



## **Embase webinar**

24/05/2017

## Aim of this webinar

The aim of this webinar is to give you a better understanding of Embase indexing tools and rules and how to make use of Emtree to get the best results out of Embase

## I will be showing you:

- How we index a typical article using Emtree
- How Emtree is built-up and managed
- How drugs, diseases and devices are indexed in Embase

## What is Embase indexing?

Indexing facilitates consistent and comprehensive retrieval of information from Embase, significantly enhancing search options which would otherwise be limited to citation and abstract only

http://supportcontent.elsevier.com/Support%20Hub/Embase/Files%20&%20Attachements/4683-Embase%20indexing%20guide%202015.pdf

Embase is a highly versatile, multipurpose and up-todate biomedical database. It covers the most important international biomedical literature from 1947 to the present day and all articles are indexed in depth using Elsevier's Life Science thesaurus Embase Indexing and Emtree®. The entire database is also conveniently available on multiple platforms.

## **Embase Indexing Guide 2015**

A comprehensive guide to Embase indexing policy

## **Agenda**

- How a typical article is indexed
- Emtree: controlled vocabulary for Embase indexing and searching
- Emtree content
- Synonyms for taxonomy-supported searching
- Polyhierarchy for taxonomy-supported searching
- Check tags
- Emtree updates & management
- Make use of Emtree to get the best results out of Embase



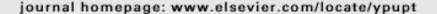
# How a typical article is indexed

What is Embase indexing?



Contents lists available at SciVerse ScienceDirect

## Pulmonary Pharmacology & Therapeutics





A randomised, placebo- and active-controlled dose-finding study of aclidinium bromide administered twice a day in COPD patients

D. Singh a,\*, H. Magnussen b, A. Kirsten b, S. Mindt c, C. Caracta d, B. Seoane e, D. Jarreta e, E. Garcia Gil e

### ARTICLE INFO

Article history: Received 14 December 2011 Received in revised form 27 March 2012 Accepted 29 March 2012

Keywords: Aclidinium Bronchodilation COPD Phase II Twice-daily

### ABSTRACT

This Phase IIb, double-blind, double-dummy, placebo- and active-comparator-controlled crossover study (ClinicalTrials.gov identifier: NCT01120093) assessed efficacy and safety of three doses of aclidinium bromide in patients with moderate to severe chronic obstructive pulmonary disease. Patients were randomised to one of five treatment sequences each consisting of twice-daily (BID) aclidinium 100  $\mu$ g, 200  $\mu$ g, 400  $\mu$ g (via Genuair®\*), formoterol 12  $\mu$ g (via Aerolizer®) and matched placebo for 7 days, with a 5- to 9-day washout period. Primary endpoint was mean change from baseline in forced expiratory volume in 1 s (FEV<sub>1</sub>) normalised area under the curve (AUC)<sub>0-12</sub> on Day 7. Secondary endpoints were: change from baseline in FEV<sub>1</sub> normalised AUC<sub>12-24</sub>, FEV<sub>1</sub> normalised AUC<sub>0-24</sub> and morning pre-dose FEV<sub>1</sub> on Day 7. Adverse events were monitored throughout the study. Of 79 randomised patients, 68 (86.1%) completed the study. After 7 days of treatment, aclidinium and formoterol produced statistically significantly greater changes from baseline in FEV<sub>1</sub> normalised AUC<sub>0-12</sub> vs placebo (p < 0.0001). FEV<sub>1</sub> normalised AUC<sub>12-24</sub>, FEV<sub>1</sub> normalised AUC<sub>0-24</sub>, and morning pre-dose FEV<sub>1</sub> were also statistically significantly greater with all aclidinium doses vs placebo (p < 0.0001). Improvements in primary and

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## Pulmonary Pharmacology & Therapeutics

journal homepage: www.elsevier.com/locate/ypupt



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## **Embase indexing**

The article full-text is read to extract significant concepts

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The purpose of this Phase IIb study was to assess the bronchodilatory effects of three doses of aclidinium (100 µg, 200 µg and 400 µg) BID in patients with moderate to severe COPD compared with placebo to guide dose selection for additional Phase III studies. The long-acting β<sub>2</sub>-agonist (LABA) formoterol (12 µg BID) was used as an active comparator, so that the profile of aclidinium BID could be compared to a BID bronchodilator that is currently used in clinical practice.

#### 2. Methods

### 2.1. Study subjects

Patients aged ≥40 years with a clinical diagnosis of stable moderate to severe COPD according to the current guidelines [8] were enrolled in the study. At screening, patients were required to have a post-salbutamol forced expiratory volume in 1 s (FEV<sub>1</sub>)/ forced vital capacity (FVC) ratio <70%, a post-salbutamol FEV<sub>1</sub>≥30% and <80% of the predicted normal value, and be current or former cigarette smokers of ≥10 pack-years, Patients with a history or current diagnosis of asthma, with any respiratory tract infection or who had experienced a COPD exacerbation in the 6 weeks prior to screening (3 months if it resulted in hospitalisation) were excluded. Other exclusion criteria were: other clinically significant respiratory or cardiovascular conditions, and contraindications for anticholinergic drugs.

#### 2.2. Study design

This was a double-blind, double-dummy, placebo- and activecomparator-controlled crossover study in patients with COPD (ClinicalTrial.gov identifier; NCT01120093) conducted in 11 centres in Germany and Belgium, Following a screening visit, eligible patients underwent a 14-day run-in period prior to randomisation. Patients were randomised to one of five 7-day treatment sequences (separated by 5- to 9-day washout periods) using a  $5 \times 5$  Latin square crossover design [9]. Treatments were actidinium 100 µg, 200 μg, 400 μg BID (via Genuair®\*, Almirall, Barcelona, Spain) and formoterol 12 µg (via Foradil Aerolizer\*, Novartis AG; Basel, Switzerland) and matched placebo. The Genuair inhaler is a novel multidose, breath-actuated dry powder inhaler (DPI) that generates a highly reproducible mean fine particle dose and delivers actidinium effectively to lungs over a range of inhalation flows [10,11]. Genuair\*\* incorporates multiple feedback mechanisms to ensure that doses are administered correctly, including a colour window changing from green to red and an audible click [10]. The Aerolizer® inhaler is a single-dose, breath-actuated DPI, which also performs consistently in terms of dosing efficiency [12]. But the feedback to the patient on whether the dose has been administered successfully is based on the single-dose, capsule-based nature of this

Patients received the morning and evening dose 12 h apart for 7 consecutive days and were assessed on Days 1 and 7 of each treatment period. Salbutamol (100 µg per puff), as-needed, was allowed during the run-in and after randomisation. Inhaled glucocorticosteroids, oral and parenteral glucocorticosteroids (up to 10 mg/day), and oral sustained-release theophyllines were permitted if their use was stable >4 weeks prior to screening. Tiotropium was stopped at least 72 h prior to screening and LABAs

glucocorticosteroids or resulted in hospitalisation.

This study was conducted according to International Conference on Harmonization/Good Clinical Practice guidelines and the Declaration of Helsinki. The protocol was approved by local institutional review boards and ethics committees (Ethikkomission Schleswig-Holstein, Segeberg, Germany; Commissie voor Medische Ethiek, Universitair Ziekenhuis Gent, Belgium). All patients provided written informed consent prior to the study.

#### 2.3. Assessments

#### 2.3.1. Efficacy

At screening, spirometry measurements were taken at two intervals (1 h apart) prior to the morning dose, and then at 0.5, 1, 2, 3, 4 and 6 h post-morning dose on Day 1. On Day 7, measurements were taken at the same times as Day 1 and also at 8, 10, 12 (preevening dose), 13, 14, 15, 16, 22, 23 and 24 h post-morning dose. Spirometers and all necessary equipment were provided by a centralised company (CareFusion) for specific use in this study. Spirometers were calibrated every day of use and after maintenance; instrument recommendations were followed to ensure accurate and comparable spirometric data, Spirometry assessments were performed in triplicate, and all three measurements were required to meet acceptability and repeatability criteria according to current recommendations [13]. If either of these criteria were not met, additional measurements (up to a maximum of eight) were taken until the criteria were met. Baseline was defined as the mean of the two pre-dose spirometry measurements on Day 1 of each treatment period. The use of relief medication was recorded in patient diary cards. Convenience of use of both inhaler devices was assessed at the end of the study using a seven-item questionnaire.

