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**2012 JULY–AUGUST No. 387
Issue Completed August 30, 2012**

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Permanence level:
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New LinkOut Library Submission Utility Quick Tours

New LinkOut Library Submission Utility Quick Tours. NLM Tech Bull. 2012 Jul-Aug;(387):b3.

2012 August 16 [posted]

Three new Quick Tours have been added to the LinkOut for Libraries Training and Educational Resources Web Page:

- Uploading Icons demonstrates the different ways to upload an icon image into the Library Submission Utility.
- Contact Info shows how to add, edit and delete contact information in the Library Submission Utility.
- Library Info, PrId and NameAbbr explains where to find your library information such as ProviderId (PrId) and NameAbbr, which is the same as your User Name, in the Library Submission Utility. This information is frequently requested by library vendors.

These Quick Tours replace the "Library Submission Utility: An Introduction" Quick Tour.

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SNOMED CT: International Release, July 2012, Available

SNOMED CT: International Release, July 2012, Available. NLM Tech Bull. 2012 Jul-Aug;(387):b2.

2012 August 02 [posted]

The July 2012 International Release of SNOMED CT is available for download. The download contains SNOMED CT files in both Release Format 1 (RF1) and the new Release Format 2 (RF2) versions.

Additionally, updated RF2 to RF1 compatibility tools are available for download from the same Web page.

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Structured Abstracts: New PubMed Search Feature

Structured Abstracts: New PubMed Search Feature. NLM Tech Bull. 2012 Jul-Aug;(387):b1.

2012 August 01 [posted]

A new PubMed search feature is now available that allows a search for structured abstracts in PubMed.

In a PubMed search box, type:

hasstructuredabstract

This search retrieves over two million citations. (Note: This search does not include citations with the status of publisher, i.e., publisher [sb].)

This structured abstract retrieval set is a subset of this search:

hasabstract

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A New System of Registry Number Identifiers for Chemicals in the MeSH Database

Pash J. A New System of Registry Number Identifiers for Chemicals in the MeSH Database. NLM Tech Bull. 2012 Jul-Aug;(387):e7.

2012 August 22 [posted]

Food and Drug Administration (FDA) Substance Registration System (SRS) - Unique Ingredient Identifiers (UNIIs) are being introduced into the Medical Subject Headings (MeSH) vocabulary starting with the 2013 MeSH Supplementary Concept Records (SCRs). The UNIIs are an integral part of the FDA Substance Registration System. They appear in several databases such as the Veterans Administration National Drug File Reference Terminology, the USP Dictionary of United States Adopted Names (USAN) and International Drug Names (INN), and the RxNorm database. Each UNII is a unique series of ten characters that includes a check digit to ensure data integrity (see Figure 1).

Other pertinent article:

MEDLINE Data Changes – 2013

The UNIIs will occur in the RN (Registry Number) field of MeSH Supplementary Concept Records (SCRs) for chemicals with structures, and serve as a new system of unique identifiers that will enhance existing Chemical Abstracts Service (CAS) registry numbers and Enzyme Commission (EC) numbers. An SCR contains one or more concepts that each allow only one RN number occurrence. Therefore, the UNII insertion process will retain any replaced CAS registry number or EC number by moving it to Related Number (RR) fields in the MeSH record. Note that in PubMed, any RN or RR value can be searched (either with no search tag or with the [rn] search tag) to retrieve the concept; all RR occurrences map to the RN value of the record. Therefore, moving CAS registry or EC numbers to RR fields should not affect existing searches using these values. Terms in MeSH that match the FDA Substance Registration System will receive an additional Thesaurus ID of FDA SRS (20xx), where (20xx) is the year the UNII for that term was first associated with the MeSH concept. This initial update will affect approximately 8,000 SCR records for the 2013 MeSH year.

For further information about the FDA Substance Registration System – UNIIs see:

<http://www.fda.gov/ForIndustry/DataStandards/SubstanceRegistrationSystem-UniqueIngredientIdentifierUNII/default.htm>

FDA Substance Registration System

Preferred Substance Name: DEFLAZACORT

UNII: KR5YZ6AE4B

Before UNII insertion		After UNII insertion	
Name of Substance	deflazacort	deflazacort	
Record Type	C	C	
Concept 1 (Preferred)	deflazacort	deflazacort	
Concept UI	M0077553	Concept UI	M0077553
Semantic Type	T110 (Steroid)	Semantic Type	T110 (Steroid)
Semantic Type	T121 (Pharmacologic Substance)	Semantic Type	T121 (Pharmacologic Substance)
Registry Number	14484-47-0	Registry Number	KR5YZ6AE4B
		Related Number	14484-47-0 (deflazacort)
Term (Preferred)	deflazacort	Term (Preferred)	deflazacort
	Term UI T107556	Term UI	T107556
	Lexical Tag NON	Lexical Tag	NON
	Thesaurus NLM (1980)	Thesaurus	NLM (1980)
		Thesaurus	FDA SRS (2012)

Figure 1: MeSH Browser database record showing update with FDA SRS UNII displayed in the Registry Number field.

