**30544793\_PD.txt**

Title: Impact of a Local Vision Care Center on <P 33> Glasses Ownership </> and <P 25> Wearing Behavior </> in Northwestern Rural China: A Cluster-Randomized Controlled Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:International journal of environmental research and public health

Journal ID: 101238455

Publication date: 2018/12/04 00:00 [accepted]

Visual impairment is common among rural Chinese children, but fewer than a quarter of children who need glasses actually own and use them. To study the effect of rural county hospital vision centers (VC) on self-reported <P 33> glasses ownership </> and <P 25> wearing behavior </> (primary outcome) among rural children in China, we conducted a cluster-randomized controlled trial at a VC in the government hospital of Qinan County, a nationally-designated poor county. All rural primary schools (n = 164) in the county were invited to participate. Schools were randomly assigned to either the treatment group to receive free vision care and eyeglasses, if needed, or control group, who received glasses only at the end of the study. Among 2806 eligible children with visiual impairment (visual acuity </= 6/12 in either eye), 93 (3.31%) were lost to follow-up, leaving 2713 students (45.0% boys). Among these, <P 33> glasses ownership </> at the end of the school year was 68.6% among 1252 treatment group students (82 schools), and 26.4% (p < 0.01) among 1461 controls (82 schools). The rate of <P 25> wearing glasses </> was 55.2% in the treatment group and 23.4% (p < 0.01) among the control group. In logistic regression models, treatment group membership was significantly associated with <P 33> spectacle ownership </> (Odds Ratio [OR] = 11.9, p < 0.001) and <P 25> wearing behavior </> (OR = 7.2, p < 0.001). County hospital-based vision centers appear effective in delivering childrens' glasses in rural China.

**30544795\_PD.txt**

Title: Spirulina maxima Decreases <P 0> Endothelial Damage </> and <P 0> Oxidative Stress </>Indicators in Patients with Systemic Arterial Hypertension: Results from Exploratory Controlled Clinical Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Marine drugs

Journal ID: 101213729

Publication date: 2018/12/06 00:00 [accepted]

(1) Background: Spirulina (Arthrospira) maxima has shown beneficial effects such as being anti-dyslipidemic, antiviral, antioxidant and antihypertensive. However, there are few and limited clinical studies. (2) Methods: a prospective, randomized, parallel pilot study of 4.5 g administration of Spirulina maxima or placebo for 12 weeks in 16 patients with systemic arterial hypertension (SAH) undergoing treatment with angiotensin-converting enzyme (ACE) inhibitors was performed to assess the effects on <P 0> endothelial damage </> and <P 0> oxidative stress </> indicators. The blood levels of <P 0> sICAM-1 </>, <P 0> sVCAM-1 </>, <P 0> endothelin-1 </>, and <P 0> sE-selectin </> were quantified; the activities of <P 0> catalase </>, <P 0> superoxide dismutase </>, <P 0> glutathione peroxidase </>, <P 0> glutathione reductase </> and concentrations of reduced <P 0> glutathione </>, <P 0> oxidized glutathione </>, and <P 0> thiobarbituric acid </> reactive substances, were also quantified before and after the treatment period. (3) Results: There were statistically significant (p < 0.05) decreases in <P 0> systolic blood pressure </>, <P 0> sVCAM-1 </>, <P 0> sE-selectin </> and <P 0> endothelin-1 </> levels, and increases in <P 0> glutathione peroxidase activity </> and <P 0> oxidized glutathione </> levels. (4) Conclusion: The effects found in the present study agree with antihypertensive and antioxidant effects previously reported for Spirulina maxima. However, this is the first report about the effects on indicators of <P 0> endothelial damage </>. More research in this field is necessary to gain an insight into the effects of Spirulina on these indicators.