#### 2.3.2. Safety

Adverse events (AEs) were monitored throughout the study and were graded as mild, moderate or severe. AEs were considered treatment-emergent (TEAEs) if they started on or after the first dose of study drug, or if the severity of a medical condition worsened after study drug. Other safety investigations included 12-lead electrocardiogram (ECG, performed both pre-dose and 2-h post-dose), blood-pressure measurements, and assessments of clinical laboratory parameters and vital signs.

### 2.4. Endpoints

The primary efficacy variable was mean change from baseline in FEV<sub>1</sub> normalised area under the curve (AUC) for the 12-h period immediately after morning dose (AUC<sub>0-12</sub>) on Day 7. Secondary efficacy endpoints included: change from baseline in FEV<sub>1</sub> normalised AUC<sub>12-24</sub>, FEV<sub>1</sub> normalised AUC<sub>0-24</sub>, and morning predose (trough) FEV<sub>1</sub> at Day 7. Additional efficacy endpoints included: change from baseline in FVC normalised AUC<sub>0-12</sub>, AUC<sub>12-24</sub> and AUC<sub>0-24</sub> at Day 7; change from baseline in morning peak FEV<sub>1</sub> on Day 1 and Day 7; morning trough FVC on Day 7; and change from baseline in the use of relief medication after 7 days of treatment (baseline was assessed as relief medication use during the run-in period).

Safety and tolerability endpoints included AEs and change from baseline in blood pressure, ECG, laboratory parameters and vital signs.

## **Embase indexing**

The article full-text is read to extract significant concepts

**Table 4**Treatment-emergent adverse events reported by  $\geq 2$  patients in any treatment group (safety population).

	Number (%) of patients reporting adverse events							
	Placebo	Aclidinium	Aclidinium					
	<i>N</i> = 76	100 μg N = 73	200 μg N = 73	400 μg N = 74	12 μg N = 74			
Any TEAE	16 (21.1)	11 (15.1)	13 (17.8)	14 (18.9)	11 (14.9)			
Any severe TEAE	1 (1.3)	0 (0)	2(2.7)	2(2.7)	1 (1.4)			
Headache	5 (6.6)	4 (5.5)	4 (5.5)	5 (6.8)	2(2.7)			
Nasopharyngitis	1 (1.3)	0 (0)	0 (0)	3 (4.1)	1 (1.4)			
<b>Toothache</b>	0 (0)	1 (1.4)	0 (0)	2(2.7)	0 (0)			
Cough	2 (2.6)	1 (1.4)	1 (1.4)	1 (1.4)	1 (1.4)			
Pruritus	2 (2.6)	1 (1.4)	1 (1.4)	0 (0)	<mark>2 (</mark> 2.7)			
Diarrhoea	2 (2.6)	1 (1.4)	1 (1.4)	0 (0)	0 (0)			

SAE, serious adverse event; TEAE, treatment-emergent adverse event.

Emba	se <sup>®</sup>	Search × Browse ×	Results	My tools ∨	🛂 Select L	anguage   ▼	Register	Login	<b>4</b> (1)	?
Session Resu	alts / Record 1 of 1 Full record					Add All	to Clipboard	i >	Print >	]
Record 1	Similar records   Add to Clipboard   Email Record							Back to	results	
Singh D., Mag	sed, placebo- and active-controlled dose-findingussen H., Kirsten A., Mindt S., Caracta C., Seoane B., Jarreta Charmacology and Therapeutics 2012 25:3 (248-253)		nistered t	wice a day i	n COPD pat	ients				
Go to publishe	r for the <u>full text</u>									
Abstract										
patients with r formoterol 12 curve (AUC) <sub>0-12</sub> Of 79 randomi 0.0001). FEV <sub>1</sub> n endpoints wer dependent clir	double-blind, double-dummy, placebo- and active-comparator-on oderate to severe chronic obstructive pulmonary disease. Patie μg (via Aerolizer®) and matched placebo for 7 days, with a 5- to 9 on Day 7. Secondary endpoints were: change from baseline in F sed patients, 68 (86.1%) completed the study. After 7 days of tre normalised AUC <sub>12-24</sub> , FEV <sub>1</sub> normalised AUC <sub>12-24</sub> , FEV <sub>1</sub> normalised AUC <sub>12-24</sub> , et and morning predue statistically significantly greater with aclidinium 400 μg vs 100 μically meaningful improvements in FEV <sub>1</sub> compared with placebo gation in Phase III trials. © 2012 Elsevier Ltd.	ents were randomised to one of five treatment sequed and washout period. Primary endpoint was mean EV1 normalised AUC <sub>12:24</sub> , FEV1 normalised AUC <sub>0:24</sub> at atment, aclidinium and formoterol produced statis ose FEV1 were also statistically significantly greater ug. The safety profile of aclidinium was comparable	uences each change fron nd morning p tically signifi with all aclid to placebo.	consisting of twi n baseline in forc ore-dose FEV <sub>1</sub> on cantly greater ch linium doses vs p These results de	ce-dailý (BID) ac ed expiratory v Day 7. Adverse anges from bas llacebo (p < 0.00 monstrated tha	lidinium 100 µg, olume in 1 s (FEV events were mo eline in FEV <sub>1</sub> nor 001). Improveme t twice-daily acli	200 µg, 400 µ /1) normalised initored throu malised AUC <sub>0</sub> ents in priman dinium produ	g (via Gen l area und ghout the <sub>12</sub> vs plac y and seco ced dose-	nuair®*), ler the e study. ebo (p < ondary	
Drug Terms aclidinium br	omide ೀ., <u>formoterol fumarate</u> ೀ., placebo ೀ., <u>salbutamol</u> ೀ.,							open all d	rug terms	
Disease Term	s uctive lung disease ೀ, coughing ೀ, diarrhea ೀ, ECG abnorr	nality ို <sub>ို့,</sub> headache ို <sub>စ</sub> , pruritus ို <sub>ို</sub> ့ , <u>rhinopharyr</u>	ıgitis <sup>9</sup> و،, <u>sid</u>	e effect 🦠 , toot	h pain %		0	pen all dise	ase terms	
Device Terms										
powder inhale										
Other Terms										
adult 🥍 , artic drug monitorir	le ${}^\circ_{\mathfrak{L}_0}$ , bronchodilatation ${}^\circ_{\mathfrak{L}_0}$ , controlled study ${}^\circ_{\mathfrak{L}_0}$ , crossover prong ${}^\circ_{\mathfrak{L}_0}$ , drug safety ${}^\circ_{\mathfrak{L}_0}$ , evening dosage ${}^\circ_{\mathfrak{L}_0}$ , female ${}^\circ_{\mathfrak{L}_0}$ , forced ex udy ${}^\circ_{\mathfrak{L}_0}$ , passe 2 clinical trial ${}^\circ_{\mathfrak{L}_0}$ , priority journal ${}^\circ_{\mathfrak{L}_0}$ , randomized	piratory volume 🐾 , forced vital capacity 🐾 , hum								
Author Keywor	ds									
Aclidinium, AE,	, AUC, BID, Bronchodilation, COPD, DPI, ECG, FEV <sub>1</sub> , FVC, ITT, LABA	, LAMA, LS, Phase II, SAE, SE, TEAE, Twice-daily								
Correspondence	e Address University of Manchester, Medicines Evaluation Unit, University H	Hospital of South Manchester Langley Building, Soเ	ithmoor Roa	d, Manchester M	23 9QZ, United	Kingdom.				
Author Address	ses									
Magnussen H	University of Manchester, Medicines Evaluation Unit, University H . <mark> Kirsten A.   </mark>	Grosshansdorf Woehrendamm 80, D-22927 Grossh			23 9QZ, United	Kingdom.				

open all drug terms

**Drug Terms** 

CAS Registry Numbers

Clinical Trial Numbers

## **Embase index (overview)**

formoterol fumarate (43229-80-7 ) salbutamol (18559-94-9 , 35763-26-9 )

ClinicalTrials.gov (NCT01120093)

<u>aclidinium bromide</u> ိ် <sup>9</sup> ့ , <u>formoterol fumarate</u> ိ် <sup>9</sup> ့ , placebo <sup>ဂိ</sup> ့ , <u>salbutamol</u> <sup>ဂိ</sup> ့							
Disease Terms  chronic obstructive lung disea	open all disease terms se %, coughing %, diarrhea %, ECG abnormality %, headache %, pruritus %, rhinopharyngitis %, side effect %, tooth pain %						
Device Terms							
drug monitoring %, drug safety	atation ೀ و, controlled study دو روی , crossover procedure دو , disease severity دو , double blind procedure دو , drug dose comparison دو , drug dose regimen دو , drug effect دو , المحتوى والمحتوى والمحتوى المحتوى والمحتوى والم						
Device Tradenames	Aerolizer (Novartis, Switzerland), Genuair (Almirall, Spain)						
Drug Tradenames	foradil (Novartis, Switzerland)						
Device Manufacturers	Almirall (Spain), Novartis (Switzerland)						
Drug Manufacturers	Novartis (Switzerland)						
	aclidinium bromide (320345-99-1						

