal ID: 0414003

Publication date: 2018/12/27 00:00 [accepted]

PURPOSE: Clinical implications of single patient classifier (SPC) and microsatellite instability (MSI) in stage II/III gastric cancer have been reported. We investigated SPC and the status of MSI and Epstein-Barr virus (EBV) as combinatory biomarkers to predict the prognosis and responsiveness of adjuvant chemotherapy for stage II/III gastric cancer. MATERIALS AND METHODS: Tumor specimens and clinical information were collected from patients enrolled in CLASSIC trial, a randomized controlled study of capecitabine plus oxaliplatin-based adjuvant chemotherapy. The results of nine-gene based SPC assay were classified as prognostication (SPC-prognosis) and prediction of chemotherapy benefit (SPC-prediction). Five quasimonomorphic mononucleotide markers were used to assess tumor MSI status. EBV-encoded small RNA in situ hybridization was performed to define EBV status. RESULTS: There were positive associations among SPC, MSI, and EBV statuses among 586 patients. In multivariate analysis of <P 0, 1> disease-free survival </>, SPC-prognosis [hazard ratio (HR): 1.879 (1.101-3.205), 2.399 (1.415-4.067), p=0.003] and MSI status (HR: 0.363, 95% confidence interval: 0.161-0.820, p=0.015) were independent prognostic factors along with age, Lauren classification, TNM stage, and chemotherapy. Patient survival of SPC-prognosis was well stratified regardless of EBV status and in microsatellite stable (MSS) group, but not in MSI-high group. Significant survival benefit from adjuvant chemotherapy was observed by SPC-Prediction in MSS and EBV-negative gastric cancer. CONCLUSION: SPC, MSI, and EBV statuses could be used in combination to predict the prognosis and responsiveness of adjuvant chemotherapy for stage II/III gastric cancer.

30670010\_PD.txt

Title: A randomized, double blind, placebo controlled, multicenter clinical trial to assess the efficacy and safety of Emblica officinalis extract in patients with dyslipidemia.

Publication Type: Multicenter Study

Journal-Name:BMC complementary and alternative medicine

Journal ID: 101088661

Publication date: 2019/01/24 06:00 [entrez]

BACKGROUND: Dyslipidemia is one of the most frequently implicated risk factors for development of atherosclerosis. This study evaluated the efficacy of amla (Emblica officinalis) extract (composed of polyphenols, triterpenoids, oils etc. as found in the fresh wild amla fruit) in patients with dyslipidemia. METHODS: A total of 98 dyslipidemic patients were enrolled and divided into amla and placebo groups. Amla extract (500 mg) or a matching placebo capsule was administered twice daily for 12 weeks to the respective group of patients. The patients were followed up for 12 weeks and efficacy of study medication was assessed by analyzing <P 0> lipid </> profile. Other parameters evaluated were <P 0> apolipoprotein B (Apo B) </>, <P 0> apolipoprotein A1 (Apo A1) </>, <P 0> Coenzyme Q10 (CoQ10) </>, <P 0> high-sensitive C-reactive protein (hsCRP) </>, <P 0> fasting blood sugar (FBS) </>, <P 0> homocysteine </> and <P 0> thyroid stimulating hormone (TSH) </>. RESULTS: In 12 weeks, the major <P 0> lipids </> such as total <P 0> cholesterol </> (TC) (p = 0.0003), <P 0> triglyceride (TG) </> (p = 0.0003), <P 0> low density lipoprotein cholesterol (LDL-C) </> (p = 0.0064) and <P 0> very low density lipoprotein cholesterol (VLDL-C) </> (p = 0.0001) were significantly lower in amla group as compared to placebo group. Additionally, a 39% reduction in <P 0> atherogenic </> index of the plasma (AIP) (p = 0.0177) was also noted in amla group. The <P 0> ratio of Apo B to Apo A1 </> was reduced more (p = 0.0866) in the amla group as compared to the placebo. There was no significant change in <P 0> Coenzyme Q10 (CoQ10) </> level of amla (p = 0.2942) or placebo groups (p = 0.6744). Although there was a general trend of <P 0> fasting blood sugar (FBS) </> reduction, the numbers of participants who may be classified as pre-diabetes and diabetes groups ( <P 0> fasting blood sugar (FBS) </> 100 mg/dl) in the amla group were only 8. These results show that the amla extract used in the study is potentially a hypoglycaemic as well. However, this needs reconfirmation in a larger study. CONCLUSIONS: The Amla extract has shown significant potential in reducing total <P 0> cholesterol </> (TC) and <P 0> triglyceride (TG) </> levels as well as <P 0> lipid ratios </>, <P 0> atherogenic </> index of the plasma (AIP) and <P 0> apoB/apo A-I </> in dyslipidemic persons and thus has scope to treat general as well as diabetic dyslipidemia. A single agent to reduce cholesterol as well as TG is rare. <P 0> Cholesterol </> reduction is achieved without concomitant reduction of <P 0> Coenzyme Q10 (CoQ10) </>, in contrast to what is observed with statins. TRIAL REGISTRATION: Registered with Clinical Trials Registry- India at www.ctri.nic.in (Registration number: CTRI/2015/04/005682 ) on 8 April 2015 (retrospectively registered).