**30545125\_PD.txt**

Title: Effectiveness of the Nutritional App "MyNutriCart" on <P 25> Food Choices </> Related to <P 25>(E1) Purchase and <P 25> Dietary Behavior </>: A Pilot Randomized Controlled Trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/12/06 00:00 [accepted]

OBJECTIVE: To pilot test the effectiveness of "MyNutriCart", a smartphone application (app) that generates healthy grocery lists, on <P 25> diet </> and <P 0> weight </>. METHODS: A pilot randomized trial was conducted to test the efficacy of using the "MyNutriCart" app compared to one face-to-face counseling session (Traditional group) in Hispanic overweight and obese adults. <P 25> Household food purchasing behaviour </>, three 24-h <P 25> food </> recalls, [T Tucker's semi-quantitative <P 25> food frequency </> questionnaire (FFQ)], and <P 0> weight </> were assessed at baseline and after 8 weeks. Statistical analyses included t tests, a Poisson regression model, and analysis of covariance (ANCOVA) using STATA. RESULTS: 24 participants in the Traditional group and 27 in the App group completed the study. Most participants were women (>88%), with a mean age of 35.3 years, more than a high school education (>80%), a family composition of at least three members, and a mean baseline body mass index (BMI) of 34.5 kg/m(2). There were significant improvements in household <P 25>(S2) purchasing of vegetables <P 25> and whole grains </>, in individual <P 25>(S2) intake{s} of refined grains <P 25>, healthy proteins </>, whole-fat dairies </>, legumes </>, 100% fruit juices </>, and sweets and snacks </>; and in the individual frequency of <P 25>(S2) intake of fruits <P 25> and cold cuts/cured meats </> within the intervention group (p < 0.05). However, no significant differences were found between groups. No changes were detected in <P 0> weight </>. CONCLUSIONS: "MyNutriCart" app use led to significant improvements in <P 25> food-related behaviors </> compared to baseline, with no significant differences when compared to the Traditional group. Cost and resource savings of using the app compared to face-to-face counseling may make it a good option for interventionists.

**30545134\_PD.txt**

Title: Effects of Vitamin D Supplementation on <P 0> Haematological </> Values and <P 0> Muscle Recovery </> in Elite Male Traditional Rowers.

Publication Type: Randomized Controlled Trial

Journal-Name:Nutrients

Journal ID: 101521595

Publication date: 2018/12/07 00:00 [accepted]

INTRODUCTION: Deficient levels of 25-hydroxyvitamin D (25(OH)D) (<30 ng/mL) may compromise health and athletic performance. Supplementation with oral vitamin D can favor the state of iron metabolism, and testosterone and cortisol as an indicator of muscle recovery of the athlete with a deficiency. The main aim of this study was to evaluate the influence of eight weeks of supplementation with 3000 IU/day of vitamin D on the <P 0> hematological </> and <P 0> iron metabolism </> profile, as well as on the analytical values of <P 0> testosterone </> and <P 0> cortisol </> on elite male traditional rowers. The secondary aim was to examine if serum <P 0> 25(OH)D </> is a predictor of <P 0> testosterone </> and <P 0> cortisol </> levels. MATERIAL AND METHODS: Thirty-six elite male rowers (27 +/- 6 years) were assigned to one of the two groups randomly: 1) Control group (CG, n = 18, height: 181.05 +/- 3.39 cm and body mass: 77.02 +/- 7.55 kg), 2) Group treated with 3,000 IU of vitamin D3/day (VD3G, s = 18, height: 179.70 +/- 9.07 cm and body mass: 76.19 +/- 10.07 kg). The rowers were subjected to blood tests at the beginning of the study (T1) and after eight weeks of treatment (T2), for the analysis of <P 0> haematological </> and <P 0> hormonal </> values. Repeated-measures ANOVA with group factor (GC and GVD3) were used to examine if the interaction of the different values was the same or different between the groups throughout the study (time x group) after vitamin D3 treatment. To analyze if 25(OH)D was a good predictor of <P 0> testosterone </>, <P 0> cortisol </>, and <P 0> testosterone/cortisol ratio </> a stepwise regression model was performed. RESULTS: Statistically significant and different increases were observed in the group-by-time interaction of 25(OH)D in VD3G in respect to CG during the study (p < 0.001; VD3G (T1: 26.24 +/- 8.18 ng/mL vs. T2: 48.12 +/- 10.88 ng/mL) vs CG (T1: 30.76 +/- 6.95 ng/mL vs. T2: 35.14 +/- 7.96 ng/mL). Likewise, significant differences between groups were observed throughout the study in the group-by-time interaction and changes of <P 0> haemoglobin </> (GC: -2.89 +/- 2.29% vs. VD3G: 0.71 +/- 1.91%; p = 0.009), <P 0> hematocrit </>(CG: -1.57 +/- 2.49% vs. VD3G: 1.16 +/- 1.81%; p = 0.019) and <P 0> transferrin </> (CG: 0.67 +/- 4.88% vs. VD3G: 6.51 +/- 4.36%; p = 0.007). However, no differences between groups were observed in the group-by-time interaction of the <P 0> hormonal </> parameters (p > 0.05). Regression multivariate analysis showed that <P 0> cortisol </> and <P 0> testosterone </> levels were associated with <P 0> 25(OH)D </> levels (p < 0.05). CONCLUSION: Oral supplementation with 3000 IU/day of vitamin D3 during eight weeks showed to be sufficient to prevent a decline in hematological levels of <P 0> haemoglobin </> and <P 0> haematocrit </>, and improve <P 0> transferrin </> of 25(OH)D levels. However, although it was not sufficient to enhance muscle recovery observed by <P 0> testosterone </> and <P 0> cortisol </> responses, it was observed that serum <P 0> 25(OH)D </> levels could be a predictor of <P 0> anabolic </> and <P 0> catabolic </> hormones.