After the UNII insertion as the RN, note in Figure 1 that the new Related Number (RR) is the original Registry Number (RN) with the preferred term appended to it. Because MeSH allows multiple RR numbers in a record, the appended name will maintain the identity of each RR. This Number (name) combined format is a previously established format for the RR field, so the use of it for this purpose should not interfere with systems that use MeSH.

By James Pash
 MeSH Section

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Retrieving History of Medicine Citations in MEDLINE/PubMed

Gillikin D. Retrieving History of Medicine citations in MEDLINE/PubMed. NLM Tech Bull. 2012 Jul-Aug;(387):e6.

2012 August 22 [posted]

Searching PubMed for articles relating to the history of medicine has become easier with the introduction of the new PubMed left hand filter sidebar. The filter sidebar allows users to easily select different filters to apply to a PubMed search (see *PubMed Filters Sidebar Replaces the Limits Page*).

On the filters sidebar, the "Choose additional filters" option lets you add the Subjects filter (see Figure 1). The Subjects filter contains an entry for the pre-existing History of Medicine filter (see Figure 2). This will limit your search to articles that have been indexed to the topic "History of Medicine" (see Figure 3). This filter is based on a search strategy that retrieves articles indexed with terminology related to the history of medicine as well as articles from journals identified as covering this subject area.

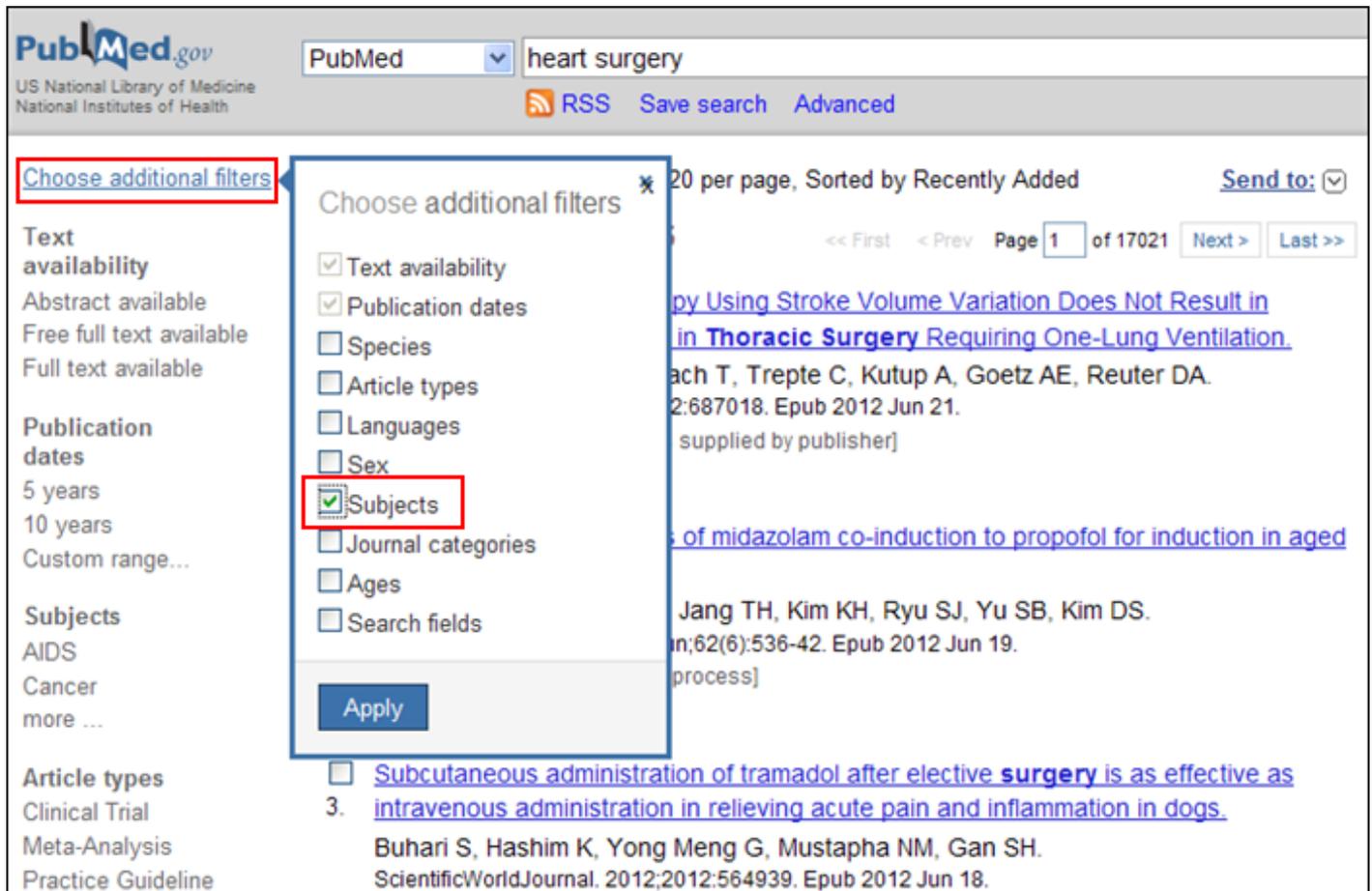


Figure 1: Adding the Subjects filter to the PubMed sidebar.


