

ClinicalKey助益医疗、科研、教学

Presented By Date

Elsevier医学部

ClinicalKey*

Agenda

- □ 了解爱思唯尔
- □ ClinicalKey 助力临床、科研及教学
- □ 在线使用ClinicalKey
- Q&A

爱思唯尔 (ELSEVIER)



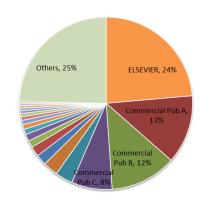
ELSEVIER

Tree of Life—出版者 Grapevine—科研成果 A Sage —科技工作者



Non Solus —"Not alone" 出版者与科技工作者互相支持, 共同创造并传播科研成果

爱思唯尔——全球领先的医学科技出版商





- 2,000多种期刊: 如 The Lancet, Cell
- 2,000多种图书:如 Gray's Anatomy, Cecil Medicine
- 67个领域:期刊排名第一
- 24%: SCI医学论文全球占比近四分之一
- 100年:被 SLA 评为"百年来最有影响力的生物医学和生命科学出版商"

庞大医学图书馆带在身边

全球资源最丰富全医学平台

挖掘最丰富的临床医学图书馆

✓ 1,105 reference books 参考书	✓ 850+ First Consult monographs 循证专论
✓ 690 medical journals 医学期刊	✓ 3,000+ drug monographs 药物专论
✓ 30,000+ medical / surgical videos 内外科视频	✓ 5,000+ practice guidelines 诊疗指南
✓ 300+ Procedures Consult videos 操作视频	✓ 15,000+ patient education handouts 患者教育
✓ Over 3.0 million images 影像图片	✓ Over 160,000ClinicalTrials.gov 临床试验
✓ 1,400+ Topic disease 疾病主题	✓ Fully indexed MEDLINE 期刊文摘

随时随地快速解决问题:

门诊夜班间隙,查房途中...



- ・适用各种终端
- ・允许远程访问







坚实有力的帮助

医疗 科研

- ・提升医疗安全
- ・减少不必要会诊
- ・缩短住院日
- ・减少医疗事故
- 规范有效的医患沟通

- 提升科研水平
- 提高科研产出和质量

- 保证教学水平
- 锻炼提高临床操作水平

www.ClinicalKey.com

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⊕ 中文 CME Store 登录 注册 ⑦ **三**

Lead with answers.

所有	光 刑	~	松索诊器	斤,适应症	药物可	(更多	O
1/11/13	人工		I TOWN	1 / AEILIL	1 23 (32)		
浏览							
图书	期刊	药物专论	临床指南	患者教育	多媒体	操作视频	

推荐使用浏览器:Firefox, Google Chrome, Safari, IE8以上。 CK 2.0适配移动终端



全面助力医疗

最新权威的循证医学

■ 循证医学疾病主题:

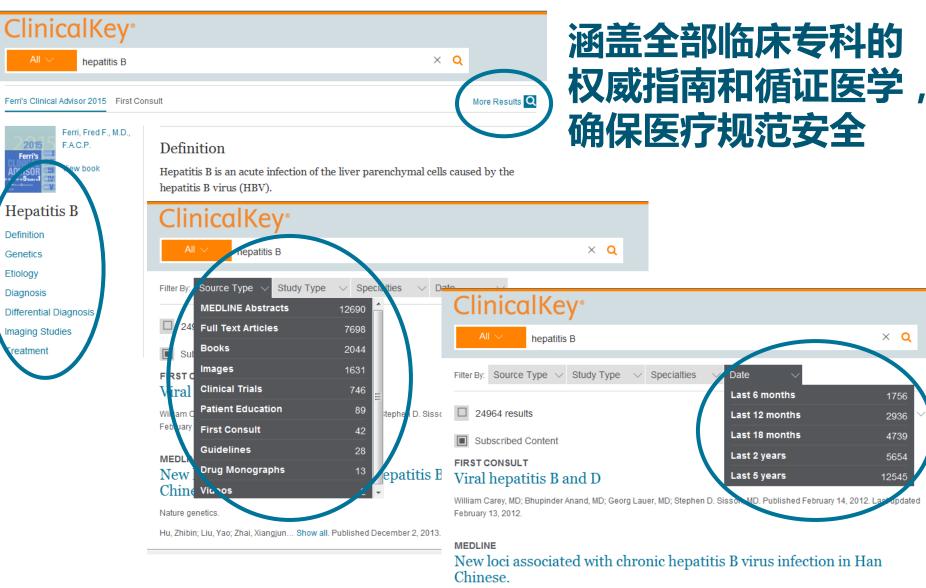
850 FIRST CONSULT + 1400 DISEASE TOPICS

■ GUIDELINE 诊疗指南:

270+ 欧美专业学会、协会(超过5000篇最新)

■ CLINICS OF NORTH AMERICA北美临床系列期刊 50多种期刊,涵盖30多个学科,业内权威专家针对特定临床问题的系列综述

权威循证医学



Nature genetics

Hu, Zhibin; Liu, Yao; Zhai, Xiangjun... Show all. Published December 2, 2013.