**30545350\_PD.txt**

Title: <P 0> Spirometric </> changes during exacerbations of COPD: a post hoc analysis of the WISDOM trial.

Publication Type: Multicenter Study

Journal-Name:Respiratory research

Journal ID: 101090633

Publication date: 2018/12/15 06:00 [entrez]

BACKGROUND: Exacerbations of chronic obstructive pulmonary disease (COPD) are associated with loss of lung function and poor outcomes for patients. However, there are limited data on the time course of changes in forced expiratory volume in 1 s (FEV1) preceding the first reported symptom and after the start of an exacerbation. METHODS: WISDOM was a multinational, randomized, double-blind, active-controlled, 52-week study in patients with severe-to-very severe COPD. Patients received triple therapy (long-acting muscarinic antagonist and long-acting beta2-agonist/inhaled corticosteroid [ICS]) for 6 weeks, and were randomized to continue triple therapy or stepwise withdrawal of the ICS (dual bronchodilator group). After suitable training, patients performed daily spirometry at home using a portable, battery-operated spirometer. In the present post hoc analysis, patients who continued to perform daily home spirometry and completed at least one measurement per week for a 56-day period before and after the start of a moderate or severe exacerbation were included. Missing values were imputed by linear interpolation (intermittent), backfilling (beginning) or carry forward (end). Exacerbation onset was the first day of a reported symptom of exacerbation. RESULTS: Eight hundred and eighty-eight patients in the WISDOM study had a moderate/severe <P 0> exacerbation </> after the complete ICS withdrawal visit; 360 of them contributed at least one <P 0> FEV1 </> measure per week for the 8 weeks before and after the event and are included in this analysis. Mean daily <P 0> FEV1 </> began to decline from approximately 2 weeks before the onset of symptoms of an exacerbation, dropping from 0.907 L (mean Days - 56 to - 36 before the exacerbation) to 0.860 L on the first day of the exacerbation. After the exacerbation, mean <P 0> FEV1 </> improved but did not return to pre-exacerbation levels (mean Days 36-56 after the exacerbation, 0.875 L). The pattern of <P 0> FEV1 </> changes around exacerbations was similar in the triple therapy and dual bronchodilator groups, and a similar pattern was seen in moderate and severe exacerbations when analysed separately. CONCLUSIONS: Mean <P 0> lung function </> starts to decline prior to the first reported symptoms of an exacerbation, and does not recover to pre-exacerbation levels 8 weeks after the event. TRIAL REGISTRATION: WISDOM (ClinicalTrials.gov number, NCT00975195 ).

**30545420\_PD.txt**

Title: Music therapy intervention in <P 0> cardiac autonomic modulation </>, <P 0, 28> anxiety </>, and <P 0, 28> depression </> in mothers of preterms: randomized controlled trial.

