30587949\_PD.txt

Title: Using the Borg rating of <P 0, 25> perceived exertion </> scale to grade the <P 0, 25> intensity </> of a functional training program of the affected upper limb after a stroke: a feasibility study.

Publication Type: Randomized Controlled Trial

Journal-Name:Clinical interventions in aging

Journal ID: 101273480

Publication date: 2019/02/12 06:00 [medline]

Purpose: Intensity of a training program is a critical variable in treatment gains poststroke, but there are no guidelines to adequately dose the intensity of functional training (FT); the recommended type of training to promote poststroke recovery. Such guidelines are made available for strength training (ST) using the 1 repetition maximum (1RM), which has been linked to individuals' self-rated level of exertion using the [T Borg rating of perceived exertion (BRPE)] scale. The BRPE could be a valuable tool for clinicians to dose FT intensity after a stroke, but this remains to be tested. The main objective of the study was to evaluate the <P 32> feasibility </> of the [T Borg rating of <P 0, 25> perceived exertion </>] at grading <P 0, 25> functional training intensity </> of the affected upper limb in older adults with a chronic stroke and secondarily to explore the clinical changes between FT and ST when the intensity is regulated with [T Borg rating of perceived exertion]. Patients and methods: Twelve participants were randomized into a FT or ST group and trained their affected upper limb (3 times/week for 4 weeks) with the intensity standardized with [T Borg rating of perceived exertion]. <P 32> Feasibility </> was assessed by <P 32> adherence </>, occurrence of <P 38> adverse events </>, and comparison of [T Borg rating of <P 0, 25> perceived exertion </>] ratings between groups. Clinical changes were defined as improvements on the [T Fugl-Meyer <P 0, 25> motor </> assessment (FMA)] and [T Wolf <P 0, 25> motor function </> test (WMFT)]. Results: All participants adhered to FT/ST without <P 38> adverse effects </>, and comparable [T Borg rating of <P 0, 25> perceived exertion </>] ratings were noted between groups throughout the training (P>/=0.42). Both groups showed significant gains at the [T Fugl-Meyer <P 0, 25> motor assessment </> (FMA)] (ST: 5+/-4 points/FT: 6+/-4 points; P=0.04) and [T Wolf <P 0, 25> motor function </> test] (ST: 0.4+/-0.3 points/FT: 0.6+/-0.4 points; P=0.05), which were comparable between groups (P>/=0.47). Conclusion: The results suggest that it is feasible to use the [T Borg rating of <P 0, 25> perceived exertion </>] scale to adjust FT intensity. Gains in <P 0, 25> motor function </> in both groups suggest that undergoing therapy, regardless of its type, might be a sufficient stimulus to produce gains when intensity is adequately adjusted. Further studies are needed to validate the current observations.

30589043\_PD.txt

Title: Effect of preintravenous injection of parecoxib, combined with transversus abdominis plane block in strategy of enhanced <P 0> recovery </> after radical resection of colorectal cancer.

Publication Type: Randomized Controlled Trial

Journal-Name:Journal of cancer research and therapeutics

Journal ID: 101249598

Publication date: 2019/02/20 06:00 [medline]

Objective: The objective of this study was to investigate the effect of preintravenous injection of parecoxib, combined with transversus abdominis plane (TAP) block and postoperative patient-controlled intravenous analgesia (PCIA) pump, in strategy of enhanced <P 0> recovery </> after surgery for patients with radical resection of colorectal cancer. Materials and Methods: In this prospective study, 80 patients that underwent radical resection for colorectal cancer were randomly divided into four groups: (1) the parecoxib group, with preintravenous injection of parecoxib and postoperative PCIA after surgery; (2) the TAP group, with TAP block and postoperative PCIA; (3) the parecoxib + TAP group, with parecoxib combined with TAP block and postoperative PCIA; and (4) the control group, with only postoperative PCIA and preinjection of normal saline. The visual analog score was used to measure the <P 0> pain </>. The mean <P 32> operative time </>, patient-controlled intravenous <P 32> analgesia pressing time </>, <P 25> time for first out-of-bed activity </>, <P 0> first anus exhaust time </>, <P 35> hospital stay duration </>, and <P 38> complications </> were recorded. Results: <P 32> Operative time </> of the TAP group and parecoxib + TAP group was significantly longer than that of the parecoxib group and control group. The <P 25> first out-of-bed activity time </>, <P 0> first anus exhaust time </>, and <P 35> hospital stay time </> of the parecoxib + TAP group were significantly shorter than those of the other groups, while the control group was all significantly higher than the other groups. <P 38> Complication </> rates in all strategy groups were significantly lower than in the control group; however, no significant difference was found among the strategy groups. Conclusion: The combination of parecoxib, TAP, and PCIA pump could significantly reduce patient postoperative <P 0> pain </> and enhance <P 0> recovery </>.