 PubMed
 RSS Save search Advanced

US National Library of Medicine
 National Institutes of Health

[Choose additional filters](#)
 Display Settings: Summary, 20 per page, Sorted by Recently Added
 [Send to:](#)

Text availability
 Abstract available
 Free full text available
 Full text available

Publication dates
 5 years
 10 years
 Custom range...

Subjects
 AIDS
 Cancer
 more ...

[Clear all](#)
[Choose additional filters](#)

Results: 1 to 20 of 340415
 << First < Prev Page of 17021 Next > Last >>

[Goal-Directed Fluid Therapy Using Stroke Volume Variation Does Not Result in Pulmonary Fluid Overload in Thoracic Surgery Requiring One-Lung Ventilation.](#)
 1. Haas S, Eichhorn V, Hasbach T, Trepte C, Kutup A, Goetz AE, Reuter DA. Crit Care Res Pract. 2012;2012:687018. Epub 2012 Jun 21.

Subjects

AIDS

Bioethics

Cancer

Complementary Medicine

Dietary Supplements

History of Medicine

Toxicology

Veterinary Science

[duction to propofol for induction in aged](#)
 Ryu SJ, Yu SB, Kim DS. 2012 Jun 19.

[r elective surgery is as effective as pain and inflammation in dogs.](#)
 NM, Gan SH. 12 Jun 18.

Figure 2: Select the pre-existing History of Medicine filter.


 PubMed
 RSS Save search Advanced

US National Library of Medicine
 National Institutes of Health

[Choose additional filters](#) **Display Settings:** Summary, 20 per page, Sorted by Recently Added [Send to:](#)

[Clear all](#) **Results: 1 to 20 of 3200** << First < Prev Page of 160 Next > Last >>

Filters activated: History of Medicine [Clear all](#)

[Historical perspectives of The American Association for Thoracic Surgery: Edward M. Kent \(1908-1970\).](#)
 1. Mascio CE, Gaynor JW.
 J Thorac Cardiovasc Surg. 2012 Jul 4. [Epub ahead of print] No abstract available.
 PMID: 22770548 [PubMed - as supplied by publisher]
[Related citations](#)

[History of heart surgery in the world.](#)
 2. Braille DM, Godoy MF.
 Rev Bras Cir Cardiovasc. 2012 Mar;27(1):125-136. English, Portuguese. No abstract available.
 PMID: 22729311 [PubMed - as supplied by publisher] **Free Article**
[Related citations](#)

[The tale of spring water cysts: a historical outline of surgery for congenital pericardial diverticula and cysts.](#)
 3. Schweigert M, Dubecz A, Beron M, Ofner D, Stein HJ.
 Tex Heart Inst J. 2012;39(3):330-4.
 PMID: 22719140 [PubMed - in process] **Free PMC Article**
[Related citations](#)

Text availability
 Abstract available
 Free full text available
 Full text available

Publication dates
 5 years
 10 years
 Custom range...

Languages
 English
 more ...

Subjects
 AIDS
 Cancer
 History of Medicine
 more ...

Figure 3: History of Medicine filter is activated.

An alternative approach for choosing the History of Medicine filter is available on the PubMed Special Queries page, which is accessed from the PubMed homepage by clicking on the link "Topic-specific Queries" (see Figure 4). On the Special Queries page, users can click on the link "History of Medicine" (see Figure 5). This will take you back to the PubMed homepage with the History of Medicine filter automatically turned on. Your subsequent searches will be limited to articles pertaining to the history of medicine.

The image shows the PubMed homepage. At the top left is the PubMed.gov logo with the text "US National Library of Medicine National Institutes of Health". To the right is a search bar with "PubMed" selected in a dropdown menu, a search button, and a "Help" link. Below the search bar is a large banner with the PubMed logo and a description: "PubMed comprises more than 21 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites." Below the banner are three columns of links: "Using PubMed" (PubMed Quick Start Guide, Full Text Articles, PubMed FAQs, PubMed Tutorials, New and Noteworthy), "PubMed Tools" (PubMed Mobile, Single Citation Matcher, Batch Citation Matcher, Clinical Queries, Topic-Specific Queries), and "More Resources" (MeSH Database, Journals in NCBI Databases, Clinical Trials, E-Utilities, LinkOut). The "Topic-Specific Queries" link is highlighted with a red rectangular box.