30673543\_PD.txt

Title: Randomized Delayed-Start Trial of Levodopa in Parkinson's Disease.

Publication Type: Journal Article

Journal-Name:The New England journal of medicine

Journal ID: 0255562

Publication date: 2019/02/08 06:00 [medline]

BACKGROUND: Levodopa is the main treatment for symptoms of Parkinson's disease. Determining whether levodopa also has a disease-modifying effect could provide guidance as to when in the course of the disease the treatment with this drug should be initiated. METHODS: In a multicenter, double-blind, placebo-controlled, delayed-start trial, we randomly assigned patients with early Parkinson's disease to receive levodopa (100 mg three times per day) in combination with carbidopa (25 mg three times per day) for 80 weeks (early-start group) or placebo for 40 weeks followed by levodopa in combination with carbidopa for 40 weeks (delayed-start group). The primary outcome was the between-group difference in the mean change from baseline to week 80 in the total score on the Unified <P 0> Parkinson's Disease </> Rating Scale (UPDRS; scores range from 0 to 176, with higher scores signifying more severe disease). Secondary analyses included the <P 0> progression </> of symptoms, as measured by the UPDRS score, between weeks 4 and 40 and the noninferiority of early initiation of treatment to delayed initiation between weeks 44 and 80, with a noninferiority margin of 0.055 points per week. RESULTS: A total of 445 patients were randomly assigned: 222 to the early-start group and 223 to the delayed-start group. The mean (+/-SD) Unified <P 0> Parkinson's Disease </> Rating Scale (UPDRS) score at baseline was 28.1+/-11.4 points in the early-start group and 29.3+/-12.1 points in the delayed-start group. The change in Unified <P 0> Parkinson's Disease </> Rating Scale (UPDRS) score from baseline to week 80 was -1.0+/-13.1 points and -2.0+/-13.0 points, respectively (difference, 1.0 point; 95% confidence interval [CI], -1.5 to 3.5; P=0.44); this finding of no significant between-group difference at week 80 implies that levodopa had no disease-modifying effect. Between weeks 4 and 40, the rate of <P 0> progression </> of symptoms, as measured in Unified <P 0> Parkinson's Disease </> Rating Scale (UPDRS) points per week, was 0.04+/-0.23 in the early-start group and 0.06+/-0.34 in the delayed-start group (difference, -0.02; 95% CI, -0.07 to 0.03). The corresponding rates between weeks 44 and 80 were 0.10+/-0.25 and 0.03+/-0.28 (difference, 0.07; two-sided 90% CI, 0.03 to 0.10); the difference in the rate of <P 0> progression </> between weeks 44 and 80 did not meet the criterion for noninferiority of early receipt of levodopa to delayed receipt. The rates of <P 0> dyskinesia </> and levodopa-related fluctuations in <P 0, 25> motor response </> did not differ significantly between the two groups. CONCLUSIONS: Among patients with early Parkinson's disease who were evaluated over the course of 80 weeks, treatment with levodopa in combination with carbidopa had no disease-modifying effect. (Funded by the Netherlands Organization for Health Research and Development and others; LEAP Current Controlled Trials number, ISRCTN30518857 .).

30673547\_PD.txt

Title: A Randomized Trial of Endometrial Scratching before In Vitro Fertilization.