以症状入手-提供全面准确的诊疗思路防止漏诊误诊

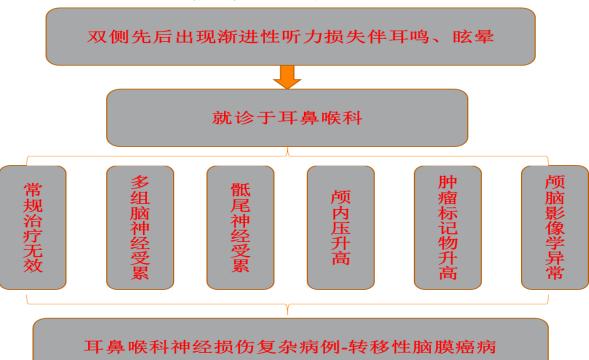


ClinicalKey*

神经内科、耳鼻咽喉头颈外科中国人民解放军总医院

诊断——复杂疑难病例

临床诊疗实例

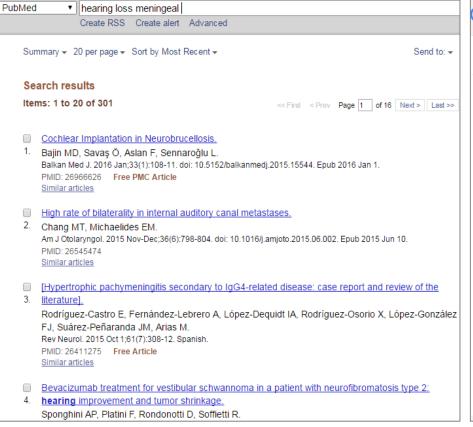


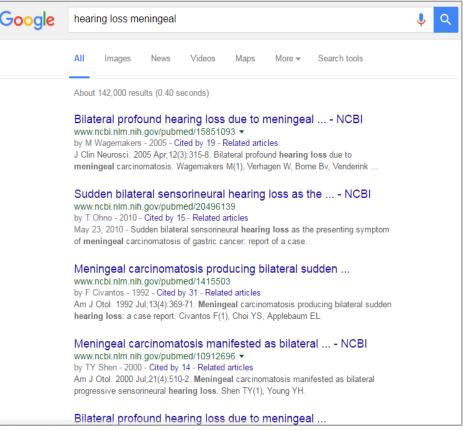
- · 全院大会诊:再次腰穿查脑脊液细胞分类、腹部增强MRI查找原发灶、腰 骶段MRI及四肢电生理。
- 随访:患者出院后未行进一步检查治疗,发病后5个月死亡。

对于医学逻辑思路的帮助

PubMed结果,关联度不高

Google结果数量庞大无序,目前大陆?



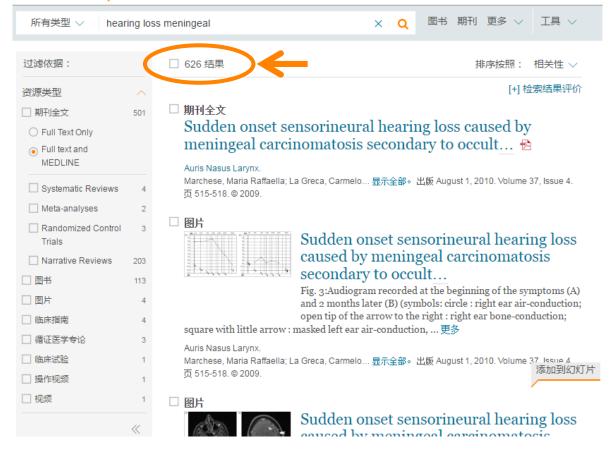


权威全面的医学支持软件

像临床医生一样思考问题:

- 1. 按临床逻辑关联性强弱显示 结果: 依次为脑膜癌病、自 身免疫病、脑炎、Bahcet综 合征、脑膜炎、系统性疾病 等,为临床提供清晰诊断思 路
- 2. 检索获得600多条结果:包括书籍、杂志、药品专论、权威指南、患者教育等多层次多角度临床专业知识,无冗余信息干扰
- 3. 资源种类多样,包括各种直 观图片、视频资料 , 并可以 直接制作ppt后导出

ClinicalKey[®]



殊途同归: 多种检索词组合指向高度一致

ClinicalKey®



ClinicalKey®



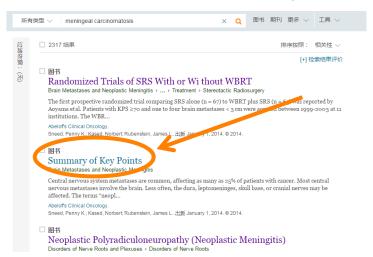
ClinicalKey⁶



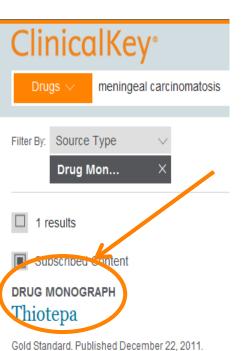
ClinicalKey*

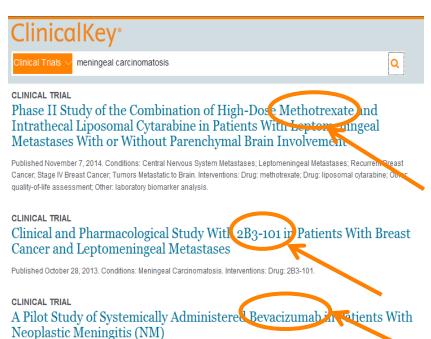


专家团助手 随时上网查询

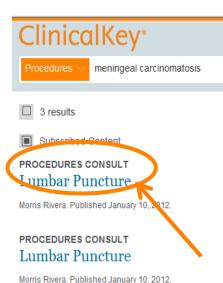








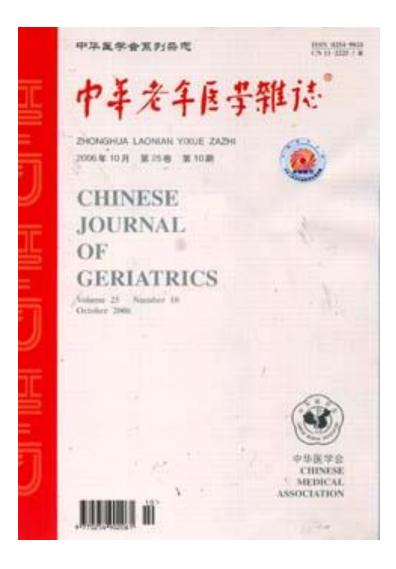
Published December 1, 2014. Conditions: Neoplastic Meningitis. Interventions: Drug: Bevacizumab.