Figure 4: Topic-specific Queries link on the PubMed homepage.

PubMed® Special Queries

Directory of Topic-Specific PubMed Queries

[Return to PubMed](#)

Clinicians and Health Services Researchers Queries	Description
Clinical Queries	A search interface to find citations in the areas of: <ul style="list-style-type: none"> • Clinical Study Categories: Find citations corresponding to a specific clinical study category. • Systematic Reviews: Find citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines. • Medical Genetics: Find citations related to various topics in medical genetics.
Electronic Health Records	PubMed search and links to other electronic health records information resources
Comparative Effectiveness Research	Specialized searches of published research and research in progress to help inform investigations of comparative effectiveness
Health Services Research (HSR) Queries	A search interface to find PubMed citations relating to health care quality or to health care costs, e.g.: Appropriateness; Process assessment; Outcomes assessment; Costs; Economics; Qualitative research; and Quality improvement.
Cancer Topic Searches	A search interface to retrieve PubMed citations on more than 100 major cancer topics
Healthy People 2020	An interface providing searches - Structured Evidence Queries (SEQs) - to retrieve citations to published literature related to Healthy People 2020 topic areas and objectives.
Subjects	Description
AIDS	Limits search to the PubMed AIDS_subset
Bioethics	Bioethics Information Resource page providing a PubMed search function using the PubMed Bioethics_subset , and links to additional bioethics-related resources.
Cancer	Limits search to the PubMed Cancer_subset
Complementary Medicine	Limits search to the PubMed Complementary_Medicine_subset
Dietary Supplements	Limits search to the PubMed Dietary_Supplements_subset
Health Disparities	PubMed search and links to other health disparities information resources
Health Literacy	PubMed search and links to other health literacy information resources
History of Medicine	Limits search to the PubMed History_of_Medicine_subset
Research Reporting Guidelines and Initiatives	PubMed search link and links to organizations responsible for developing the guidelines that provide advice for reporting research methods and findings

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New Style and New Content for ClinicalTrials.gov

Huston M, Williams RJ, Bergeris A, Fun J, Tse T. New Style and New Content for ClinicalTrials.gov. NLM Tech Bull. 2012 Jul-Aug;(387):e5.

2012 August 15 [posted]

2012 September 20 [Editor's note added]

[Editor's Note: The new ClinicalTrials.gov user interface was launched on September 19, 2012 at [http://ClinicalTrials.gov/.](http://ClinicalTrials.gov/)]

On August 13, 2012, visitors to the ClinicalTrials.gov Web site and the accompanying Protocol Registration System (PRS) Information Web site (designed for data providers) saw a link to a beta site including a new integrated homepage and updated graphic design for the site (<http://clinicaltrials.gov/beta/>). (The last major redesign of ClinicalTrials.gov was introduced in September 2007. For more information, see *New Look for ClinicalTrials.gov.*) Visitors will also have access to new and reorganized written content about clinical research, background information about the site, searching for studies, and maintaining study records. However, core functions of the site — including the basic and advanced search, search results options, and the study record data — will remain the same. The new site interface will run in parallel with the previous version for approximately four weeks after launch. After appropriate testing and additional minor changes it will permanently replace the previous interface.

ClinicalTrials.gov is the NLM-developed Web-based registry and results database of clinical research studies. The Web site provides patients, clinicians, researchers, and the public with access to information about interventional and observational studies. As of August 2012, ClinicalTrials.gov contained over 130,000 clinical research studies in all fifty states and in 179 countries. Since it was launched in 2000, ClinicalTrials.gov has expanded in terms of scope, features, and intended audiences in response to the evolving policies and laws promoting the registration of clinical trials. For example, Congress enacted legislation in 2007 that added the first public results database. As a result, summary information about clinical trials of FDA-approved medical products would be freely available, whether or not the results were published in the medical literature. To accommodate the results database, new user interface features in ClinicalTrials.gov were launched in 2008 to display the results data tables and allow for searching of studies with results (for more information, see *ClinicalTrials.gov to Include Basic Results Data*). Over time the Web site has featured the American Customer Satisfaction Index survey tool to collect feedback from users and usability evaluations have been conducted. The results of this user feedback as well as the changing nature of the Web site provided the motivation for redesigning ClinicalTrials.gov.

This article introduces the new site navigation features, new appearance, and new content for the public, patients and families, clinicians, researchers and study record data providers.

The New Homepage

The homepage (see Figure 1) showcases the study search options and search help resources in one location, the "Search for Studies" area. Site visitors can begin a basic search here, go to the advanced search form, or begin browsing for studies by topic or on a world map. Site visitors can also get help with searching, finding studies with summary results posted on ClinicalTrials.gov, and reading study records.