## **Embase indexing principles**







In assigning index terms, indexers check the full article (not just title and abstract). All concepts with significant information are indexed



## 2. EXPAND by giving context

Index terms are controlled by the Emtree thesaurus, resulting in consistent coverage of concepts that may be expressed in many different ways in the literature



## 3. FOCUS by applying guidelines

Indexing is carried out according to well-defined guidelines (summarized in the Indexing Guide), which further enhances the consistency of the database



## **Emtree**

Controlled vocabulary for Embase indexing and searching

## Emtree provides the controlled vocabulary for indexing



### Content

- Terminology that can be used to index
- Focus on drugs, almost 32,500 terms: generics, trade names and chemical names
- Medical devices: 3,350 devices and counting



### Structure

- Faceted structure
- Term types
- Natural language, synonym-rich
- Polyhierarchical



## **Updates & Management**

- Candidate term source lists
- Updates 3 x per year
- Backposting of terms



## Emtree content

## Content: terminology that can be used to index

Term types	e.g.
Drugs	paracetamol
Drug trade names and lab codes	tylenol, 'mln 128'
CASRNs	1224844-38-5
Disease terms	headache
Device terms	'hancock valve prosthesis'
Medical terms Check tags	'self medication' 'human', 'clinical trial'

## **Emtree content: faceted structure**

Α	anatomical concepts3,835	
В	organisms	
С	diseases 9,500	
D	chemicals and drugs	
Е	procedures, parameters and devices11,737	
G	biological functions6,553	
Н	chemical, physical and mathematical phenomena1,424	
I	society and environment	
J	types of article or study	
K	geographic names541	
L	groups by age and sex	
M	named groups of persons1,129	
Ν	healthcare concepts942	
Q	biomedical disciplines, science and art 447	
	Total for all 14 facets 82,067	

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	Total for all 14 facets 82,067	



## Emtree structure

Synonyms for taxonomy-supported searching

## **Emtree** is rich in synonyms

### acetylsalicylic acid

×

187,642 records found

### History

This term was added to Emtree in 1974

### Synonyms

2 acetoxybenzoate; 2 acetoxybenzoic acid; 8-hour bayer; acenterine; acesal; acetan; acetard; aceticil; aceticyl; acetilum; acetonyl; acetophen; acetosal; acetosalicylic acid; acetosalin; acetosalum; acetyl salicylate; acetyl salicylic acid; acetylic salicylic acid; acetylin; acetylo; acetylo salicylic acid; acetylon; acetylosalicylic acid; acetylsal; acetylsalicyclic acid; acetylsalicyl; acetylsalicylate; acetylsalicylate strontium; acetylsalicylic acid plus glycine; acetylsalicylic acid sodium salt; acetylsalicylic acid strontium salt; acetylsalycic acid; acetylsalycylic acid; acetysal; acidulatum; acidum acetyl salicylicum; acidum acetylosalicylicum; acidum acetylsalicylicum; actorin; acylpyrin; acylpyrine; acytosal; adiro; alabukun; alasii; albyl e; albyl minor; albyl-e; alka seltzer; alka-seltzer; alkaspirin; anasprin; andol; anopyrin; ansin; anthrom; aptor; arthralgyl; arthritis strength bufferin; ASA; asa akut; asa cardio; asa direk; asa effect; asa express; asa migraene; asa migrane; asa migren; asa pro; asa protect; asa ultra; asa ultra fast; asa zipp; asaa; asaa gr; asaa microactive; asaa rapida; asacard; asae; asae bruis; asae ec protect; asae fasttabs; asae protect; asaetta; asaflow; asaphen; asaphen e.c.; asapor; asatard; asawin; aspec; aspec-ec; aspent; aspergum; aspex; aspilets; aspirem; aspirgran; aspiricor; aspirin; aspirin bayer; aspirina; aspirine; aspirinine; aspirisucre; aspisol; aspo cid; aspro; aspro cardio; aspro clear; asproflash; asrina; asrivo; asta; asteric; asteric acid; astrix; bamyl; bayaspirina; bayer aspirin; bayer aspirin cardio; bayer extra strength aspirin for migraine pain; bebesan; biprin; bokey; boxazin; breoprin; buffered aspirin; bufferin; bufferin low dose; cafenol; caprin (acetylsalicylic acid); caprin (aspirin); cardioasa; cardioasae; cardioaspirina; cardioflow (acetylsalicylic acid); cartia; caspirin; catalgine; catalgix; cemerit; cemirit; claradin; claragine; colfarit; comoprin; contrheuma; contrheuma retard; darosal; depot

### PICO Search

Note: Filling any search line is optional

### Population

acetylsalicylic acid /exp ▼

Add 269 synonyms

### Synonyms can originate from:

Alternative spelling: aspirin, aspirine

Alternative naming: 'myocardial infarction'/'heart attack'

MeSH terms: 'Shock, Cardiogenic'

Chemical names: '2 acetoxybenzoic acid'