PROCEDURES CONSULT
Lumbar Puncture (Family Medicine)

Michael L. Tuggy. Published January 10, 2012.

CK诊断疑难病例极其强大



中华主年联举会之 2015 年 7 月第 54 卷第 7 章 Chin I Gerlate, Info 2015 , Vol. 54 No. 7

839

· 讲座 ·

临床数据库软件在临床病例 诊治中的应用

產琳 赵晶 赵飞帆 王大勇

【关键试】 数据库; 病例管理

Application of medical software in diagnosis and treatment for a diluted case. Kang Lim', Tabu Jing, Than Feij'an, Wang Donyan, "Department of Geristeites, Chinese Academy of Medical Sciences & Poking Union Medical Callege Haysital, Reijing 100005, China Carresponding author; Kang Lin, Ennal; kanglin_65@

[Key worth] Database; Case management

能床医生間对豬鍋屏幕的數据库和医学軟件。 如何快速得到对自己最有帮助的医学知识和信息。 我们以某一个具体的床笫例为例。介绍在诊疗注程 中应用多种医学软件辅助分析。通过现象不同軟件 的功能特点,帮助大家好地利用身边的數字网络 资源。从而提升医疗安全规范,提升自身医疗水平。

一、临床病例描述

患者。男性,55岁,河北人。现病史,2012年2 月无明显诱因开始出现右耳斯进听力下降伴头晕。 既往糖尿病史。当地二级甲等中医院按糖尿病用 图神经病变给予银杏叶提取物注射液、前列地尔等 药物。并辅以高压氧治疗。治疗过程中上述症状进 一步加重至右耳听力完全丧失。同时出现左耳斯进 性听力下降 .4 月出现嗅觉减退及口角歪斜、左侧 闭目不全等左侧周围性面瘫症状。患者转入当地三 级甲等医院继续静脉始予前列地尔、巴曲酶等药物 治疗,所力损失继续加重至双耳全聋,嗅觉丧失,头 晕、走路不稳加重。轻度嗜躁。略声嘶。俱有饮水呛 班,无复视、无呼吸困难及吞唱困难、无耸肩不能 等,5月转人我院耳鼻咽喉头颈外科治疗,诊疗 经过,查体发现多组脑神经(I、W、W、X、X)受 累,骶尾神经受累(小便无力,鞍区及会阴区痛觉减 選):預驗增強核確(2012年4月及5月2次检查)

DOI,18.3760/mm.; inst.0284-8028.2018.07.032 作數學位,100005 中國與李科學院,北京协和展院老年展學科 (康報),第二军民大學图书馆(知品),解故军总裁院写真鄉科(能飞

通信作者 , 年年 . Email planglin _668 125 .com

均量示颞部、緩部軟驗膜异常强化:腹部 CT (2012 年4月)未見明显异常;血常规及生化结果(2012 年5月)未见明显异常。血肿瘤标记物糖抗原(CA) 19-9(2012年4月)为120 U/ml(直清正常值小于 37 U/ml):腰穿(2012年5月)提示颅内压初压增 高达 295 mmH: 0 (正常值 70~200 mmH: 0.1 mmH:0-0.098 kPa):脑脊液常規:细胞总数 54 ×10°/L,白细胞数 35×10°/L,蛋白定性(+); 脑 脊液生化,脑脊液蛋白 1436.9 mg/L (正常值 150 ~400 mg/L),脑脊液细胞分类未见肿瘤细胞,脑 脊液肿瘤标记物检测癌胚抗原高达 119.60 pg/L (血清正常值小于 2.5 pg/L), CA19-9 (2012年 5 月)高达 6353 U/ml.复查由肿瘤标记物 CA19-9 (2012年5月)为 207.1 U/ml;全身正电子发射计 算机斯层显像(PET-CT)(2012年5月)未见明显 高代谢灶。治疗以营养神经及降颅压为主。无明显 疗效, 经多次全院多学科会诊,高度怀疑原发灶隐 置的軟膜膜转移或腋膜癌病,建议多次腰穿查找肿 瘤细胞。进行腰部 MRI 及胃肠镜查找原发灶。并进 行四肢电生理检查。2012年5月26日患者要求 出院,拒绝进一步检查及治疗,随访该患者于7月 中旬死亡。

二、軟件应用

我们应用3 种常用的临床支持软件 PuhMed, Up To Date(UTD), Clinical Key(CK)分別进行 了不同组合的搜索,搜索测包括如下,(1)针对该院 例早期用性异常症状或检查结果,双侧耳聋 (hilateral hearing loss), 脑膜异常 (meningal shnormality), CA19-9 升高、外周神经系统受累 (perineural involvement), 检案调包括 "hilateral hearing loss perineural involvement and meningeal shnormality" "hilateral hearing loss meningual abnormality", "hilateral hearing loss elevated CA19-9"; (2)以 "leptumeningeal metastasses elevated CA19-9", "meningeal carcinomatosis ClinicalKey*