A new menu bar provides direct access to each area of content on the site (See Navigating the Site). Custom views of this content have been created for different user groups. Patients and families, researchers, and study record managers are three significant groups that visit ClinicalTrials.gov. The homepage areas for these audiences provide an introduction to content for each user group, and the "Learn more" link in each area goes to an orientation page that highlights relevant resources on the site. For example, study record managers can find out which clinical trials should be registered with ClinicalTrials.gov and get help with setting up accounts, registering studies and updating records. Members of the press also have a new page with background information and statistics about the site (see the "Media/Press Resources" page under "About Us" in the menu bar).

Data about the site are highlighted in the right column of the homepage. Users can access "Trends, charts, and maps" content for more statistics. An enhanced Glossary provides descriptions of clinical research terms commonly used on ClinicalTrials.gov and "Using our RSS Feeds" explains how to get notification of new and updated study records.

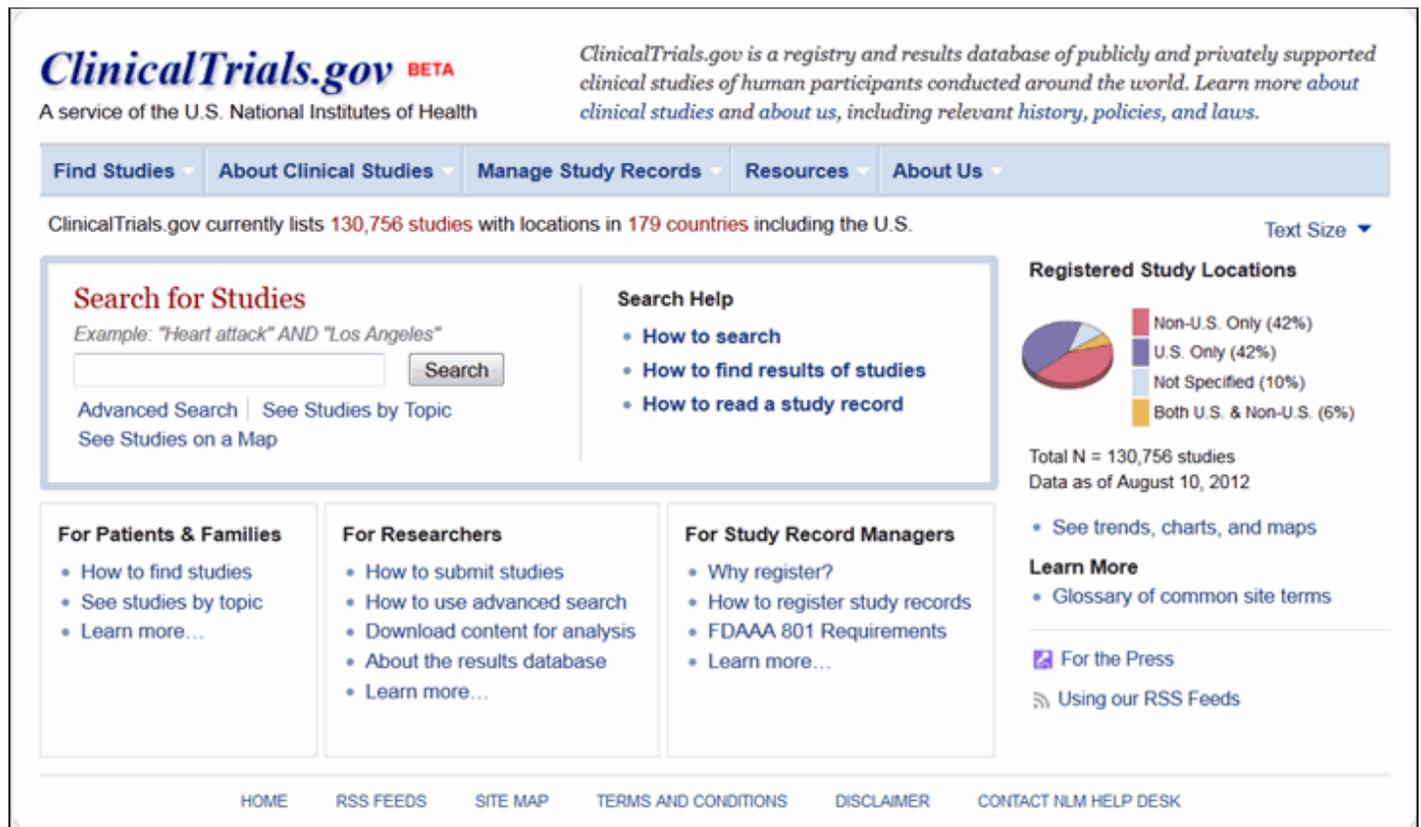


Figure 1: New ClinicalTrials.gov homepage.