Trade names and laboratory codes

## Indexing and searching with Emtree: mapping

- In Emtree, synonyms are linked to a preferred term
- Emtree controls what the preferred term is that will appear in the Embase index
- Synonyms or concepts in the original texts are 'translated' (mapped) to Emtree preferred terms

```
Psychomotor Agitation Following Treatment with Hydroxychloroquine

Manzo C., Gareri P., Castagna A.

Drug Safety - Case Reports 2017 4:1 Article Number 6

Embase Abstract Index Terms View Full Text

Drug Terms

acetylsalicylic acid 2., amlodipine 2., hydroxychloroquine 2., methylprednisolone 2., nuclear magnetic resonance imaging agent 2., pravastatin 2., promazine 2.

Disease Terms

Disease Terms

brain atrophy 2., emotional disorder 2., nightmare 2., personality disorder 2., restlessness 2., rheumatoid arthritis 2., verbal violence

Other Terms

aged 2., article 2., case report 2., cognition assessment 2., female 2., human 2., irritability 2., Mini Mental State Examination 2., nervousness 2., nuclear magnetic resonance imaging 2., partner violence 2., physical violence 2., priority journal 2., very elderly 2., violence 2., violence 2., physical violence 2., priority journal 2., very elderly 2., violence 2., viole
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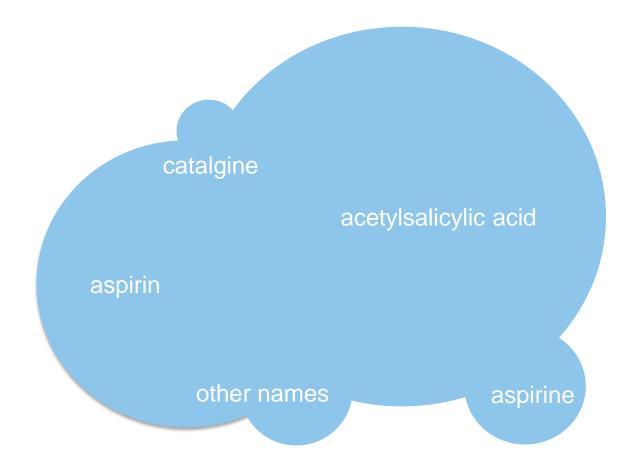
## Indexing and searching with Emtree: mapping

- The link between synonyms and preferred terms can also be used while searching in Embase
- Synonyms can be used for searching, no need to know what terminology was in the original document

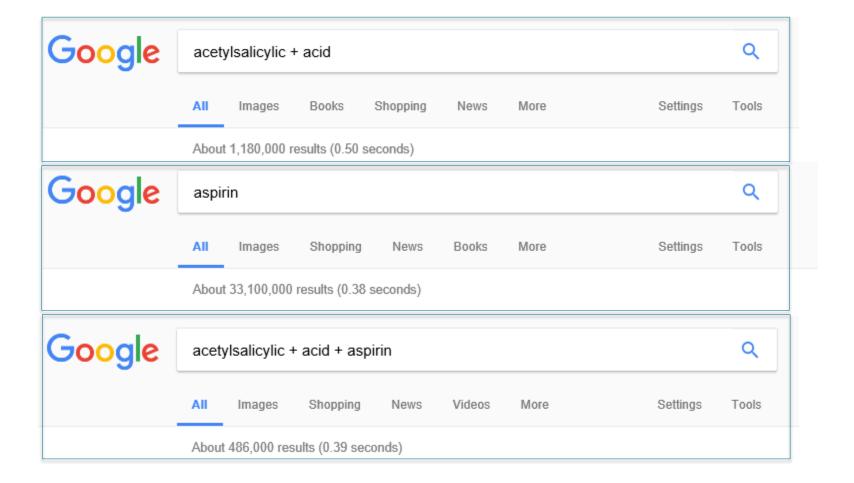


## Indexing and searching with Emtree: mapping

Mapping means that Embase searchers get the same results regardless of which term they use and regardless of how the concept was named in the original document

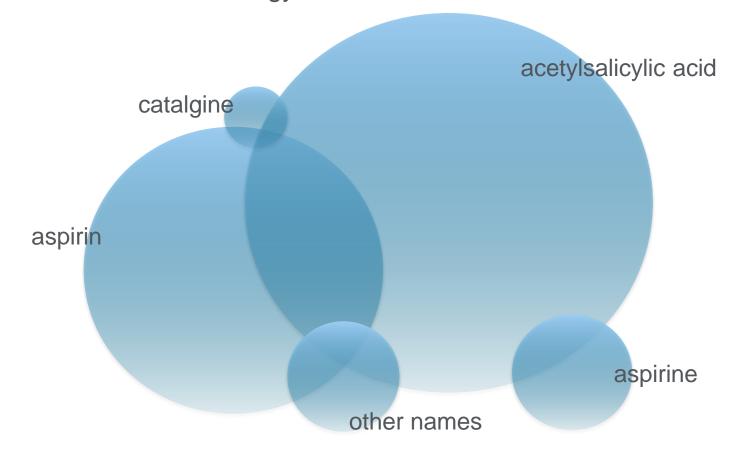


## Without taxonomy support...



## **Searching without taxonomy support**

Without the connection between terms and synonyms, retrieval of information is dependent on the terminology that is used in the document and also on the terminology used to retrieve the information



## A special type of synonyms: trade names

Drug trade name  + Add search field	Reset form	foradil	Show 442 results >
Device trade name  + Add search field	Neset form	aerolizer	Show 275 results >
Device Tradenames	Aerolizer (N	ovartis, Switzerland), Genuair (Almirall, Spain)	
Drug Tradenames	foradil (Nov	rtis, Switzerland)	
Device Manufacturers	Almirall (Sp	in), Novartis (Switzerland)	
Drug Manufacturers	Novartis (Sv	tzerland)	
CAS Registry Numbers	formoterol	romide ( <u>320345-99-1</u> ) umarate ( <u>43229-80-7</u> ) 18559-94-9, 35763-26-9)	
Clinical Trial Numbers	ClinicalTrial	gov ( <u>NCT01120093</u> )	



## Emtree structure

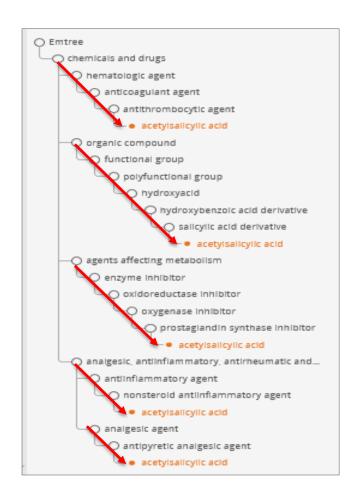
Polyhierarchy for taxonomy-supported searching

## **Emtree structure**

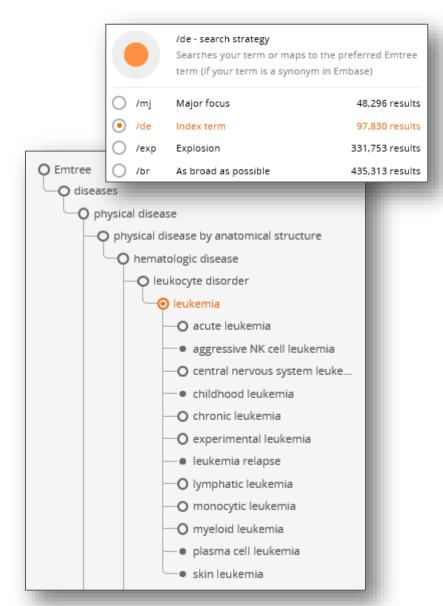
## The hierarchy of terms defines the context

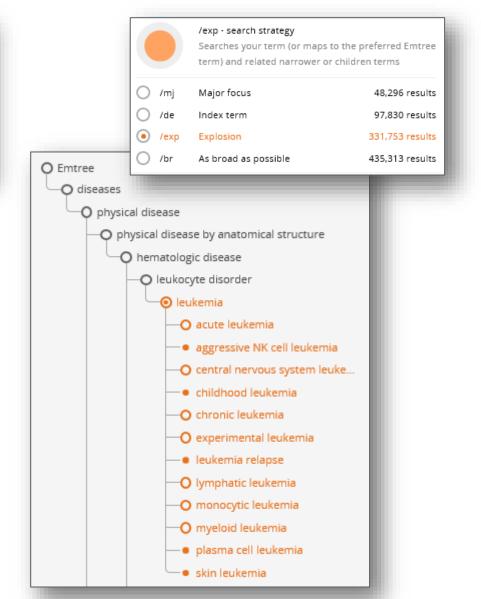
Drugs can be classified via different routes:

- Drug class:
  - therapeutic use
  - system affected
  - mechanism of action
- Pharmacological activity
- Chemical structure



## Make use of the Emtree structure: explosion searching







# Check tags

## **Check tags**

### 5.3.2 Check tags

Check tags comprise about 50 terms including most Item types (see Section 5.2), study types and age groups (see Appendix 2) whose definitions are described by scope notes. Check tags are assigned using a check list to ensure the highest possible consistency of indexing.

| 31

Category	Examples
item types	article, review, letter, erratum, conference abstract
human study types	human, major clinical study, case report, human experiment, human cell
animal study types	nonhuman, animal model, animal experiment, animal cell
sex and age	male, female, newborn, child, adolescent, aged
clinical trials and EBM	randomized controlled trial, meta analysis, double blind procedure, systematic review, phase III clinical trial

## **Check tags have scope notes**

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random	1156	well.	contro	ш	20	free sall.
	بالكيلا	48.8		IJ	والمراجون	LL LGIL

Used for original reports of clinical trials using a control group (e.g. placebo, sham or no treatment, standard intervention) for comparison with the experimental intervention, with random allocation of subjects to experimental and control groups