Publication Type: Randomized Controlled Trial

Journal-Name:BMC psychology

Journal ID: 101627676

Publication date: 2018/12/15 06:00 [entrez]

BACKGROUND: Mothers of preterm infants often have symptoms of anxiety and depression, recognized as risk factors for the development of cardiovascular diseases and associated with low rates of heart rate variability (HRV). This study aimed to evaluate the influence of music therapy intervention on the autonomic control of <P 0> heart rate </>, <P 0, 28> anxiety </>, and <P 0, 28> depression </> in mothers. METHODS: Prospective randomized clinical trial including 21 mothers of preterms admitted to the Neonatal Intensive Care Unit of a tertiary hospital, recruited from August 2015 to September 2017, and divided into control group (CG; n = 11) and music therapy group (MTG; n = 10). Participants underwent <P 0, 28> anxiety </> and <P 0, 28> depression </> evaluation, as well as measurements of the <P 0> intervals between consecutive heartbeats </> or <P 0> RR intervals </> for the analysis of <P 0> HRV </> at the first and the last weeks of hospitalization of their preterms. Music therapy sessions lasting 30-45 min were individually delivered weekly using receptive techniques. The mean and standard deviation of variables were obtained and the normality of data was analyzed using the Kolmogorov-Smirnov test. The paired sample t-test or Wilcoxon test were employed to calculate the differences between variables before and after music therapy intervention. The correlations <P 0, 28> anxiety </> versus <P 0> heart </> variables and <P 0, 28> depression </> versus <P 0> heart </> variables were established using Spearman correlation test. Fisher's exact test was used to verify the differences between categorical variables. A significance level of p < 0.05 was established. Statistical analysis were performed using the Statistical Package for the Social Sciences, version 20. RESULTS: Participants in MTG had an average of seven sessions of music therapy, and showed improvement in <P 0, 28> anxiety </> and <P 0, 28> depression </> scores and <P 0> autonomic </> indexes of the time domain (p < 0.05). Significant correlations were found between <P 0, 28> depression </> and <P 0> parasympathetic modulation </> using linear (r = - 0.687; p = 0.028) and nonlinear analyses (r = - 0.689; p = 0.027) in MTG. CONCLUSION: Music therapy had a significant and positive impact on <P 0, 28> anxiety </> and <P 0, 28> depression </>, acting on prevention of cardiovascular diseases, major threats to modern society. TRIAL REGISTRATION: Brazilian Registry of Clinical Trials (no. RBR-3x7gz8 ). Retrospectively registered on November 17, 2017.

**30545531\_PD.txt**

Title: Effect of Ginger and Novafen on <P 0> menstrual pain </>: A cross-over trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Taiwanese journal of obstetrics & gynecology

Journal ID: 101213819

Publication date: 2018/12/14 06:00 [pubmed]

OBJECTIVE: Menstrual pain is a periodic pain which happens during the days of menses. The menstrual disturbances as a health problem among young girls affect not only reproductive, but also psychical health and quality of life. This study was done with the goal of comparing the effect of Ginger and Novafen on the <P 0> menstrual pain </>. MATERIALS AND METHODS: This crossover clinical trial study was done in Iran on 168 single girl students 18-26 years old in Babol University of Medical Sciences with primary menstrual pain. The participants were randomly allocated to two groups receiving the drugs Novafen and Ginger. At the beginning of pain, in the two groups 200 mg capsule was given every 6 h for two serial cycles. <P 0> Pain severity </> was measured by the visual scale before treatment, 1 h after consuming the drug (for 24 h) and 48 h after the onset of drug. RESULTS: The mean age of participants was 21.83 +/- 2.07 years. It has been reported that the <P 0> intensity of pain </> from dysmenorrhea decreased in the Novafen and Ginger groups. Before treatment, the average <P 0> pain intensity </> in Novafen and Ginger users were 7.12 +/- 2.32 and 7.60 +/- 1.84, respectively and after treatment <P 0> pain intensity </> decreased to 3.10 +/- 2.69 and 2.97 +/- 2.69, respectively. Differences between two groups each time showed no statistical significance (p > 0.05). CONCLUSION: Both drugs reduced <P 0> menstrual pain </>. Ginger as well as Novafen is effective in relieving <P 0> pain </> in girls with primary dysmenorrhea . Therefore, treatment with natural herbal medicine, non-synthetic drug, to reduce <P 0> primary dysmenorrhea </> is recommended.

**30545532\_PD.txt**

Title: Can autologous platelet rich plasma expand <P 0> endometrial thickness </> and improve <P 0> pregnancy </> rate during frozen-thawed embryo transfer cycle? A randomized clinical trial.

