This is the API directory:

https://www.ncbi.nlm.nih.gov/pmc/tools/get-metadata/

It has different types. Let’s go over keys of each type:

**E-Summary (PMCID)**

Generates a JSON. These are the keys:

type type of article? e-summary

Pubdate

Printpubdate

**Source: Ann oncol ?**

Authors: {name: Milella M, authtype: Author}

Title

Volume

Issue

Pages

ArticleIds {pmid, doi, pmcid}

Full journal name

Sort date

Seems concise

**Metadata (PMID)**

Is in JSON format and more complex. Aside from above, it has these:

Last author

Sort title (the same as title)

Lang

Pub type {Journal article, Review}

recordstatus : PubMed - indexed for MEDLINE

Pubstatus: 256

History: (pubstatus + date. For example received, acepted, pubmed, medline, entrez)

Pmcrefcount

Elocationid

**E-Fetch (PMCID)**

Journal

ISSN

@IssnType : Electronic

#text : 1569-8041

JournalIssue {4}

@CitedMedium : Internet

Volume : 32

Issue : 2

ISOAbbreviation: Ann Oncol

**More accurate authors:**

@ValidYN : Y

LastName : Casolino

ForeName : R

Initials : R

AffiliationInfo {1}

Affiliation : Wolfson Wohl Cancer Research Centre, Institute of Cancer Sciences, University of Glasgow, Bearsden, Glasgow, Scotland, UK; Department of Medicine, University and Hospital Trust of Verona, Verona, Italy.

**It also has Grantlist:**

@CompleteYN : Y

GrantID : C29717/A18484

Acronym : CRUK\_

Agency : Cancer Research UK

Country : United Kingdom

**PublicationType**

@UI : D016428

#text : Journal Article

@UI : D013485

#text : Research Support, Non-U.S. Gov't

@UI : D016454

#text : Review

**MedlineJournalInfo**

Country : England

MedlineTA : Ann Oncol

NlmUniqueID : 9007735

ISSNLinking : 0923-7534

**Chemical**

RegistryNumber : 0

NameOfSubstance

@UI : D014408

#text : B

**CitationSubset** : IM

**MeshHeadingList**

DescriptorName

@UI : D014408

@MajorTopicYN : N

#text : Biomarkers, Tumor

QualifierName

@UI : Q000235

@MajorTopicYN : N

#text : genetics

**k eywordList**

@Owner : NOTNLM

Keyword

0

@MajorTopicYN : N

#text : Pancreatic cancer

**CoiStatement** : Disclosure The authors have declared no conflicts of interest.

**ArticleIdList**

ArticleId

@IdType : pubmed

#text : 33248227

**ReferenceList**

Reference [109]

Citation : Siegel R.L., Miller K.D., Jemal A. Cancer statistics, 2018. CA Cancer J Clin. 2018;68:7–30.

ArticleIdList

ArticleId

@IdType : pubmed

#text : 29313949

(This reference doesn’t have pmcid https://pubmed.ncbi.nlm.nih.gov/29313949/)

**Abstract**

This review summarises the recent evidence on preoperative therapeutic strategies in pancreatic cancer and discusses the rationale for an imminent need for a personalised therapeutic approach in non-metastatic disease. The molecular diversity of pancreatic cancer and its influence on prognosis and treatment response, combined with the failure of ‘all-comer’ treatments to significantly impact on patient outcomes, requires a paradigm shift towards a genomic-driven approach. This is particularly important in the preoperative, potentially curable setting, where a personalised treatment allocation has the substantial potential to reduce pancreatic cancer mortality.

**PMH (PMC)**

Not much informative

**description** : This review summarises the recent evidence on preoperative therapeutic strategies in pancreatic cancer and discusses the rationale for an imminent need for a personalised therapeutic approach in non-metastatic disease. The molecular diversity of pancreatic cancer and its influence on prognosis and treatment response, combined with the failure of ‘all-comer’ treatments to significantly impact on patient outcomes, requires a paradigm shift towards a genomic-driven approach. This is particularly important in the preoperative, potentially curable setting, where a personalised treatment allocation has the substantial potential to reduce pancreatic cancer mortality.

**publisher** : Oxford University Press

**article-meta**  **(PMC)**

Less meaningful