30589048\_PD.txt

Title: Induction chronomodulated chemotherapy plus radiotherapy for nasopharyngeal carcinoma: A Phase II prospective randomized study.

Publication Type: Journal Article

Journal-Name:Journal of cancer research and therapeutics

Journal ID: 101249598

Publication date: 2019/02/20 06:00 [medline]

Purpose: The aim of this study was to evaluate the efficacy and <P 38> toxicities </> of induction chronomodulated chemotherapy in comparison with conventional induction chemotherapy for nasopharyngeal carcinoma (NPC). Patients and Methods: Between 2003 and 2004, 60 patients with pathologically confirmed NPC were included and randomly assigned to two groups. Patients in the chronomodulated chemotherapy group (n = 30, CC group) received cisplatin at 80 mg/m(2) through intravenous infusion from 10:00 to 22:00 and 5-fluorouracil (5-FU) at 1000 mg/m(2) plus citrovorum factor at 200 mg/m(2) from 22:00 to 10:00 each day for 3 days. Patients in the routine chemotherapy group (n = 30, RC group) received cisplatin infusion within 1 h and 5-FU infusion for about 24 h. The dose in the RC group was the same as that in the CC group. The total irradiation dose in each group was 70 Gy for the whole nasopharynx. Results: One month after induction chemotherapy, the overall <P 0> response </> rate was 96.7% in the CC group versus 73.3% in the RC group (P = 0.011). By the end of the 10-year follow-up, 11 patients (36.7%) in the CC group had experienced <P 0> local recurrence </> versus 11 patients (36.7%) in the RC group (P > 0.999). The <P 1> overall survival </> rates at 1, 5, and 10 years were 96.7%, 53.3%, and 43.3%, respectively, in the CC group, and 96.7%, 43.3%, and 33.3%, respectively, in the RC group (P = 0.346). During induction chemotherapy, the incidence rates of <P 0> leukocytopenia </> (43.3% vs. 80%, P = 0.003), <P 0> thrombocytopenia </> (26.7% vs. 56.7%, P = 0.018), and <P 0> nausea/vomiting </> (40% vs. 66.7%, P = 0.038) were significantly lower in the CC group than in the RC group. The incidence of radiation-induced <P 38> complications </> was similar in these two groups. Conclusion: Compared with conventional chemotherapy, induction chrono-chemotherapy seemed to reduce chemotherapy-related <P 38> toxicities </> and improve average local relapse time in patients treated with combined chemoradiotherapy for NPC.

30590843\_PD.txt

Title: EYE LENS RADIATION EXPOSURE OF WORKERS DURING MEDICAL INTERVENTIONAL PROCEDURES AND SURGERY.

Publication Type: Randomized Controlled Trial

Journal-Name:Radiation protection dosimetry

Journal ID: 8109958

Publication date: 2018/12/28 06:00 [entrez]

To evaluates the eye-lens radiation exposure of workers during medical interventional procedures and surgery in a military hospital as well as of the equine veterinarians. The measures represent the exposure in a normal workload schedule of ninety randomly selected workers over a 3-month period, extrapolated to 1 year. The eye-lens dosemeters were placed near the eye closest to the radiation source (Carinou, E., Ferrari, P., Bjelac, O. C., Gingaume, M., Merce, M. S. and O'Connor, U. Eye lens monitoring for interventional radiology personnel: dosemeters, calibration and practical aspects of H p (3) monitoring. A 2015 review. J. Radiol. Prot. 2015;35(3): R17-R34). Three models of eye-lens dosemeters (Dosilab, Landauer and IRSN) were assessed in term of <P 32> ergonomics </>. The annual estimation of <P 0> eye-lens doses </> did not reach the annual dose limit of 20 mSv revised by the ICRP, ranged from 0.00 to 18.12 mSv with a mean of 0.96 +/- 2.28 mSv. However, these results cannot be representative of a heavy workload or incident situations for which radiation exposure to the eye-lens could exceed this limit. The IRSN dosemeter model was considered the most <P 32> convenient </>.