Publication Type: Multicenter Study

Journal-Name:The New England journal of medicine

Journal ID: 0255562

Publication date: 2019/02/08 06:00 [medline]

BACKGROUND: Endometrial scratching (with the use of a pipelle biopsy) is a technique proposed to facilitate <P 0> embryo implantation </> and increase the probability of <P 0> pregnancy </> in women undergoing in vitro fertilization (IVF). METHODS: We conducted a pragmatic, multicenter, open-label, randomized, controlled trial. Eligible women were undergoing IVF (fresh-embryo or frozen-embryo transfer), with no recent exposure to disruptive intrauterine instrumentation (e.g., hysteroscopy). Participants were randomly assigned in a 1:1 ratio to either endometrial scratching (by pipelle biopsy between day 3 of the cycle preceding the embryo-transfer cycle and day 3 of the embryo-transfer cycle) or no intervention. The primary outcome was <P 1> live birth </>. RESULTS: A total of 1364 women underwent randomization. The frequency of <P 1> live birth </> was 180 of 690 women (26.1%) in the endometrial-scratch group and 176 of 674 women (26.1%) in the control group (adjusted odds ratio, 1.00; 95% confidence interval, 0.78 to 1.27). There were no significant between-group differences in the rates of <P 0> ongoing pregnancy </>, <P 0> clinical pregnancy </>, <P 0> multiple pregnancy </>, <P 0> ectopic pregnancy </>, or <P 1> miscarriage </>. The median score for <P 0> pain </> from endometrial scratching (on a scale of 0 to 10, with higher scores indicating worse pain) was 3.5 (interquartile range, 1.9 to 6.0). CONCLUSIONS: Endometrial scratching did not result in a higher rate of <P 1> live birth </> than no intervention among women undergoing IVF. (Funded by the University of Auckland and others; PIP Australian New Zealand Clinical Trials Registry number, ACTRN12614000626662 .).

*30676772\_PD.txt*

*Title: Comparison of prostate delineation on multimodality imaging for MR-guided radiotherapy.*

*Publication Type: Journal Article*

*Journal-Name:The British journal of radiology*

*Journal ID: 0373125*

*Publication date: 2019/01/25 06:00 [entrez]*

*OBJECTIVE:: With increasing incorporation of MRI in radiotherapy, we investigate two MRI sequences for prostate delineation in radiographer-led image guidance. METHODS:: Five therapeutic radiographers contoured the prostate individually on CT, T2 weighted (T2W) and T2\* weighted (T2\*W) imaging for 10 patients. Contours were analysed with Monaco ADMIRE (research v. 2.0) to assess interobserver variability and accuracy by comparison with a gold standard clinician contour. Observers recorded time taken for contouring and scored image quality and confidence in contouring. RESULTS:: There is good agreement when comparing radiographer contours to the gold-standard for all three imaging types with Dice similarity co-efficient 0.91-0.94, Cohen's kappa 0.85-0.91, Hausdorff distance 4.6-7.6 mm and mean distance between contours 0.9-1.2 mm. In addition, there is good concordance between radiographers across all imaging modalities. Both T2W and T2\*W MRI show reduced interobserver variability and improved accuracy compared to CT, this was statistically significant for T2\*W imaging compared to CT across all four comparison metrics. Comparing MRI sequences reveals significantly reduced interobserver variability and significantly improved accuracy on T2\*W compared to T2W MRI for DSC and Cohen's kappa. Both MRI sequences scored significantly higher compared to CT for image quality and confidence in contouring, particularly T2\*W. This was also reflected in the shorter time for contouring, measuring 15.4, 9.6 and 9.8 min for CT, T2W and T2\*W MRI respectively. Conclusion: Therapeutic radiographer prostate contours are more accurate, show less interobserver variability and are more confidently and quickly outlined on MRI compared to CT, particularly using T2\*W MRI. Advances in knowledge: Our work is relevant for MRI sequence choice and development of the roles of the interprofessional team in the advancement of MRI-guided radiotherapy.*

30680400\_PD.txt

Title: [Effect of Kangfuxin liquid combined with Garlicin Capsules in treatment of children with recurrent oral ulcer and on <P 0> immune regulation </>].