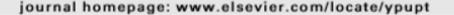
major clinical study

Used for original items reporting clinical work on greater than 50 patients



Contents lists available at SciVerse ScienceDirect

## Pulmonary Pharmacology & Therapeutics





# A randomised, placebo- and active-controlled dose-finding study of aclidinium bromide administered twice a day in COPD patients

D. Singh a, \*, H. Magnussen b, A. Kirsten b, S. Mindt c, C. Caracta d, B. Seoane e, D. Jarreta e, E. Garcia Gil e

### ARTICLE INFO

Article history: Received 14 December 2011 Received in revised form 27 March 2012 Accepted 29 March 2012

Keywords: Aclidinium Bronchodilation COPD Phase II Twice-daily

### ABSTRACT

This Phase IIb, double-blind, double-dummy, placebo- and active-comparator-controlled crossover study (ClinicalTrials.gov identifier: NCT01120093) assessed efficacy and safety of three doses of aclidinium bromide in patients with moderate to severe chronic obstructive pulmonary disease. Patients were randomised to one of five treatment sequences each consisting of twice-daily (BID) aclidinium 100  $\mu$ g, 200  $\mu$ g, 400  $\mu$ g (via Genuair®\*), formoterol 12  $\mu$ g (via Aerolizer®) and matched placebo for 7 days, with a 5- to 9-day washout period. Primary endpoint was mean change from baseline in forced expiratory volume in 1 s (FEV<sub>1</sub>) normalised area under the curve (AUC)<sub>0-12</sub> on Day 7. Secondary endpoints were: change from baseline in FEV<sub>1</sub> normalised AUC<sub>12-24</sub>, FEV<sub>1</sub> normalised AUC<sub>0-24</sub> and morning pre-dose FEV<sub>1</sub> on Day 7. Adverse events were monitored throughout the study. Of 79 randomised patients, 68 (86.1%) completed the study. After 7 days of treatment, aclidinium and formoterol produced statistically significantly greater changes from baseline in FEV<sub>1</sub> normalised AUC<sub>0-12</sub> vs placebo (p < 0.0001). FEV<sub>1</sub> normalised AUC<sub>12-24</sub>, FEV<sub>1</sub> normalised AUC<sub>12-24</sub>, and morning pre-dose FEV<sub>1</sub> were also statistically significantly greater with all aclidinium doses vs placebo (p < 0.0001). Improvements in primary and

<sup>&</sup>lt;sup>a</sup> University of Manchester, Medicines Evaluation Unit, University Hospital of South Manchester, Langley Building, Southmoor Road, Manchester M23 9QZ, UK

b Pulmonary Research Institute at Hospital Grosshansdorf, Woehrendamm 80, D-22927 Grosshansdorf, Germany

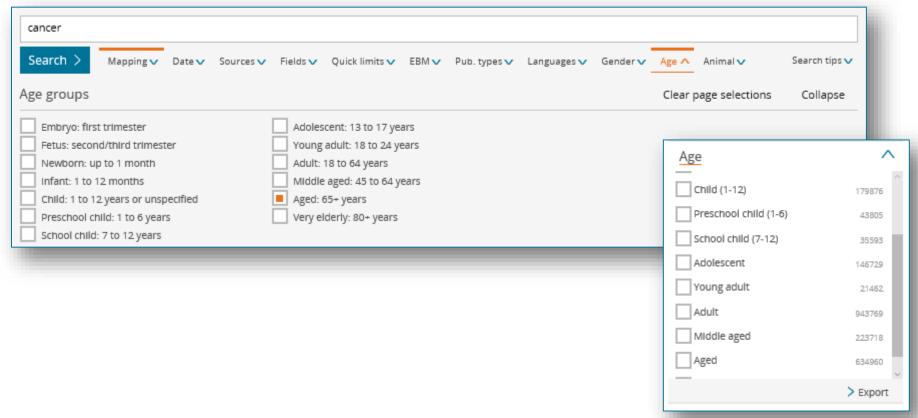
Klinische Forschung Hamburg GmbH, Hoheluftchaussee 18, 20253 Hamburg, Germany

<sup>&</sup>lt;sup>d</sup> Forest Research Institute, Harborside Financial Center, Jersey City, NJ 07311, USA

<sup>&</sup>lt;sup>e</sup> Almirall R&D Centre, Ronda General Mitre 151, 08022 Barcelona, Spain

## Using check tags in searches

- Check tags are consistently indexed so they can be found in the index
- Embase.com has pre-defined filters or limits to refine search results based on indexed check tags





# Emtree updates & management

Candidate terms and backposting

## **Emtree management and backposting**

- New concepts are found continuously and Emtree is updated 3 times per year to make new terminology available for indexing
- What is done during updates and where does new terminology come from?

### Sources for new Emtree terms

- Candidate terms from literature, "caught" during the indexing process
- Active screening for new drugs marketed by top 25 Pharma and medical devices marketed by top medical device companies
- FDA/EMA approvals and WHO issued International Nonproprietary Names
- MeSH terms
- Focus projects, customer requests/internal requests

## **Candidate terms**

Candidate terms can be indexed

Candidate terms can be searched for in the index

Indexed candidate terms are accompanied by:

- A broader Emtree that covers the concept
- The term 'unclassified drug' with drug candidate terms

Discovery of LX2761, a sodium-dependent glucose cotransporter 1 (SGLT1) Inhibitor restricted to the intestinal lumen, for the treatment of diabetes

Goodwin N.C., Ding Z.-M., Harrison B.A., Strobel E.D., Harris A.L., Smith M., Thompson A.Y., Xiong W., Mseeh F., Bruce D.J., Diaz D., Gopinathan S., Li L., O'Neill E., Thiel M., Wilson A.G.E., Carson K.G., Powell D.R.,