30591062\_PD.txt

Title: The acute effects of dietary carbohydrate reduction on postprandial responses of <P 0> non-esterified fatty acids </> and <P 0> triglycerides </>: a randomized trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Lipids in health and disease

Journal ID: 101147696

Publication date: 2018/12/29 06:00 [entrez]

BACKGROUND: Postprandial non-esterified fatty acid (NEFA) and triglyceride (TG) responses are increased in subjects with type 2 diabetes mellitus (T2DM) and may impair insulin action and increase risk of cardiovascular disease and death. Dietary carbohydrate reduction has been suggested as non-pharmacological therapy for T2DM, but the acute effects on <P 0> non-esterified fatty acid (NEFA) </> and <P 0> triglyceride (TG) </> during subsequent meals remain to be investigated. METHODS: Postprandial <P 0> non-esterified fatty acid </> and <P 0> triglyceride </> responses were assessed in subjects with T2DM by comparing a carbohydrate-reduced high-protein (CRHP) diet with a conventional diabetes (CD) diet in an open-label, randomized, cross-over study. Each diet was consumed on two consecutive days, separated by a wash-out period. The iso-caloric CRHP/CD diets contained 31/54 E% from carbohydrate, 29/16 E% energy from protein and 40/30 E% from fat, respectively. Sixteen subjects with well-controlled T2DM (median HbA1c 47 mmol/mol, (37-67 mmol/mol) and BMI 30 +/- 4.4 kg/m(2)) participated in the study. <P 0> Non-esterified fatty acid </> and <P 0> triglyceride </> were evaluated following breakfast and lunch. RESULTS: <P 0> Non-esterified fatty acid </> net area under curve (AUC) was increased by 97 +/- 38 mumol/Lx270 min (p = 0.024) after breakfast but reduced by 141 +/- 33 mumol/Lx180 min (p < 0.001) after lunch on the CRHP compared with CD diet. Likewise, <P 0> triglyceride </> net AUC was increased by 80 +/- 28 mumol/Lx270 min (p = 0.012) after breakfast but reduced by 320 +/- 60 mumol/Lx180 min (p < 0.001) after lunch on the CRHP compared with CD diet. CONCLUSIONS: In well-controlled T2DM a modest reduction of dietary carbohydrate with a corresponding increase in protein and fat acutely reduced postprandial serum <P 0> non-esterified fatty acid </> suppression and increased serum <P 0> triglyceride (TG) </> responses after a breakfast meal but had the opposite effect after a lunch meal. The mechanism behind this second-meal phenomenon of CRHP diet on important risk factors for aggravating T2DM and cardiovascular disease awaits further investigation. TRIAL REGISTRATION: The study was registered at clinicaltrials.gov ID: NCT02472951. https://clinicaltrials.gov/ct2/show/NCT02472951 . Registered June 16, 2015.

30591095\_PD.txt

Title: [Can Perioperative Oscillating Positive Expiratory Pressure Practice Enhance <P 0> Recovery </> in Lung Cancer Patients Undergoing Thorascopic Lobectomy?]

Publication Type: Randomized Controlled Trial

Journal-Name:Zhongguo fei ai za zhi = Chinese journal of lung cancer

Journal ID: 101126433

Publication date: 2019/01/12 06:00 [medline]

BACKGROUND: Oscillatory positive expiratory pressure (OPEP) training is a kind of breathing exercise with Acapella. The clinical value of OPEP has been widely discussed in chronic obstructive pulmonary disease, bronchiectasis as well as pulmonary cyst. However, few studies have explored the application of OPEP in surgery lung cancer patients underwent lobectomy. Thus, the aim of this study is to explore the impact of the application of OPEP device (acapella) in lung cancer patients undergoing video-assisted thorascopic surgery (VATS). METHODS: Sixty-nine patients receiving VATS lobectomy in Department of Thoracic Surgery, West China Hospital, Sichuan University from September 15, 2017 to January 15, 2018 were randomly divided into the acapella group (AG) or the control group (CG). The patients in the AG received oscillating positive expiratory pressure training and the CG underwent standard perioperative treatment. The differences of <P 0> morbidity </>, <P 0> pulmonary function </>, <P 30> quality of life </> were compared between the two groups. RESULTS: Thirty-five patients were assigned to the AG and thirty-four patients were assigned to the CG. The incidences of postoperative <P 0> pulmonary complications (PPCs) </> and atelectasis (2.9%, 0.0%) in the AG were significantly lower than that in the CG (20.6%, 14.7%)(P=0.03, P=0.03). The duration of <P 35> total hospital stay </> and <P 35> postoperative hospital stay </> in the AG (10.86+/-5.64, 5.09+/-4.55) d were significantly shorter than that in the CG (10.86+/-5.64, 5.09+/-4.55) d (P=0.01, P=0.01). The <P 34> drug cost </> in the AG (4,413.60+/-1,772.35) yen were significantly lower than that in the CG (6,490.35+/-3,367.66) yen (P=0.01). The patients in the AG had better <P 0> forced expiratory volume </> in the first second and <P 0> peak expiratory flow </> [(1.50+/-0.32) L,(252.06+/-75.27) L/min] compared with the CG [(1.34+/-0.19) L, (216.94+/-49.72) L/min] (P=0.03, P=0.03) at discharge. CONCLUSIONS: The application of OPEP device during the perioperative period was valuable in decreasing <P 0> pulmonary complications </> and enhancing <P 0> recovery </> for lung cancer patients receiving VATS lobectomy.