Conducting a Search and Viewing Study Records

Site visitors can conduct a basic search for studies using the Search for Studies area on the homepage (see Figure 1) or using the search box in the header of any other page (for example, see Figure 2). Both locations have a link to the advanced search form. Users can now limit a search by specific recruitment statuses (for example, "Recruiting," "Active, not recruiting") in addition to the overall categories "open studies" and "closed studies."

The search results page has a new look but uses the same method to retrieve and list study records based on your search terms (see Figure 2). The "How to Use Search Results List" link at the top of the page provides detailed help information.

36 studies found for: [Open Studies](#) | ["Hodgkin Lymphoma"](#) | [United States, Maryland](#)

[Modify this search](#) | [How to Use Search Results List](#)

[List](#) | [By Topic](#) | [On a Map](#) | [Search Details](#)

[+ Show display options](#)

Download

[Subscribe to RSS](#)

Include only open studies Exclude studies with unknown status

Rank	Status	Study
1	Recruiting	<p>Yttrium-90-labeled Daclizumab With Chemotherapy and Stem Cell Transplant for Hodgkin's Lymphoma</p> <p>Conditions: Hodgkin Disease; Hodgkin Lymphoma</p> <p>Interventions: Drug: Filgrastim; Drug: Plerixafor; Drug: Yttrium-Daclizumab (CHX-A Daclizumab); Drug: Carmustine; Drug: Etoposide; Drug: Cytarabine; Drug: Melphalan; Drug: Ca(2+)-DTPA</p>
2	Recruiting	<p>Phase II Trial of Alemtuzumab (Campath) and Dose-Adjusted EPOCH-Rituximab (DA-EPOCH-R) in Relapsed or Refractory Diffuse Large B-Cell and Hodgkin Lymphomas</p> <p>Conditions: Hodgkin Lymphoma; Diffuse Large B-Cell Lymphoma</p> <p>Interventions: Drug: Cyclophosphamide; Drug: Etoposide; Drug: Alemtuzumab; Drug: Doxorubicin; Drug: Prednisone; Drug: Filgrastim; Drug: Rituximab; Drug: Vincristine</p>
3	Recruiting	<p>Safety and Efficacy Study of I-131 Tositumomab in Patients With Relapsed/Refractory Hodgkin's Lymphoma</p> <p>Condition: Hodgkin's Disease</p> <p>Intervention: Drug: I-131 Tositumomab therapeutic regimen</p>
4	Recruiting	<p>Panobinostat and Everolimus in Treating Patients With Recurrent Multiple Myeloma, Non-Hodgkin Lymphoma, or Hodgkin Lymphoma</p> <p>Conditions: Hematopoietic/Lymphoid Cancer; Adult Nasal Type Extranodal NK/T-cell Lymphoma;</p>

Figure 2: A search results list with highlighted features.

The search results page will continue to display Condition and Intervention as the default fields under each study title in the list. More display options are available from the "+Show display options" link at the top of the search results page (see Figure 2). These options have been organized into four groups for easier selection: Study Details, Participant Details, Identifiers, and Dates (see Figure 3).

[List](#)
[By Topic](#)
[On a Map](#)
[Search Details](#)

[Download](#)
[Subscribe to RSS](#)

- Hide display options

Display Options	Study Details	Participant Details	Identifiers	Dates
	<input checked="" type="checkbox"/> Condition	<input type="checkbox"/> Number Enrolled	<input type="checkbox"/> NCT Number	<input type="checkbox"/> Start Date
	<input checked="" type="checkbox"/> Intervention	<input type="checkbox"/> Gender	<input type="checkbox"/> Other IDs	<input type="checkbox"/> Primary Completion Date
	<input type="checkbox"/> Study Type	<input type="checkbox"/> Age Group	<input type="checkbox"/> Title Acronym	<input type="checkbox"/> Study Completion Date
	<input type="checkbox"/> Phase			<input type="checkbox"/> Record First Received
	<input type="checkbox"/> Sponsor(s)			<input type="checkbox"/> Record Last Updated
	<input type="checkbox"/> Funder Type			<input type="checkbox"/> Record Last Verified
	<input type="checkbox"/> Study Design			
	<input type="checkbox"/> Outcome Measures			

Figure 3: The search results list display options.

Although the content remains the same, each study record has a new look (see Figure 4). Study sponsor and collaborator information plus prominent dates regarding the history of the study record are summarized at the top of the page. Below, the layout of the full text view, tabular view and study results tabs remain the same. Related studies information is no longer displayed for study records. The "How to Read a Study Record" link provides detailed help information.