整形外科 中国医学科学院北京协和医院

治疗——复杂疑难病例

Case Scenario-Photos



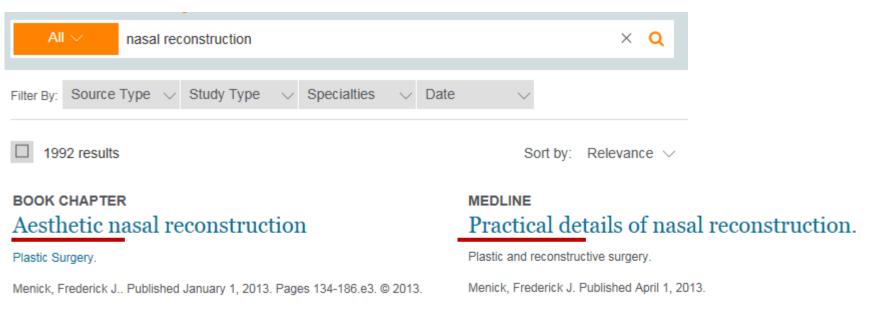








ClinicalKey 搜索问题

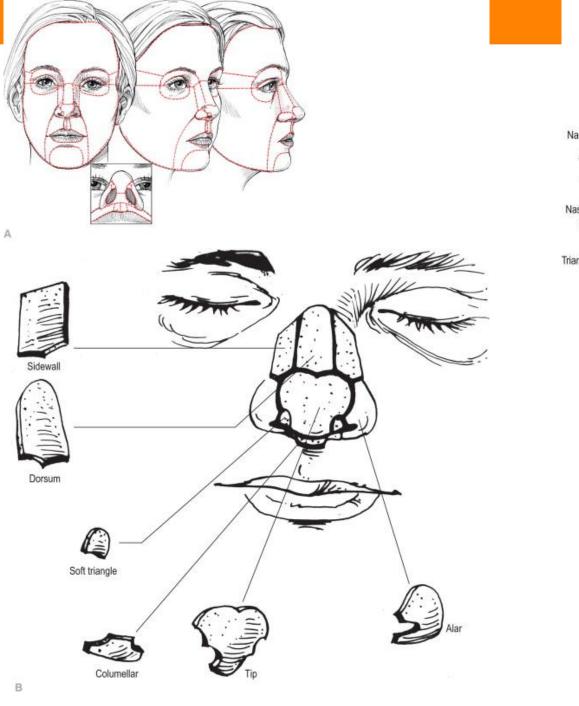


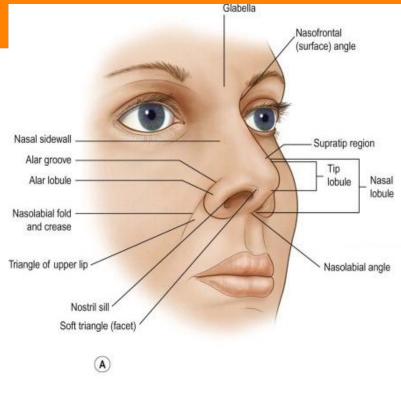
A Modern Approach to Nasal Reconstruction with a Forehead Flap

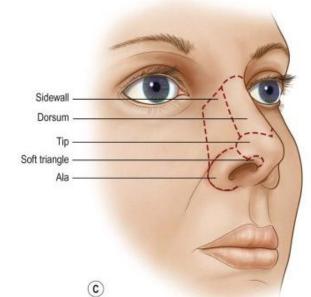
Nasal Reconstruction: Art and Practice.

Published January 2, 2009. Pages 109-154. © 2009.









ClinicalKey 提供的答案

• 最好的术式选择

BOOK CHAPTER

A Modern Approach to Nasal Reconstruction with a Forehead Flap

Frederick J Menick MD

Nasal Reconstruction: Art and Practice, CHAPTER 6, 109-154

Get rights and content

BOOK CHAPTER

The Forehead Flap: Technique – Getting the Operation Underway, Surgical Planning and the Use of Templates – Step-by-Step Details of Transfer, the Intermediate Operation, and Revision

Frederick J Menick MD

Nasal Reconstruction: Art and Practice, CHAPTER 7, 155-237

→ Get rights and content

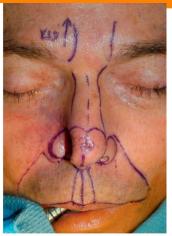
Outline
Operation 1 – Repair of the Lip and Cheek Platform
Operation 2 – Nasal Reconstruction
Operation 3 – The Intermediate Operation
Operation 4 – Pedicle Division
Operation 5 – Revision
Forehead Flap Technique

CK 为临床术者提供了权威细节的直接指导



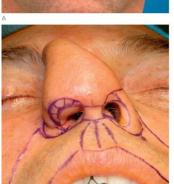
ClinicalKey®









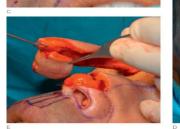
























明确问题 获得解答

- 解剖及美学缺陷
- 可用供体组织Available donor tissues
 - 鼻唇沟或前额皮瓣覆盖
 - 需要扩展延伸皮瓣
 - 鼻内衬砌瓣
 - 非全厚疤痕不需要
 - 耳软骨支撑
- 手术分期及步骤
 - 根据覆盖及衬砌皮瓣的修复情况分为3-4期手术

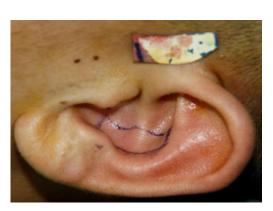
ClinicalKey[®]

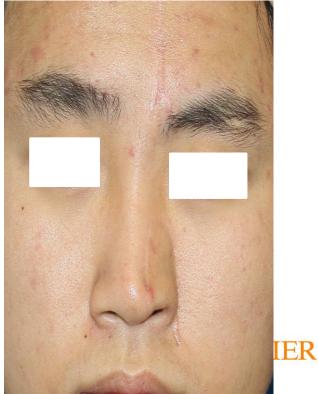
Case Outcome-Results













心血管内科 北京大学&首都医科大学

完成国内首例复杂手术

Case history

- + F, 61ys, ID: 351718
- Chief complaint: heart murmur for 20ys,intermittent palpation for 2ys,chest discomfort, short of breath for 6ms
- → PE reveals heart murmur for 20ys without other signs.
- palpation for 2ys Holter reveals atrial premature and ventricular premature occasionally.UCG revealed septal hypertrophy(not detailed).
- ullet Patient suffers chest discomfort and short of breath for 6ms with exerbation during exersise UCG reveals septal hypertrophy and LOVT.she took eta -bloker and diltiazem for 6ms but with on effect.
- Past history:no significant past history.