30591153\_PD.txt

Title: Resin-modified glass ionomer cement vs composite for orthodontic bonding: A multicenter, single-blind, randomized controlled trial.

Publication Type: Journal Article

Journal-Name:American journal of orthodontics and dentofacial orthopedics : official publication of the American Association of Orthodontists, its constituent societies, and the American Board of Orthodontics

Journal ID: 8610224

Publication date: 2018/09/01 00:00 [accepted]

INTRODUCTION: In this study, we aimed to compare the incidence of new <P 0> demineralized lesions </> and <P 0> bond failures </> between 2 groups of participants wearing fixed orthodontic appliances bonded with either light-cured resin-modified glass ionomer cement or light-cured composite. METHODS: This trial was a multicenter (6 centers: 2 teaching hospitals, 4 specialist orthodontic practices), single-blinded, randomized controlled trial with 2 parallel groups. Patients aged 11 years or older, in the permanent dentition, and about to start fixed orthodontic treatment in these 6 centers were randomly allocated to have either resin-modified glass ionomer cement or light-cured composite for bonding brackets, forward of the first molars. Pretreatment and day-of-debond digital photographic images were taken of the teeth and assessed by up to 5 clinical and 3 lay assessors for the presence or absence of new <P 0> demineralized lesions </> and the <P 32> esthetic </> impact. The assessors were masked as to group allocation. RESULTS: We randomized 210 participants, and 197 completed the trial. There were 173 with complete before-and after-digital images of the teeth. The incidence of new <P 0> demineralized lesions </> was 24%; but when the <P 32> esthetic </> impact was taken into account, this was considerably lower (9%). There was no statistically significant difference between the bracket adhesives in the numbers with at least 1 new <P 0> demineralized lesion </> (risk ratio,1.25; 95% confidence interval, 0.74-2.13; P = 0.403) or first-time bracket failure (risk ratio,0.88; 95% confidence interval, 0.67-1.16; P = 0.35). There were no <P 38> adverse effects </>. CONCLUSIONS: There is no evidence that the use of resin modified glass ionomer cement over light-cured composite for bonding brackets reduces the incidence of new <P 0> demineralized lesions </> or <P 0> bond failures </>. There might be other reasons for using resin modified glass ionomer cement. REGISTRATION: This trial was registered at ClinicalTrials.govNCT01925924. PROTOCOL: The protocol is available from the corresponding author on request.

30591165\_PD.txt

Title: Effectiveness of incremental vs maximum bite advancement during Herbst appliance therapy in late adolescent and young adult patients.

Publication Type: Journal Article

Journal-Name:American journal of orthodontics and dentofacial orthopedics : official publication of the American Association of Orthodontists, its constituent societies, and the American Board of Orthodontics

Journal ID: 8610224

Publication date: 2018/02/01 00:00 [accepted]