ClinicalTrials.gov BETA

A service of the U.S. National Institutes of Health

Example: "Heart attack" AND "Los Angeles"

Search for studies:

[Advanced Search](#) | [Help](#) | [Studies by Topic](#) | [Glossary](#)

[Find Studies](#) ▾ | [About Clinical Studies](#) ▾ | [Manage Study Records](#) ▾ | [Resources](#) ▾ | [About Us](#) ▾

Home > Find Studies > Search Results > Study Record Detail Text Size ▾

Trial record **1 of 36** for: [Open Studies](#) | "Hodgkin Lymphoma" | [United States, Maryland](#)

[Previous Study](#) | [Return to List](#) | [Next Study](#) ▶

Yttrium-90-labeled Daclizumab With Chemotherapy and Stem Cell Transplant for Hodgkin's Lymphoma

<p>This study is currently recruiting participants.</p> <p>Verified June 2012 by National Institutes of Health Clinical Center (CC)</p> <p>Sponsor: National Cancer Institute (NCI)</p> <p>Collaborators:</p> <p>Information provided by (Responsible Party): National Institutes of Health Clinical Center (CC)</p>	<p>ClinicalTrials.gov Identifier: NCT01468311</p> <p>First received: November 5, 2011 Last updated: August 7, 2012 Last verified: June 2012 History of Changes</p>
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▶ Purpose

Background:

- Hodgkin's lymphoma (HL) is a highly treatable cancer. However, if HL does not respond to chemotherapy or returns after chemotherapy, further treatments often are not successful.
- Some HL cells have a molecule called CD25 on the surface. Daclizumab is a drug that can detect CD25 on cells. In a treatment study for HL that did not respond to chemotherapy, daclizumab plus a radioactive atom called Yttrium 90 helped kill these HL cells. Researchers want to combine this 90Y daclizumab with high-dose chemotherapy and stem cell transplant. This treatment may be more effective than the daclizumab alone.

Objectives:

- To see if yttrium-90 daclizumab, high-dose chemotherapy, and stem cell transplants can treat HL that has not responded to earlier treatments.

Eligibility:

Figure 4: Full text view of a study record.

Navigating the Site

Site visitors can use the new menu bar from any page on the site to access five areas of content on the site (see Figure 5), each of which includes multiple pages of information. These pages are summarized in the Site Map link available in the footer area of any page (see Figure 6).

[Find Studies](#) ▾ | [About Clinical Studies](#) ▾ | [Manage Study Records](#) ▾ | [Resources](#) ▾ | [About Us](#) ▾

Figure 5: New content navigation options.

Site Map

See important information:

[For Patients & Families](#)

[For Researchers](#)

[For Study Record Managers](#)

Find Studies

[Basic Search](#)
[Advanced Search](#)
[See Studies by Topic](#)
[See Studies on a Map](#)

[How to Search](#)
[How to Use Basic Search](#)
[How to Use Advanced Search](#)
[Advanced Search Field Definitions](#)
[How to Modify a Search](#)
[How to Find Studies by Topic or on a Map](#)

[How to Use Search Results List](#)
[How to Find Results of Studies](#)
[How to Read a Study Record](#)

About Clinical Studies

[Learn About Clinical Studies](#)
[Other Sites About Clinical Studies](#)
[Glossary of Common Site Terms](#)

Manage Study Records

[Why Should I Register and Submit Results?](#)
[FDAAA 801 Requirements](#)

[How to Apply for an Account](#)
[Administrator Contact Request Form](#)
[Apply for PRS Organization Account](#)
[Apply for PRS Individual Account](#)

[How to Register Your Study](#)
[How to Edit Your Study Record](#)
[How to Submit Your Results](#)

[Frequently Asked Questions](#)
[Support Materials](#)
[Online Presentations](#)

About Us

[ClinicalTrials.gov Background](#)
[About the Results Database](#)
[History, Policies, and Laws](#)
[Media/Press Resources](#)

[Linking to This Site](#)
[Terms and Conditions](#)
[Disclaimer](#)

Contact NLM Help Desk

Resources

[Selected Publications](#)
[Clinical Alerts and Advisories](#)
[RSS Feeds](#)

[Trends, Charts, and Maps](#)
[Downloading Content for Analysis](#)

Figure 6: Site Map — overview of content areas and pages.

Other new navigation tools include "bread crumbs," just below the menu bar on each page, menus in the left column, and a "Contents" section at the top of each content page (see Figure 7).

ClinicalTrials.gov BETA

A service of the U.S. National Institutes of Health

Search for studies: Example: "Heart attack" AND "Los Angeles"

[Advanced Search](#) | [Help](#) | [Studies by Topic](#) | [Glossary](#)

[Find Studies](#) ▾ | [About Clinical Studies](#) ▾ | [Manage Study Records](#) ▾ | [Resources](#) ▾ | [About Us](#) ▾

[Home](#) > [Manage Study Records](#) > [Why Should I Register and Submit Results?](#) Text Size ▾

MANAGE STUDY RECORDS

Why Should I Register and Submit Results?