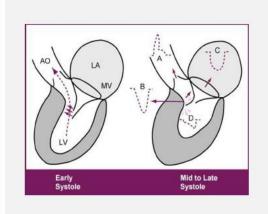
UCG reveals obstructive lesion (arrow)



Ultrasound Cardiography

- → 室间隔厚度17.6mm,
- → SAM征阳性, 余各瓣膜结构、运动未见明显异常。左室壁 非对称性肥厚, 以室间隔基底段肥厚为著, 室间隔与左室 后壁之比大于1.5
- Doppler血流检测:左室流出道呈五彩花色,流速明显增快, 峰值流速约4.4m/S,压力阶差:77mmHg,二尖瓣区可见 少量反流信号。
- ◆ 诊断: 非对称性左室壁异常肥厚, 左室流出道梗阻, 左房增大, 老年性瓣膜退变

Treatment stragety

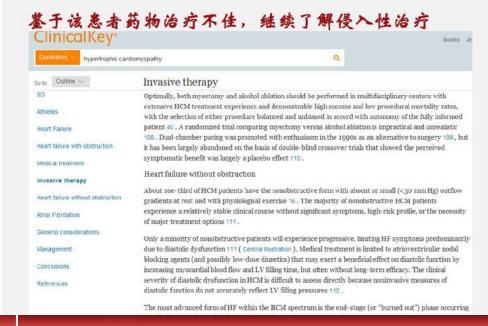




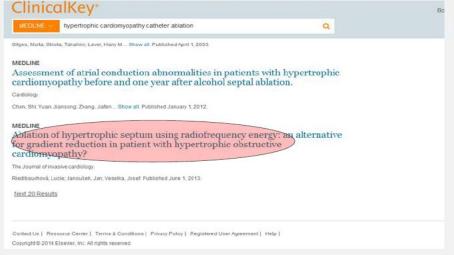
检索ClinicalKey: 首先看到对HCM的基本介绍



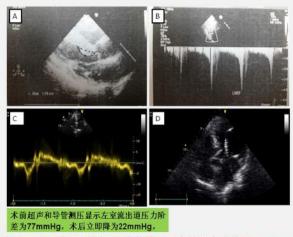




最终找到alternative solution

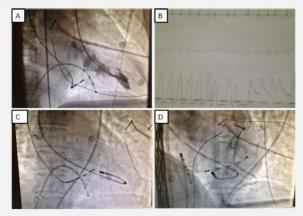


RFCA result



A: 术前超声心动图,LVOT梗阻肥厚;B:多普勒显示术前压力阶差77mmHq;

RFCA result

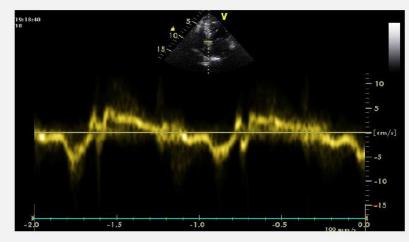


RFCA process。A:Left ventriculography; B:LVOT pressure gradient C:RF catheter position (RAO); D:RF catheter position (LAO)

LVOT model in Carto 3 system



LVOT(22mmHg) after procedure



Long-term follow up:no significant symptom



强力提升科研



高质量医学期刊:提高科研产出和质量





















• 专科领域排名第一: 17种

专科领域排名前十: 100+ 种(The Lancet, Ophthalmology, etc.)

- 临床医学类期刊最著名的北美临床系列:

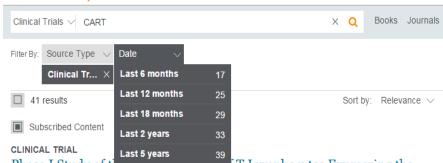
包含全部专科五十余种ELSEVIER

转化医学前沿

■ Clinical Trials 临床试验:

NIH批准的全球范围内16万余个在研项目

ClinicalKey[®]



Phase I Study of the Administration of T Lymphocytes Expressing the CD30 Chimeric Antigen Receptor for Relapsed CD30+ Hodgkin's Lymphoma and CD30+ Non-Hodgkin's Lymphoma (CART CD30)

Published March 24, 2015. Conditions: Non-Hodgkin's Lymphoma; Hodgkin's Lymphoma. Interventions: Drug: CAR.CD30 T cells.

CLINICAL TRIAL

Dose Optimization Trial of Autologous T Cells Engineered to Express Anti-CD19 Chimeric Antigen Receptor (CART-19) in Patients With Relapsed or Refractory CD19+ Chronic Lymphocytic Leukemia (CLL)

Published October 10, 2014. Conditions: Adult Patients Who Have Relapsed or Refractory CLL (3rd Line) or SLL. Interventions. Biological: CART-19.

CLINICAL TRIAL

CHP 959 - A Phase I/IIA Study of Redirected Autologous T Cells Engineered to Contain Anti-CD19 Attached to TCRzeta and 4-1BB

ClinicalKey[®]



Published May 8, 2015. Conditions: Hepatic Cancer; Pancreatic Ductal Cancer; Colorectal Cancer; Breast Cancer; Gastric Cancer.

CLINICAL TRIAL

Phase II Evaluation of Mithramycin, an Inhibitor of Cancer Stem Cell Signaling, in Patients With Malignancies Involving Lungs, Esophagus, Pleura, or Mediastinum

Published January 15, 2015. Conditions: Lung Cancer; Esophageal Cancer; Mesothelioma; Gastrointestinal Neoplasms; Breast Cancer. Interventions: Drug: Mithramycin.