Rawlins D.B.

Journal of Medicinal Chemistry 2017 60:2 (710-721)

Go to publisher for the full text

#### Abstract

The increasing number of people afflicted with diabetes throughout the world is a major health issue. Inhibitors of the sodiumdependent glucose cotransporters (SGLT) have appeared as viable therapeutics to control blood glucose levels in diabetic patents. Herein we report the discovery of LX2761, a locally acting SGLT1 inhibitor that is highly potent in vitro and delays intestinal glucose absorption in vivo to improve glycemic control.

© 2017 American Chemical Society.

Open all drug terms

Ix 2761, sodium glucose cotransporter inhibitor %, unclassified drug %.

### Pharmacokinetics and Safety of S/GSK1349572, a Next-Generation HIV Integrase Inhibitor, in Healthy Volunteers \* †

Accepted manuscript posted online 2 November 2009, doi: 10.1128/AAC.00842-09

Antimicrob. Agents Chemother. January 2010 vol. 54 no. 1 254-258

Sherene Min<sup>1</sup>, Ivy Song<sup>1</sup>, Julie Borland<sup>1</sup>, Shuguang Chen<sup>1</sup>, Yu Lou<sup>1</sup>, Tamio Fujiwara<sup>2</sup> and Stephen C. Piscitelli<sup>1,\*</sup>

+ Author Affiliations

### ABSTRACT

S/GSK1349572 is a novel integrase inhibitor with potent *in vitro* anti-HIV activity, an *in vitro* resistance profile different from those of other integrase inhibitors, and favorable preclinical safety and pharmacokinetics (PK). Randomized, double-blind, placebo-controlled single-dose and multiple-dose, dose escalation studies evaluated the PK, safety, and tolerability of S/GSK1349572 for healthy subjects. In the single-dose study, two cohorts of 10 subjects each (8 active, 2 receiving placebo) received suspension doses of 2, 5, 10, 25, 50, and 100 mg in an alternating panel design. In the multiple-dose study, three cohorts of 10 subjects each (8 active, 2 receiving placebo) received suspension doses of 10, 25, and 50 mg once daily for 10 days. A cytochrome P450 3A (CYP3A) substudy with

In literature it usually starts with a laboratory code



#### Current Opinion in HIV and AIDS

Issue: Volume 4(6), November 2009, p 518–523
Copyright: © 2009 Lippincott Williams & Wilkins, Inc.
Publication Type: [Salvage therapy: Edited by Christine Katlar
DOI: 10.1097/COH.0b013e328331b526

ISSN: 1746-630X

Accession: 01222929-200911000-00011

Keywords: elvitegravir, HIV, integrase inhibitors, raltegravir, th

### Introduction

Integrase inhibitors belong to a new class of antiretroviral compounds (integrase strand transfer inhibitors, InSTIs) that offer an attractive alternative to other antiretrovirals in the setting of salvage therapy and in treatment-naive patients, firstly and most importantly, because of their different target enzyme and, as a consequence, potent activity against virus strains that carry resistance mutations against drugs from other classes. Raltegravir (RAL) was the first drug in this class to be approved by the United States Food and Drug Administration (FDA) for use in highly treatment-experienced HIV-1-infected patients in October 2007. In January 2009, the FDA granted traditional approval for the 400 mg RAL tablets (Isentress; Merck and Company, Whitehouse Station, New Jersey, USA) for HIV-1 treatment in treatment-experienced individuals in combination with other antiretrovirals. In July 2009, the FDA extended approval for Isentress for the treatment of treatment-naive patients. A second drug in this class, elvitegravir, is in the late stages of clinical development and currently in phase III clinical trials. Other InSTIs, for example, MK-2048 (Merck, NJ, USA) and GSK1349572 (GlaxoSmithKline, NC, USA) (GlaxoSmithKline, London, UK) are in early clinical development.

## Candidate terms can be added to Emtree

In the case of drugs, new entities may initially be designated as laboratory codes and only later using chemical names, trade names or generic names. In Emtree, the preferred term is always the generic name, if it is available. When older terms are replaced in Emtree by newer terms, articles with the older index terms can be *backposted* so that the old terms are replaced by the new index terms. This procedure is used on Embase.com, but is not available on all platforms.

# Adding to Emtree: synonyms and structure

# dolutegravir

1,074 records found

## Terminology searched for:

Generic name