Publication Type: Randomized Controlled Trial

Journal-Name:Shanghai kou qiang yi xue = Shanghai journal of stomatology

Journal ID: 101090220

Publication date: 2019/02/23 06:00 [medline]

PURPOSE: To study the effect of Kangfuxin liquid combined with Garlicin Capsules in treatment of children with recurrent oral ulcer (ROU) and on <P 0> immunological regulation </>. METHODS: This randomized controlled clinical study prospectively enrolled 204 patients with ROU who were randomly divided into 2 groups. Patients in group A received Garlicin Capsules 1/time, 3 times/d, combined with Kangfuxin liquid 10 mL to gargle 3 times/d; patients in group B only received Kangfuxin liquid 10 mL gargle 5 min, 3/d. The treatment lasted for 2 weeks. The curative effect was compared before and after treatment, including <P 0> ulcer surface pain </> (VAS score), <P 0> time of ulcer healing </>, and the changes of <P 0> T cell subsets </> ( <P 0> CD3(+) </>, <P 0> CD4(+) </>, <P 0> CD8(+) </> and <P 0> CD4(+)/CD8(+) </>) before and after treatment were compared by SPSS 22 software package. RESULTS: <P 0> Ulcer healing time </> (3.5+/-0.6) d, <P 0> duration of pain </> (3.1+/-0.3)d in group A were shorter than in group B (P<0.05); treatment efficiency was 96.08% in group A, 88.24% in group B( chi(2)=6.264, P<0.05). The <P 0> pain </> scores of both groups were significantly reduced after treatment, and the difference was significant between group A and group B [(1.1+/-0.4) vs (3.2+/- 0.6)] (P<0.05). The levels of <P 0> CD3(+) </>, <P 0> CD4(+) </>, <P 0> CD4(+)/CD8(+) </> in group A were significantly higher than those in group A after treatment (P<0.05), the levels of <P 0> CD8+ </> was significant lower than in group B (P<0.05). CONSLUSIONS: Kangfuxin liquid combined with Garlicin Capsules can improve the therapeutic effect of ROU and <P 0> repair of local damaged mucosa </> in children, increasing the immune function of children.

30681559\_PD.txt

Title: Application of intrapulmonary wire combined with intrapleural fibrin glue in preoperative localization of small pulmonary nodules.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/02/27 06:00 [medline]

OBJECTIVE: This study aims to investigate the accuracy of the preoperative <P 32> localization </> of small nodules by computerized tomography (CT)-guided placing wire and intrapleural fibrin glue near the nodules at 3 days before the operation. METHODS: From October 2015 to December 2017, a total of 79 patients, who received preoperative localization of small pulmonary nodules and surgical treatment in the Department of Thoracic Surgery of Hohhot First Hospital, were enrolled into this study. These patients were randomly divided into 2 groups: methylene blue localization group (n = 47), and modified localization group (n = 32), where the patients received preoperative localization of the small nodules by CT-guided placing wire and intrapleural fibrin glue near the nodule at 3 days before the operation. <P 32> Localization </> accuracy, <P 32> operation time </> and <P 32> difficulty </> in postoperative seeking for pathological specimens were compared between these 2 groups. RESULTS: In the methylene blue localization group, 3 patients had <P 32> localization </> failure due to the intrathoracic diffusion of methylene blue, and the <P 32> success </> rate was 93.61%. In the modified localization group, all 32 patients succeeded in the <P 32> localization </>, and the <P 32> success </> rate was 100%. <P 32> Operation time </> and <P 32> difficulty </> of finding the specimen was significantly lower in the modified localization group than in the methylene blue localization group (P < .05). CONCLUSION: The application of preoperative localization of small nodules by placing wire and intrapleural fibrin glue improves the success [rate] of <P 32> resection </>, reduces <P 32> operation time </> and the risk of the <P 32> operation </>, and lowers the <P 32> difficulty </> of finding pathological specimens after the operation. Hence this operative procedure is worthy of popularization.

30681617\_PD.txt

Title: Does nifedipine improve outcomes of embryo transfer?: Interim analysis of a randomized, double blinded, placebo-controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/02/05 06:00 [medline]