CLINICAL TRIAL

A Phase II Evaluation of Metformin, Targeting Cancer Stem Cells for the Prevention of Relapse in Patients With Stage IIC/III/IV Ovarian, Fallopian Tube, and Primary Peritoneal Cancer

Published May 13, 2015. Conditions: Ovarian, Fallopian Tube, and Primary Peritoneal Cancer. Interventions: Drug: Metformin

了解科研最新前沿:全球在研多中心临床试验

Purpose

WHO recommends the use of artemisinin-based combination therapies (ACTs) in the treatment of uncomplicated malaria to stem falciparum malaria drug resistance. New ACTs are entering the African market and will be used by the public health care system. The collection of safety data and risk evaluation through observational data are critical in order to assess risk/benefit profile of each ACT through its life cycle and providing information on the best use. Additionally there is need to assess the impact of the introduction of a new ACT in the evolution of its efficacy and malaria morbidity and mortality. Dihydroartemisinin/Piperaquine (DHA/PQP) is a new ACT approved by European Medical

Detailed Description

Detailed Description

Study will be performed in public health facilities in up to 7 selected HDSS centres (Health and Demographic Surveillance sites) within the HDSS in Burkina Faso (1), Mozambique (1), Ghana (3), and Tanzania (2), where Eurartesim® will be used as first-line treatment of uncomplicated malaria episodes. Primary: Evaluate the safety of Eurartesim® when used under usual conditions in 10,000 patients with signs and symptoms of uncomplicated malaria confirmed by a parasitological diagnosis (Microscopy/Rapid Diagnostic Test) or, when this test is not available, by WHO diagnostic criteria. Criteria

Inclusion Criteria: - Uncomplicated malaria (Plasmodia of any species) diagnosed as per national policies and in line with WHO recommendations (a history of fever in the previous 24 h and/or the presence of anaemia, for which pallor of the palms appears to be the most reliable sign in young children). Confirmation of malaria by a parasitological diagnosis with RDT is encouraged but its absence does not prevent patients from being enrolled. - Age \geq 6 months and weight \geq 5 kg. - Capability of taking an oral medication. - Ability and willingness to participate based on signed informed consent (a parent or a guardian has to sign for children below 18 years old), or on verbal

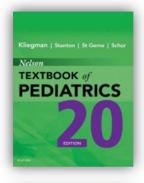


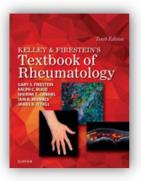
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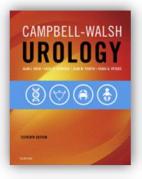
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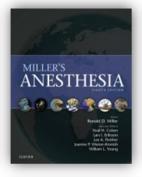


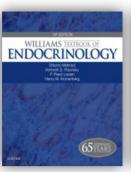
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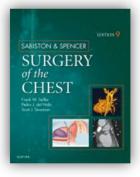


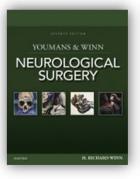






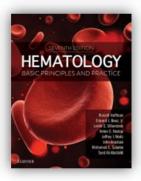


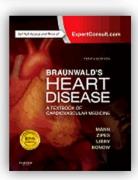












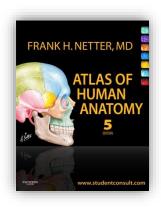
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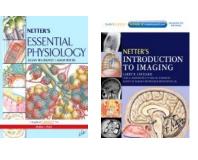
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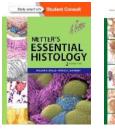
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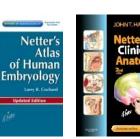
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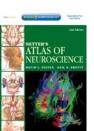
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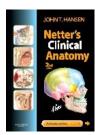


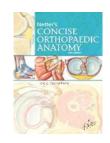


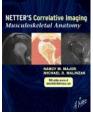


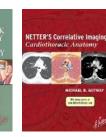


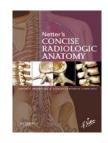






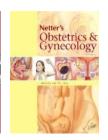


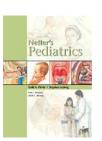




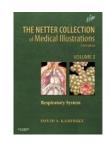










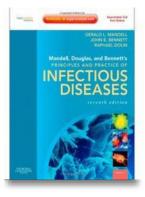


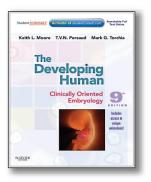


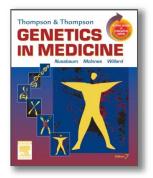


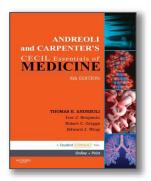
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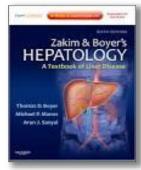


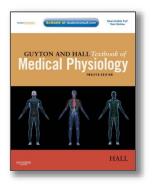


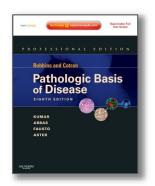






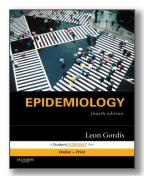














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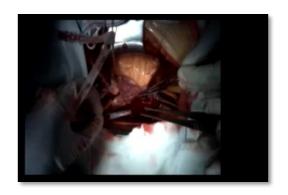
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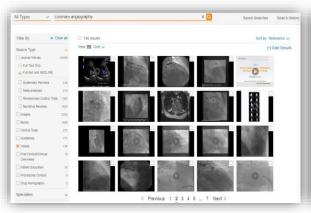
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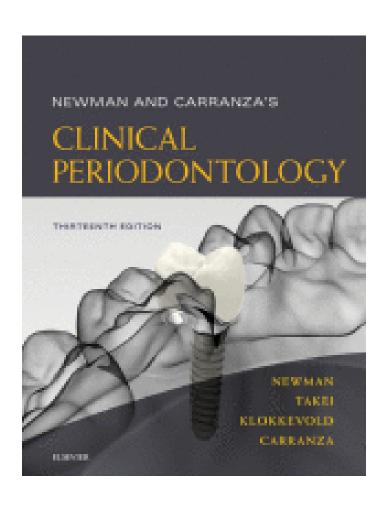