IUPAC chemical name
Laboratory code/trade name

### History

This term was added to Emtree in 2012

### Synonyms

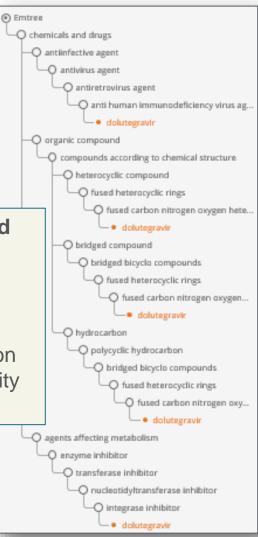
3, 4, 6, 9, 9a, 10 hexahydro 5 hydroxy 4 methyl 6, 10 dioxo 2h 1 oxa 4a, 8a diazaanthracene 7 carboxylic acid 2, 4 difluorobenzylamide; 5 hydroxy 4 methyl 6, 10 dioxo 3, 4, 6, 9, 9a, 10 hexahydro 2h 1 oxa 4a, 8a diazaanthracene 7 carboxylic acid 2, 4 difluorobenzylamide; dolutegravir sodium; dolutegravir sodium monohydrate; gsk 1349572; gsk 1349572a; gsk 572; gsk1349572; gsk1349572a; gsk572; n (2, 4 difluorobenzyl) 3, 4, 6, 8, 12, 12a hexahydro 7 hydroxy 4 methyl 6, 8 dioxo 2h pyrido [1', 2':4, 5] pyrazino [2, 1 b] [1, 3] oxazine 9 carboxamide; n [(2, 4 difluorophenyl) methyl] 7 hydroxy 4 methyl 6, 8 dioxo 3, 4, 6, 8, 12, 12a hexahydro 2h pyrido [1', 2':4, 5] pyrazino [2, 1 b] [1, 3] oxazine 9 carboxamide; s 1349572; s 349572; s gsk 1349572; s gsk1349572; s-349572; s1349572; s349572; sodium 5 hydroxy 4 methyl 6, 10 dioxo 3, 4, 6, 9, 9a, 10 hexahydro 2h 1 oxa 4a, 8a diazaanthracene 7 carboxylic acid 2, 4 difluorobenzylamide; tivicay

### CAS Registry Numbers

1051375-16-6; 1051375-19-9; 1172581-47-3

# Drugs can be classified via different routes:

- Drug class
  - therapeutic use
  - system affected
  - mechanism of action
- Pharmacological activity
- Chemical structure



ELSEVIER 141

# **Backposting**

When older terms are replaced in Emtree by newer terms, articles with the older index terms can be backposted so that the old terms are replaced by the new index terms. This procedure is used on Embase.com, but is not available on all platforms.



#### Current Opinion in HIV and AIDS

Issue: Volume 4(6), November 2009, p 518–523 Copyright: © 2009 Lippincott Williams & Wilkins, Inc.

Publication Type: [Salvage therapy: Edited by Christine Katlama and Paul S

DOI: 10.1097/COH.0b013e328331b526

ISSN: 1746-630X

Accession: 01222929-200911000-00011

Keywords: elvitegravir, HIV, integrase inhibitors, raltegravir, therapy

#### Introduction

Integrase inhibitors belong to a new class of antiretroviral compounds (integrase strand transfer inhibitors, InSTIs) that offer an attractive alternative to other antiretrovirals in the setting of salvage therapy and in treatment-naive patients, firstly and most importantly, because of their different target enzyme and, as a consequence, potent activity against virus strains that carry resistance mutations against drugs from other classes. Raltegravir (RAL) was the first drug in this class to be approved by the United States Food and Drug Administration (FDA) for use in highly treatment-experienced HIV-1-infected patients in October 2007. In January 2009, the FDA granted traditional approval for the 400 mg RAL tablets (Isentress; Merck and Company, Whitehouse Station, New Jersey, USA) for HIV-1 treatment in treatment-experienced individuals in combination with other antiretrovirals. In July 2009, the FDA extended approval for Isentress for the treatment of treatment-naive patients. A second drug in this class, elvitegravir, is in the late stages of clinical development and currently in phase III clinical trials. Other InSTIs, for example, MK-2048 (Merck, NJ, USA) and GSK1349572 (GlaxoSmithKline, NC, USA) (GlaxoSmithKline, London, UK) are in early clinical development.

### **Drug Terms**

antivirus agent e, atazanavir e, efavirenz e, elvitegravir e, enfuvirtide e, etravirine e, cobicistat e, dolutegravir e, integrase inhibitor inhibitor e, rifampicin e, rifampicin e, ritonavir e, RNA directed DNA polymerase inhibitor e, tipranavir e, unclassified drug e, ritonavir e, RNA directed DNA polymerase inhibitor e, tipranavir e, unclassified drug e, ritonavir e, ritonavir

Drug Tradenames

gs 9350, gsk 1349572, mk 0248



# Using the knowledge

Make use of Emtree to get the best results out of Embase

# Get the best out of Embase: systematic searching with Emtree

### Q:

Use Embase to find reports on comparison between aspirin and clopidogrel in the treatment of thrombosis.

But don't get too many results: limit to 'randomized controlled trial'

### A:

Understanding the principles of indexing and the structure of Emtree helps create search strategy: breakdown the question into indexing terminology

# Get the best out of Embase: systematic searching with Emtree

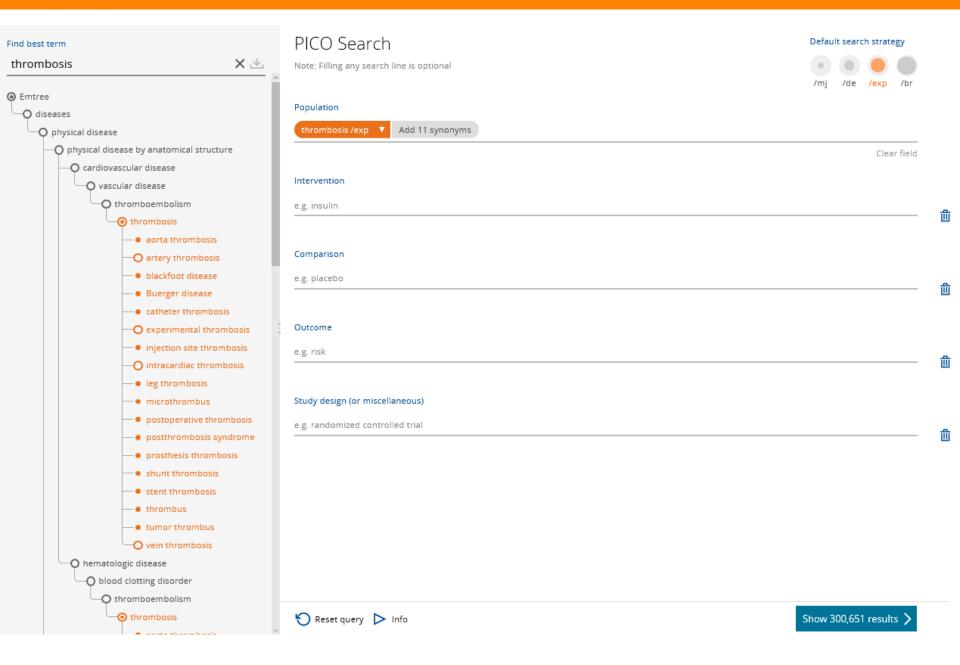