BACKGROUND: Implantation failure is the main factor affecting the success rate of in vitro fertilization (IVF) procedures. Studies have reported that uterine contractions (UC) at the time of embryo transfer (ET) were inversely related to implantation and pregnancy rate, hence reducing the success of IVF treatments. Various pharmacological agents, with the exception of calcium channel blockers, have been investigated to improve ET outcomes by reducing UC. Thus, a double-blinded randomized, placebo-controlled trial was conducted to determine whether nifedipine, a calcium channel blocker with potent smooth muscle relaxing activity and an excellent safety profile, can improve the outcome of patients undergoing ET treatments. METHODS: Ninety-three infertile women were recruited into 1 of 2 groups: placebo (n = 47) or nifedipine 20 mg (n = 46). Study participants were admitted 30 minutes prior to ET and given either tablet after their baseline vital signs were recorded. They then underwent ET and were observed for <P 38> adverse events </> for another 30 minutes post-ET. Follow up of the participants' outcomes was conducted via electronic medical records. The primary outcomes are <P 0> implantation </> and <P 0> clinical pregnancy </> rates. Secondary outcomes include any maternal or fetal <P 38> adverse events </>, <P 1> miscarriage </>, <P 0> pregnancy </>, <P 1> live births </>, and <P 0> neonatal </> outcomes. Resulting data were then analyzed using t test, Pearson chi-square test, and Fisher exact test to compare outcomes between the 2 groups. RESULTS: No statistical differences in the <P 0> implantation </> rate (42.6% vs 39.1%, P = .737, rate ratio 0.868, 95% confidence interval [CI]: 0.379-1.986) and the <P 0> clinical pregnancy </> rate (23.4% vs 26.1%, P = .764, rate ratio 1.155, 95% CI: 0.450-2.966) were detected between the placebo and the treatment groups. In addition, no statistical significance between the placebo and the treatment groups for any secondary outcomes were detected. CONCLUSIONS: This double blinded, randomized, and placebo-controlled trial demonstrated that the single use of 20 mg nifedipine given 30 minutes before embryo transfer did not improve the <P 0> implantation </> rate or the <P 0> clinical pregnancy </> rate of the infertility treatment. Further studies are required to demonstrate the clinical benefits and risks of nifedipine usage in embryo transfer.

30681791\_PD.txt

Title: Novel Tretinoin 0.05% Lotion for Once-Daily Treatment of Moderate-to-Severe Acne Vulgaris in a Hispanic Population

Publication Type: Multicenter Study

Journal-Name:Journal of drugs in dermatology : JDD

Journal ID: 101160020

Publication date: 2019/02/13 06:00 [medline]

Background: Acne vulgaris (acne) is the most common dermatologic disease seen in a racially, geographically, politically, culturally, and socioeconomically diverse Hispanic population. Despite their growing demographics in the US, there are few studies evaluating acne treatment in this population. Potential for skin irritation and dryness, as well as pigmentary changes are key concerns. The first lotion formulation of tretinoin was developed using novel polymerized emulsion technology to provide an important alternative option to treat these acne patients who may be sensitive to the irritant effects of other tretinoin formulations. Objective: To determine the efficacy and safety of tretinoin 0.05% lotion in treating moderate-to-severe acne in a Hispanic population. Methods: Post hoc analysis of two multicenter, randomized, double-blind, vehicle-controlled Phase 3 studies in moderate or severe acne. Hispanic subjects (aged 11 to 50 years, N=766) were randomized (1:1) to receive tretinoin 0.05% lotion or vehicle, once-daily for 12 weeks. Efficacy assessments included changes in baseline inflammatory and noninflammatory <P 0> lesions </> and <P 0> treatment success </> (at least 2-grade reduction in [T Evaluator's Global Severity Score (EGSS)] and clear/almost clear). Safety, <P 38> adverse events </> (AEs), and cutaneous <P 32> tolerability </> were evaluated throughout using a 4-point scale where 0=none and 3=severe. Results: At week 12, mean percent reduction in inflammatory and noninflammatory <P 0> lesion </> counts were 60.1% and 53.0%, respectively, compared with 51.1% and 38.7% with vehicle (P</=0.001) in the Hispanic population. <P 0> Treatment success </> was achieved by 19.6% of subjects by week 12, compared with 12.7% on vehicle (P=0.015). The majority of <P 38> AEs </> were mild and transient. There were four <P 38> serious AEs (SAEs) </> reported (two each group) unrelated to treatment. Incidence of <P 38> treatment-related AEs </> with tretinoin 0.05% lotion was lower than in the overall study population; the most frequently were application site <P 0> pain </> (2.0%), <P 0> dryness </> (1.4%), and <P 0> erythema </> (1.2%). Local cutaneous safety and <P 32> tolerability </> assessments were generally mild-to-moderate at baseline and improved by week 12. There were slight transient increases in <P 0> scaling </> and <P 0> burning </> over the first four weeks. <P 0> Hyperpigmentation severity </> reduced progressively with treatment. Conclusions: Tretinoin 0.05% lotion was significantly more effective than its vehicle in achieving <P 0> treatment success </> and reducing inflammatory and noninflammatory acne <P 0> lesions </> in a Hispanic population. The new lotion formulation was <P 32> well- tolerated </>, and all <P 38> treatment-related AEs </> were both mild and transient in nature. J Drugs Dermatol. 2019;18(1):32-38.