Publication Type: Randomized Controlled Trial

Journal-Name:Taiwanese journal of obstetrics & gynecology

Journal ID: 101213819

Publication date: 2018/12/14 06:00 [pubmed]

OBJECTIVE: One of the important aspects involved in achieving optimal outcomes after assisted reproductive treatment (ART) is the endometrium. Some cycles are cancelled due to inadequate endometrial growth in ART. In this clinical trial, we evaluated the effectiveness of platelet-rich plasma (PRP) in the treatment of thin endometrium. MATERIALS AND METHODS: In this randomized clinical trial, 83 women with poor endometrial response to standard hormone replacement therapy (HRT) (endometrium thickness < 7 mm) in the 13th day of the cycle in a frozen-thawed embryo transfer (FET) were entered in two groups. In the PRP group (n = 40), in addition to HRT, 0.5-1 cc of PRP was infused into the uterine cavity on the 13th day of HRT cycle. The control group (n = 43) was only received HRT. If <P 0> endometrial thickness </> failed to increase after 48 h, PRP infusion was repeated in the same cycle. When the <P 0> endometrium thickness </> reached >/=7 mm, embryo transfer was done. Finally, <P 0> endometrial thickness </>, <P 0>(E1) chemical, <P 0> clinical, and <P 0> ongoing pregnancy </> rates were compared between two groups. RESULTS: <P 0> Endometrial thickness </> increased significantly to 8.67 +/- 0.64 in PRP group than in controls (p = 0.001). This increase was higher in women who conceived in PRP group (p value: 0.031). The <P 0> implantation </> rate and per-cycle <P 0> clinical pregnancy </> rate were significantly higher in PRP group (p = 0.002 and 0.044, respectively (p = 0.002). CONCLUSION: PRP may be effective in improving the <P 0> endometrial growth </>, and possibly <P 0> pregnancy outcomes </> in women with a thin endometrium.

**30545576\_PD.txt**

Title: Treatment with a 5-day versus a 10-day schedule of decitabine in older patients with newly diagnosed acute myeloid leukaemia: a randomised phase 2 trial.

Publication Type: Journal Article

Journal-Name:The Lancet. Haematology

Journal ID: 101643584

Publication date: 2018/10/17 00:00 [accepted]

BACKGROUND: Hypomethylating agents, such as decitabine, are the standard of care for older patients with newly diagnosed acute myeloid leukaemia. Single-arm studies have suggested that a 10-day schedule of decitabine cycles leads to better outcomes than the usual 5-day schedule. We compared the efficacy and safety of these two schedules. METHODS: Eligible patients were aged 60 years or older with acute myeloid leukaemia but unsuitable for intensive chemotherapy (or <60 years if unsuitable for intensive chemotherapy with an anthracycline plus cytarabine). The first 40 patients were allocated equally to the two treatment groups by computer-generated block randomisation (block size 40), after which a response-adaptive randomisation algorithm used all previous patients' treatment and response data to decide the allocation of each following patient favouring the group with superior response. Patients were assigned to receive 20 mg/m(2) decitabine intravenously for 5 or 10 consecutive days as induction therapy, every 4-8 weeks for up to three cycles. Responding patients received decitabine as consolidation therapy on a 5-day schedule for up to 24 cycles. We assessed a composite primary endpoint of <P 0> complete remission </>, <P 0> complete remission with incomplete platelet recovery (CRp) </>, and <P 0> complete remission with incomplete haematological recovery (CRi) </> achieved at any time and assessed by intention to treat. This trial is registered with ClinicalTrials.gov, number NCT01786343. FINDINGS: Between Feb 28, 2013, and April 12, 2018, 71 patients were enrolled. 28 received decitabine for 5 days and 43 for 10 days, and all were assessable for efficacy and safety. The primary endpoint was achieved in similar proportions of patients in the two treatment groups (12 [43%] of 28 in the 5-day schedule group, 95% credible interval 26-60, and 17 [40%] of 43 in the 10-day schedule group, 26-54, p=0.78; difference 3%, -21 to 27). Total follow-up was 38.2 months, during which the median duration of <P 1> overall survival </> was 5.5 months (IQR 2.1-11.7) in the 5-day group and 6.0 months (1.9-11.7) in the 10-day group. 1-year <P 1> overall survival </> was 25% in both groups. <P 0> Complete remission </>, <P 0> complete remission with incomplete platelet recovery (CRp) </>, <P 0> complete remission with incomplete haematological recovery (CRi) </>, and <P 1> overall survival </> did not differ between groups when stratified by cytogenetics, de-novo versus secondary or therapy-related acute myeloid leukaemia, or TP53(mut) status. The most common grade 3-4 <P 38> adverse events </> were <P 0> neutropenic fever </> (seven patients [25%] in the 5-day group and 14 [33%] in the 10-day group) and <P 0> infection </> (five [18%] and 16 [37%], respectively). One patient (4%) <P 1> died </> from <P 0> sepsis </> in the context of <P 0> neutropenic fever </>, <P 0> infection </>, and <P 0> haemorrhage </> in the 5-day group, and in the 10-day group six patients (14%) <P 1> died </> from <P 0> infection </>. Early <P 1> mortality </> was similar in the two groups. INTERPRETATION: In older patients with newly diagnosed acute myeloid leukaemia, efficacy and safety did not differ by the 5-day or the 10-day decitabine schedule. FUNDING: University of Texas MD Anderson Cancer Center and National Cancer Institute Specialized Programs of Research Excellence.