### Q:

Use Embase to find reports on **comparison** between **aspirin** and **clopidogrel** in the treatment of **thrombosis**.

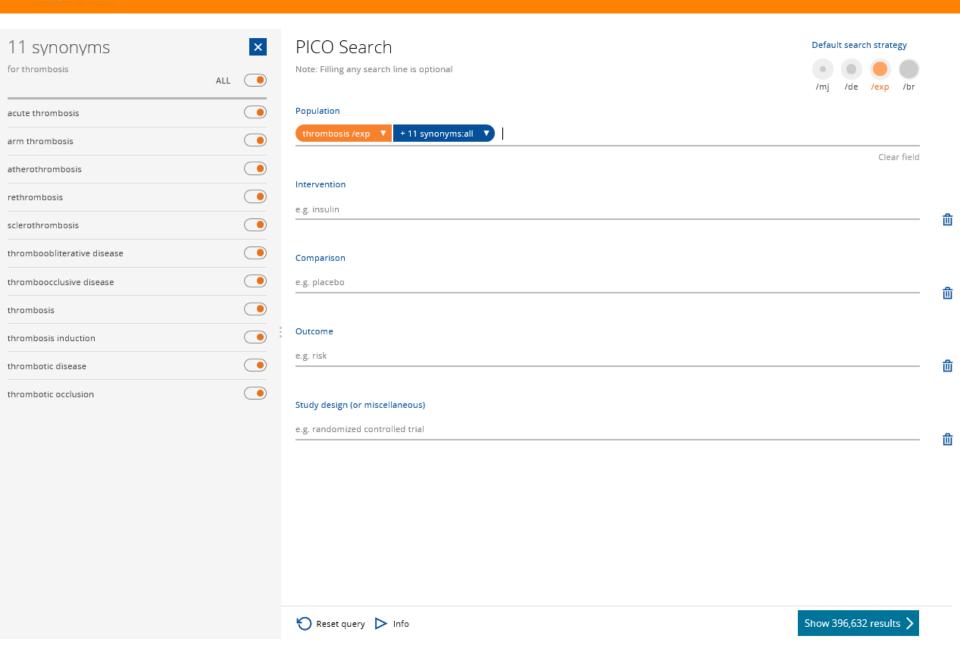
But don't get too many results: limit to 'randomized controlled trial'

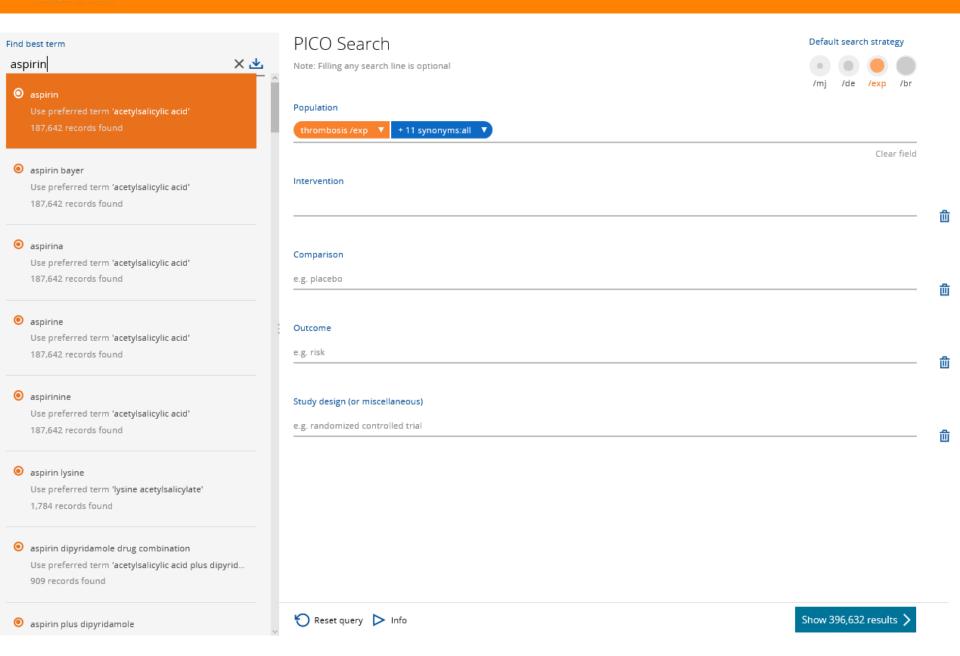
### A:

Understanding the principles of indexing and the structure of Emtree helps create search strategy: breakdown the question into indexing terminology

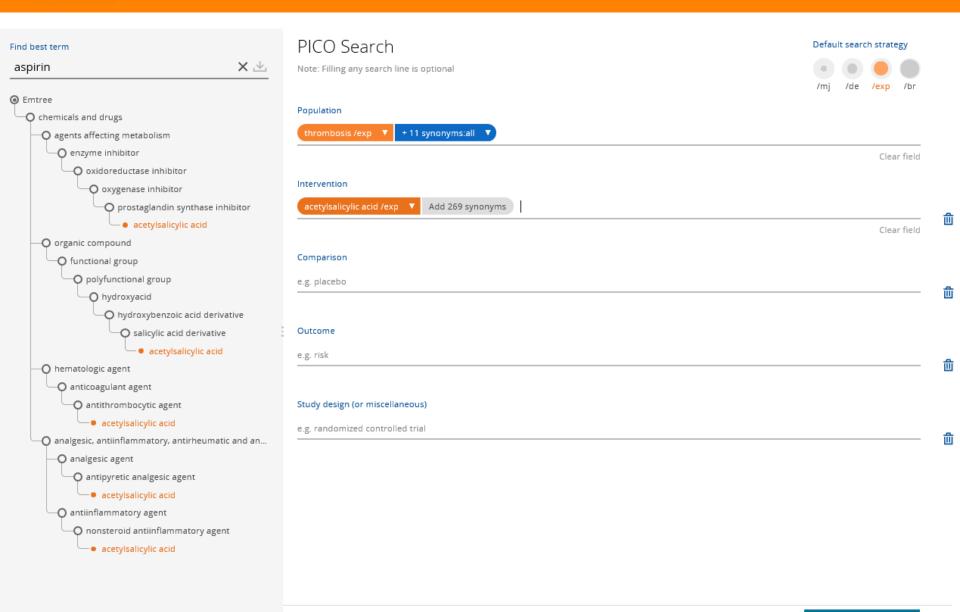


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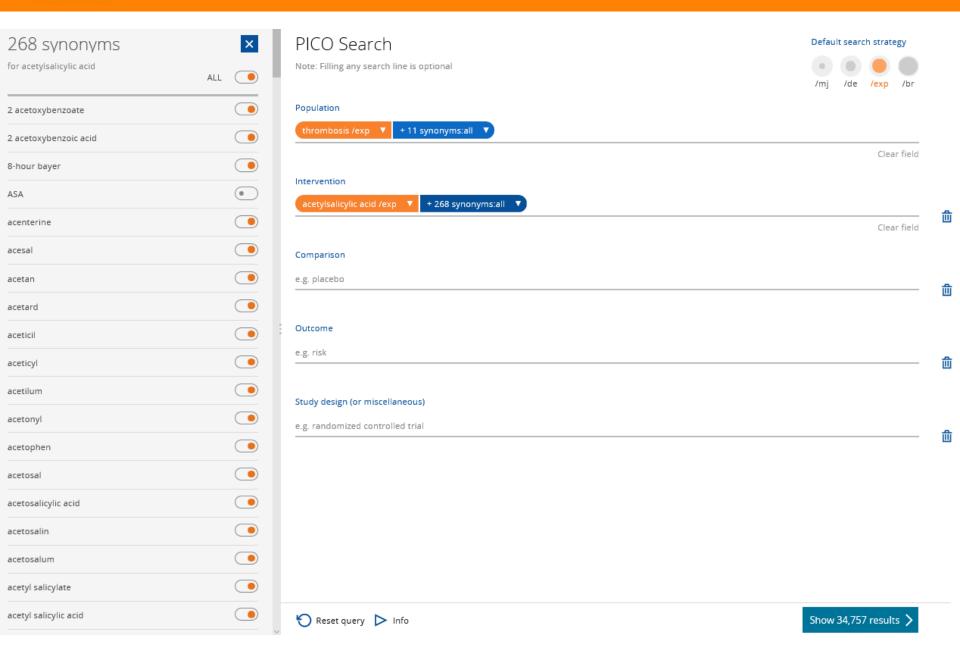


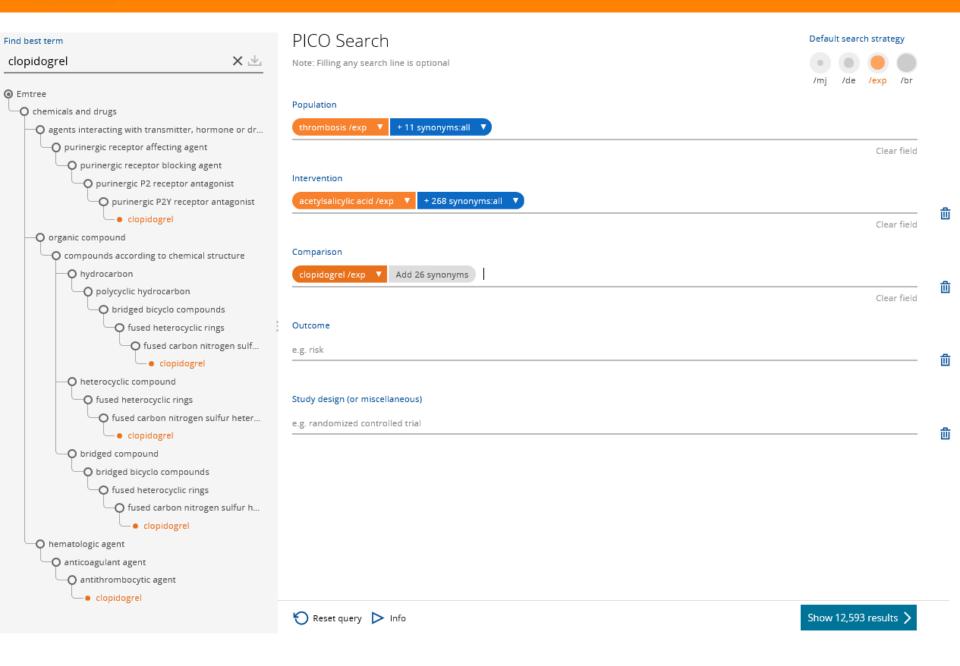


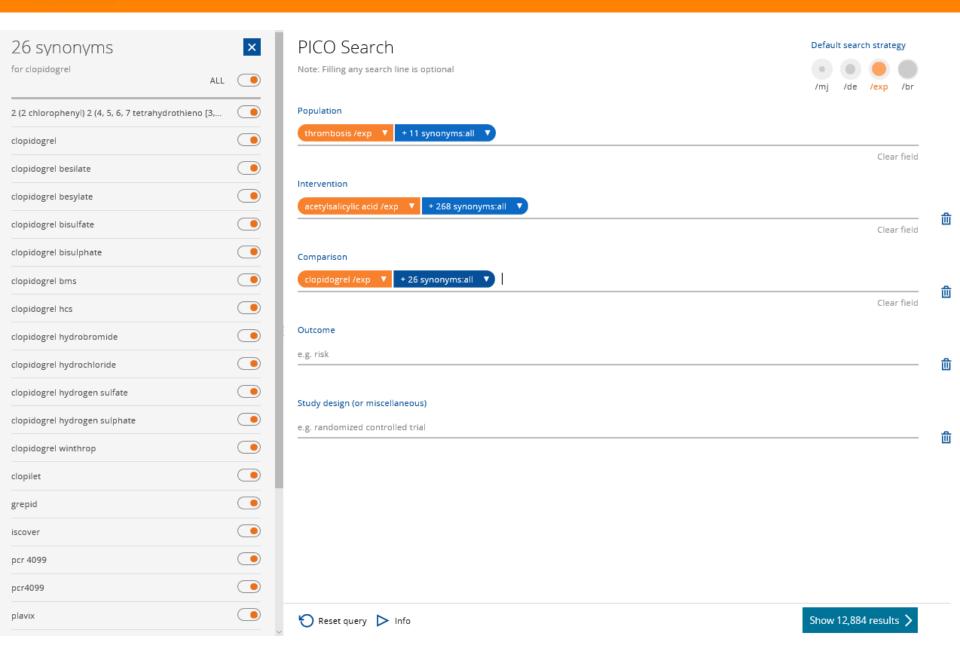
Show 33,145 results >

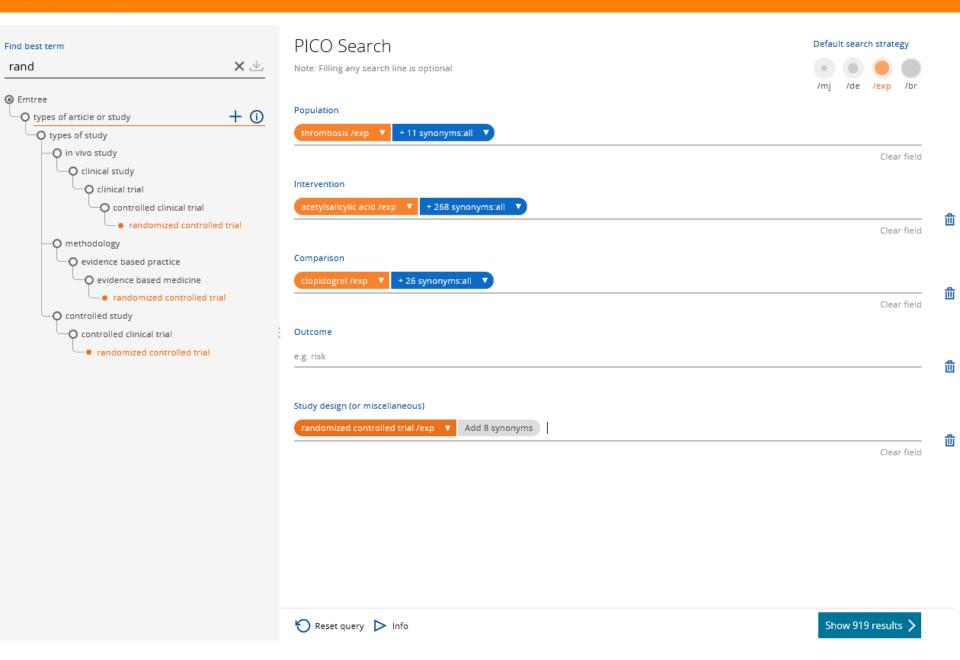


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_ 2	Reardon M.J Oh J.K., Olse New England	j., Van Mieg en P.S., Piaz d Journal of	ghem N.M., Po zza N., William Medicine 2017	ppma J.J., Kleiman is M., Windecker : 7 376:14 (1321-13	S., Yakubov S.J., Grube	Mumtaz M., Adams	D.H., Deeb G.M., I			S., Gleason T., Helser J. Igglin A.S., Serruys P.W.	
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919 results for search #1 💢 Set email alert 🦒 Set RSS feed 🕞 Search details									
Results	View   Print   Export   Email   Order   Add to Clipboard		1 — 25						
Select numbe	er of items V Selected: 0 (clear)	Show all abstracts   Sort by:	Publication Year						
1	Impact of ticagrelor and aspirin versus clopidogrel and aspirin in suburden assessed by intravascular optical coherence tomography Yang X., Leesar M., Ahmed H., Lendel V., Cawich I., Prasad A., Oglesby M., Taylor H., For Catheterization and Cardiovascular Interventions 2017 89 Supplement 2 (S101-S102)  Embase   Abstract   Index Terms   View Full Text		ial disease (PAD): Thrombus						
_ 2	Surgical or transcatheter aortic-valve replacement in intermediate-risk patients  Reardon M.J., Van Mieghem N.M., Popma J.J., Kleiman N.S., Sondergaard L., Mumtaz M., Adams D.H., Deeb G.M., Maini B., Gada H., Chetcuti S., Gleason T., Heiser J., Lange R., Merhi W., Oh J.K., Olsen P.S., Piazza N., Williams M., Windecker S., Yakubov S.J., Grube E., Makkar R., Lee J.S., Conte J., Vang E., Nguyen H., Chang Y., Mugglin A.S., Serruys P.W.J.C., Kappetein A.P.  New England Journal of Medicine 2017 376:14 (1321-1331)  Embase MEDLINE   Abstract  Index Terms  View Full Text								
Disease Terms acute kidney failure $^{\circ}$ , a aorta stenosis $^{\circ}$ , aorta valve regurgitation $^{\circ}$ , atrial fibrillation $^{\circ}$ , cerebrovascular accident $^{\circ}$ , self expanding aorta valve prostnesis, thrombosis $^{\circ}$ ,  Device Terms aorta valve prostnesis $^{\circ}$ ,  Other Terms age distribution $^{\circ}$ , aged $^{\circ}$ , aorta valve replacement $^{\circ}$ , article $^{\circ}$ , blood transfusion $^{\circ}$ , clinical effectiveness $^{\circ}$ , controlled study $^{\circ}$ , death $^{\circ}$ , disease severity $^{\circ}$ , female $^{\circ}$ , human $^{\circ}$ , intermediate risk patient $^{\circ}$ , intermethod comparison $^{\circ}$ , analor clinical study $^{\circ}$ , malor clinical study $^{\circ}$ , outcome assessment $^{\circ}$ , pacemaker implantation $^{\circ}$ , patient safety $^{\circ}$ , postoperative period $^{\circ}$ , randomized controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , outcome assessment $^{\circ}$ , pacemaker implantation $^{\circ}$ , patient safety $^{\circ}$ , postoperative period $^{\circ}$ , randomized controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and $^{\circ}$ , and $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and $^{\circ}$ , and a controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and a controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and a controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and a controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and a controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and a controlled trial $^{\circ}$ , surgical risk $^{\circ}$ , transcatheter aortic valve implantation $^{\circ}$ , and a controlled trial $^{\circ}$ , and a controlle									
3	Rationale and design of the SAFE-A study: SAFety and Effectiveness patients with atrial fibrillation undergoing percutaneous coronary	•	dual antiplatelet therapy in						



# Thank you for your attention

Questions?