INTRODUCTION: The purpose of this research was to compare the effects of Herbst appliance therapy using incremental vs maximum advancement in late adolescent and young adult patients with Class II skeletal malocclusion. METHODS: Forty-two patients with skeletal Class II malocclusion were treated with cast-splint Herbst appliances. The subjects were randomly allocated into 2 groups according to activation type: incremental advancement (IA) and maximum advancement (MA). Initial forward movement in the IA group was 4 to 5 mm and was followed by subsequent bimonthly advancements of 2 mm. Single-step advancement was achieved in the MA group until an edge-to-edge incisor relationship or an overcorrected Class I molar relationship was obtained. Total <P 32> treatment times </> were 9.7 +/- 1.1 months for the IA group and 9.5 +/- 1.1 months for the MA group. <P 0> Dental </>, <P 0> skeletal </>, and <P 0> soft tissue </> measurements were performed on lateral cephalograms taken just before and at the end of the Herbst appliance therapy. Statistical significance was set at P </= 0.05. RESULTS: All <P 0> mandibular skeletal </> dimensions increased, and improvements of the <P 0> sagittal maxillomandibular </> parameters were found in both groups. <P 0>(E3) Protrusion and <P 0> proclination of mandibular incisors </> were greater in the IA group (95.90 degrees +/- 5.34 degrees ) compared with the MA group (92.04 degrees +/- 7.92 degrees ). Other <P 0> dentoalveolar </> changes in both groups were <P 0> intrusion of the maxillary first molars </>, and <P 0>(S3) extrusion of the mandibular first molars <P 0> and maxillary incisors </>. The <P 0> mentolabial sulcus </> was flattened, <P 0> soft tissue convexity </> was reduced, and forward <P 0> movement of mandibular soft tissues </> was seen after Herbst therapy. CONCLUSIONS: Similar <P 0> skeletal </>, <P 0> dental </>, and <P 0> soft tissue </> changes were obtained in both groups after Herbst therapy. Greater <P 0>(E3) proclination and {more} <P 0> protrusion of mandibular incisors </> were found in the IA group.

30591465\_PD.txt

Title: A Phase II Study Alternating Erlotinib With Second-line mFOLFOX6 or FOLFIRI for Metastatic Colorectal Cancer.

Publication Type: Journal Article

Journal-Name:Anticancer research

Journal ID: 8102988

Publication date: 2018/11/26 00:00 [accepted]

BACKGROUND: Based on our pre-clinical data, we hypothesized that sequencing chemotherapy with erlotinib would increase the tumor <P 0> response </> rate in patients with metastatic colorectal cancer. PATIENTS AND METHODS: A phase II trial (planned n=58) using second-line therapy for metastatic colorectal cancer with either oxaliplatin-based (mFOLFOX6) or irinotecan-based (FOLFIRI) combination chemotherapy and 100 mg erlotinib daily on days 3-8 after each infusion (days 1 and 2) every 14 days. The primary endpoint was the <P 0> response </> rate compared to the historical response rate. RESULTS: The FOLFIRI/erlotinib arm met the pre-specified <P 0> response </> rate criteria of at least 10% to expand accrual to the intended sample size. The trial was halted after an interim safety analysis (n=11) due to excess grade 3 <P 0> neutropenia </>, <P 32> dose reductions </> and <P 32> treatment delays </>. Grade 3 or 4 <P 0> neutropenia </> was observed in 64% of patients. The <P 0> response </> rate was 18%. CONCLUSION: In second-line treatment for metastatic colorectal cancer, mFOLFOX6 or FOLFIRI with erlotinib in a sequence-dependent fashion is not feasible despite potential promising activity.

30593142\_PD.txt

Title: Effectiveness of neuromuscular electrical stimulation therapy in patients with urinary incontinence after stroke: A randomized sham controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Medicine

Journal ID: 2985248R

Publication date: 2019/01/05 06:00 [medline]

BACKGROUND: This study aimed to evaluate the effectiveness of neuromuscular electrical stimulation (NMES) therapy in patients with urinary incontinence after stroke (UIAS). METHODS: A total of 82 patients with UIAS were randomly assigned to 2 groups that received NMES therapy (NMES group) or sham NMES (sham group) for 10 weeks. The primary efficacy endpoints were measured by <P 0> urodynamic </> values, and [T <P 0> Overactive Bladder Symptom </> Score (OABSS)]. The secondary efficacy endpoints were assessed by [T International Consultation on <P 0> Incontinence </> Questionnaire-Short Form (ICIQ-SF)] score, [T Barthel Index (BI)] scale, and <P 38> adverse events </>. All outcomes were evaluated at baseline and at the end of 10 weeks treatment. RESULTS: After 10-week treatment, the patients received NMES therapy showed better efficacy in primary endpoints of <P 0> urodynamic </> values (P <.01) and [T <P 0> Overactive Bladder Symptom </> Score] (P <.01), and secondary endpoints of [T International Consultation on <P 0> Incontinence </> Questionnaire-Short Form (ICIQ-SF)] (P <.01) and [T Barthel Index (BI)] (P <.01), compared with patients who underwent sham NMES. No <P 38> adverse events </> were recorded in both groups. CONCLUSIONS: In summary, we demonstrated that 10 weeks of NMES therapy was efficacious in patients with UIAS.