**30545780\_PD.txt**

Title: Oral ixazomib maintenance following autologous stem cell transplantation (TOURMALINE-MM3): a double-blind, randomised, placebo-controlled phase 3 trial.

Publication Type: Journal Article

Journal-Name:Lancet (London, England)

Journal ID: 2985213R

Publication date: 2018/11/20 00:00 [accepted]

BACKGROUND: Maintenance therapy following autologous stem cell transplantation (ASCT) can delay disease progression and prolong survival in patients with multiple myeloma. Ixazomib is ideally suited for maintenance therapy given its convenient once-weekly oral dosing and low toxicity profile. In this study, we aimed to determine the safety and efficacy of ixazomib as maintenance therapy following ASCT. METHODS: The phase 3, double-blind, placebo-controlled TOURMALINE-MM3 study took place in 167 clinical or hospital sites in 30 countries in Europe, the Middle East, Africa, Asia, and North and South America. Eligible participants were adults with a confirmed diagnosis of symptomatic multiple myeloma according to International Myeloma Working Group criteria who had achieved at least a partial response after undergoing standard-of-care induction therapy followed by high-dose melphalan (200 mg/m(2)) conditioning and single ASCT within 12 months of diagnosis. Patients were randomly assigned in a 3:2 ratio to oral ixazomib or matching placebo on days 1, 8, and 15 in 28-day cycles for 2 years following induction, high-dose therapy, and transplantation. The initial 3 mg dose was increased to 4 mg from cycle 5 if tolerated during cycles 1-4. Randomisation was stratified by induction regimen, pre-induction disease stage, and response post-transplantation. The primary endpoint was <P 0, 1> progression-free survival (PFS) </> by intention-to-treat analysis. Safety was assessed in all patients who received at least one dose of ixazomib or placebo, according to treatment actually received. This trial is registered with ClinicalTrials.gov, number NCT02181413, and follow-up is ongoing. FINDINGS: Between July 31, 2014, and March 14, 2016, 656 patients were enrolled and randomly assigned to receive ixazomib maintenance therapy (n=395) or placebo (n=261). With a median follow-up of 31 months (IQR 27.3-35.7), we observed a 28% reduction in the risk of <P 0> progression </> or <P 0> death </> with ixazomib versus placebo (median PFS 26.5 months [95% CI 23.7-33.8] vs 21.3 months [18.0-24.7]; hazard ratio 0.72, 95% CI 0.58-0.89; p=0.0023). No increase in <P 0> second malignancies </> was noted with ixazomib therapy (12 [3%] patients) compared with placebo (eight [3%] patients) at the time of this analysis. 108 (27%) of 394 patients in the ixazomib group and 51 (20%) of 259 patients in the placebo group experienced <P 38> serious adverse events </>. During the treatment period, one patient <P 1> died </> in the ixazomib group and none <P 1> died </> in the placebo group. INTERPRETATION: Ixazomib maintenance prolongs <P 0, 1> progression-free survival (PFS) </> and represents an additional option for post-transplant maintenance therapy in patients with newly diagnosed multiple myeloma. FUNDING: Millennium Pharmaceuticals, a wholly owned subsidiary of Takeda Pharmaceutical Company.