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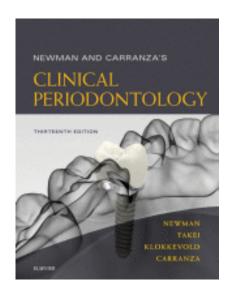
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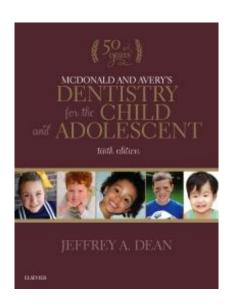
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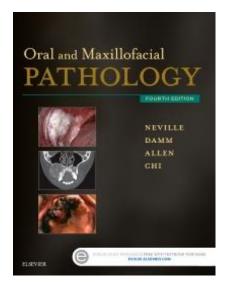
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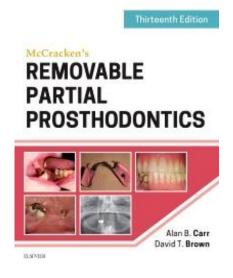
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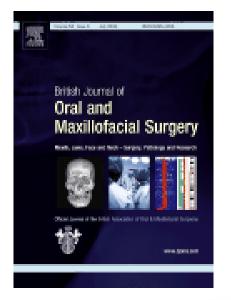
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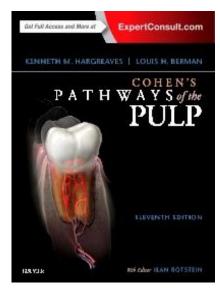














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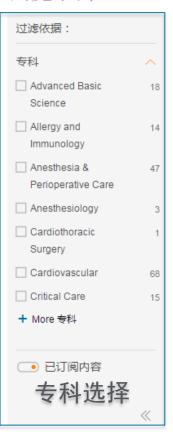
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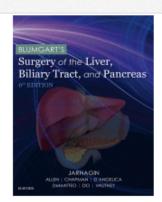
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Risk Factors for Pancreatic Ductal Adenocarcinoma and Pancreatic Cancers (See Chapter 9C)

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Six Genetic Syndromes Associated With Pancreatic **Ductal Adenocarcinoma**

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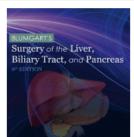
Pancreatic cancer: Epidemiology 🔁

Theresa Pluth Yeo 和 Charles J. Yeo Blumgart's Surgery of the Liver, Biliary Tract and Pancreas, Chapter 61, 971-978.e2

Overview

The pancreas is an organ located in the retroperitoneum, which has both exocrine and endocrine functions. The exocrine pancreas is composed of duct cells and acinar cells that produce enzymes that break down carbohydrates, proteins, and lipids promoting digestion. Greater than 90% of malignant pancreatic neoplasms are presumed to arise from the exocrine component (Cowgill et al., 2003; Li, 2003

Pancreatic ductal adenocarcinoma (PDAC) is the most common type of pancreatic cancer (PC), representing greater than 90% of the exocrine pancreas cases (see Chapter 59). The other 10% of exocrine tumors are mucinous tumors, mixed adenosquamous tumors, or acinar cell tumors (Cowgill et al, 2003; Li, 2003). Endocrine neoplasms (islet cell tumors and pancreatic neuroendocrine turnara) contribute approximately 50% of the total paparatic cancer again (Coursill et al. 2002 y Li. 2002



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概观

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胰腺导管腺癌和胰腺癌的危险 因素(见第9C章)

家族性胰腺癌和遗传性遗传疾病

与胰腺导管腺癌相关的六种 遗传综合征

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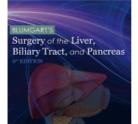
Theresa Pluth Yeo 和 Charles J. Yeo Blumgar的肝脏,胆道和胰腺手术,第61章,971-978.e2

概观

胰腺是位于腹膜后腔的器官,具有外分泌和内分泌功能。外分泌胰腺由导管细胞和腺泡细胞组成,产生的酶分解碳水化合物,蛋白质和促进消化的脂质。推测大于90%的恶性胰腺肿瘤来自外分泌成分(Cowgill等,2003;李,2003)。

胰腺导管腺癌(PDAC)是最常见的胰腺癌(PC)类型,占外分泌胰腺病例的90%以上(见 <u>第59章</u>)。另外10%的外分泌肿瘤是粘液性肿瘤,混合性腺鳞癌或腺泡细胞瘤(Cowgill等,2003;李,2003)。内分泌肿瘤(胰岛细胞瘤和胰腺神经内分泌肿瘤)占胰腺癌总数的约5%(Cowgill等,2003;李,2003)。

在美国,PDAC占所有新癌症的2.8%和所有癌症死亡的6%(Siegel等,2014)。PC是导致肺癌,前列腺癌和结直肠癌患者癌症死亡的第四大原因,截至2014年,它也是导致肺癌,乳腺癌和结直肠癌的女



Blumgart的肝脏, 道和胰腺手术

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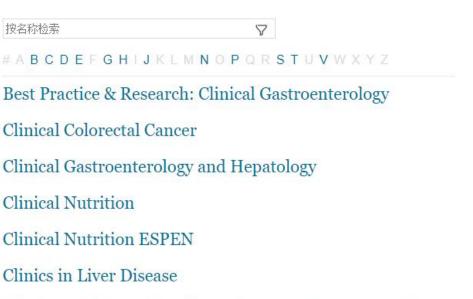
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Context Matters

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Critical Unmet Needs to Further the Field and Translatability of Current Work

Final Thoughts and Practical Guidelines for Future Studies

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Are We Close to Targeting Enteric Glia in Gastrointestinal Diseases and Motility Disorders? 🔊 🔁

Brian D. Gulbransen 和 Fievos L. Christofi

Gastroenterology, 2018-08-01, 卷号 155, 期 2, 页 245-251, Copyright © 2018 AGA Institute

Understanding the mechanisms that regulate intestinal homeostasis is essential for the development of targeted therapies for intestinal diseases. New evidence shows that enteric glia, a unique type of peripheral neuroglia found in the intestine, contribute to the regulation of gastrointestinal (GI) motility, gut inflammation, and potentially other intestinal processes, such as epithelial barrier function, endocrine functions, and immunity (Figure 1). 1 2 3 4 These attributes make gliomodulation an attractive therapeutic avenue, but how close we are to harnessing the power of glia to aid human digestive health remains debatable. Herein, we focus on several points that could provide clarity around this issue and help to guide future research in the field.

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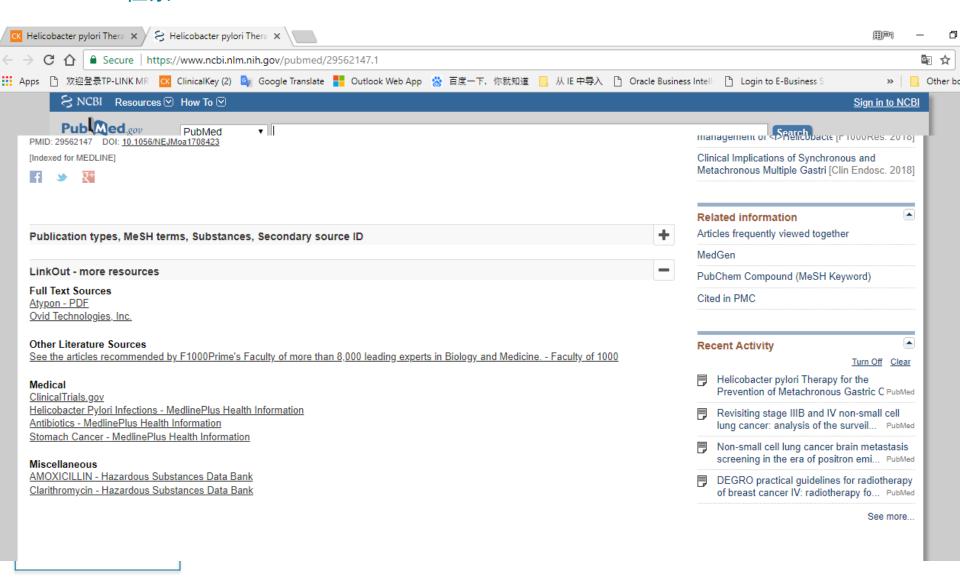
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资源类型 期刊全文 10753 ⊚ 仅全文 ○ 全文和MEDLINE文摘 □ 系统评价 114 Meta分析 60 随机对照试验 140 □ 叙事评论 2587 图书 1923 图片 551 临床试验 139 临床指南 60 □ 循征医学/临床聚焦 27 ■ 视频 + More 资源类型

□ 视频

胃切除术



视频2-腹腔镜远端胃切除术...

使用线性吻合器和夹子切除胃。

Kim, Hyoung-II, MD; Woo, Yanghee, MD; Hyoung,显示全部。出版 January 1, 2012. Volume 214, Issue 1.页 e7-e13. © 2012.

□ 视频



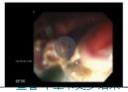
视频1-内窥镜全层切除术...

1例患者中所例示的全层切除:病灶周围用氩等离子体凝固 (APCacrnm1)标记。装有21毫米切除装置的内窥镜在气球爆炸 后小心地进入食道...

Kratt, Thomas, MD; Kueper, Markus, MD; Boesmueller,

显示全部。 出版 August 1, 2016. Volume 84, Issue 2. 页 368-368. © 2016.

□ 视频



视频5-创新纯粹的非暴露内窥镜...

全胃切除倒置胃壁。

Mori, Hirohito, MD, PhD; Kobara, Hideki, MD,显示全部。出版7 月1日,2016年第84卷,第1.找到页178-179。©2016年

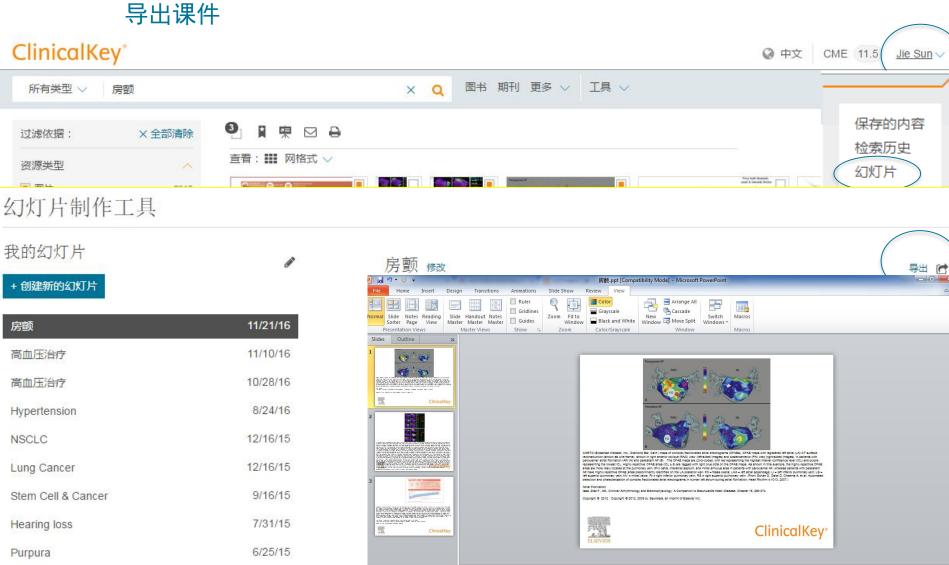
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