[FDAAA 801 Requirements](#)

[How to Apply for an Account](#)

[How to Register Your Study](#)

[How to Edit Your Study Record](#)

[How to Submit Your Results](#)

[Frequently Asked Questions](#)

[Support Materials](#)

[Online Presentations](#)

Do you want to participate in a clinical study? See [information for patients and families](#).

Why Should I Register and Submit Results?

Contents

- [What Is the Purpose of Trial Registration and Results Submission?](#)
- [Why Do I Need To Register My Trial and Submit Results to ClinicalTrials.gov?](#)
- [How Do I Register and Submit Study Results?](#)

What Is the Purpose of Trial Registration and Results Submission?

Registering clinical trials when they begin, providing timely updates, submitting summary results, and making this information publicly available fulfills a number of purposes and benefits a variety of people.

Trial Registry Purposes for Various Groups

Registry Purpose	Group That Benefits
Fulfill ethical obligations to participants and community	Patients, general public, research community
Provide information to potential participants and referring clinicians	Patients, clinicians
Reduce publication bias	Users of the medical literature

Related Pages

- [Protocol Registration System \(PRS\)](#)

Figure 7: Other navigation tools.

Site Content Areas

Find Studies

The Find Studies section describes the options for finding studies on the site: basic and advanced search queries plus browsing for studies by topic or on a world map. Help is available for the following site features:

- Using the search results list, including how to customize the display and save search results
- Finding studies that have been updated with information about results, including studies with results published in medical journals
- Reading the information in a study record, including different ways to view a record

About Clinical Studies

The About Clinical Studies section provides a brief overview of clinical research, information for potential clinical study participants, and an enhanced glossary of common words used on ClinicalTrials.gov (see Figure 8). Site visitors can also find links to other government Web sites providing information on clinical studies and other related health care issues.

Glossary of Common Site Terms

This glossary will help you understand words or phrases frequently used on ClinicalTrials.gov. Many of these words are also used by clinical researchers and others in the same or similar manner. But the definitions below are provided to explain content on ClinicalTrials.gov only.

For help with medical terms, see the [MedlinePlus® Medical Dictionary](#).

Study record managers should refer to the [Protocol Data Element Definitions](#) and the [Basic Results Data Element Definitions](#) for help with the data items required to register a study or submit results.

A B C D E F G H I J K L M N O P Q R S T U V W XYZ

A

ACCEPTS HEALTHY VOLUNTEERS

Indicates whether a clinical study allows people who do not have the condition or related conditions or symptoms being studied to participate in that study. (See [Accepts Healthy Volunteers data element](#) on ClinicalTrials.gov.)

Figure 8: Enhanced glossary of common site terms.

Manage Study Records

The Manage Study Records section provides resources for sponsors, study investigators, and other data providers (see Figure 9). This section of the site replaces the PRS Information site and includes much of the same content as well as new resources for managing study records. The content available includes:

- Information on the purpose of study registration and results submission
- An overview of applicable laws and policies, including Section 801 of the Food and Drug Administration Amendments Act (FDAAA 801) and content on Responsible Parties, Applicable Clinical Trials, deadlines, and penalties
- "How To" explanations regarding account application, study registration, updates and results submission using the Protocol Registration System (PRS), the Web-based system used for submitting clinical study information to ClinicalTrials.gov
- Frequently asked questions for data providers regarding PRS and submission of study data
- Support materials including links to data element definitions, laws, regulations and guidance documents, as well as other resources related to submitting clinical study information, and
- Online NLM presentations on data submission and related laws and policies

ClinicalTrials.gov BETA

A service of the U.S. National Institutes of Health

Example: "Heart attack" AND "Los Angeles"

Search for studies:

[Advanced Search](#) | [Help](#) | [Studies by Topic](#) | [Glossary](#)

[Find Studies](#) | [About Clinical Studies](#) | [Manage Study Records](#) | [Resources](#) | [About Us](#)

Home > Manage Study Records Text Size ▾

Do you want to participate in a clinical study? See [information for patients and families](#).

Manage Study Records

ClinicalTrials.gov allows the registration of clinical studies with human subjects that conform to:

- Any applicable human subject or ethics review regulations (or equivalent) and
- Any applicable regulations of the national or regional health authority (or equivalent)

New to registering studies? See [For Study Record Managers](#).

Why Should I Register and Submit Results

Learn about the purpose of study registration and results submission. Includes an overview of applicable laws and policies.

FDAAA 801 Requirements

Learn about Section 801 of the Food and Drug Administration Amendments Act and the basic requirements for registering clinical trials and submitting summary results, including information about the Responsible Party, Applicable Clinical Trials, deadlines, and penalties.

How to Apply for an Account

Learn how to apply for an account to access the Protocol Registration System (PRS), the Web-based system used for submitting study data to ClinicalTrials.gov.

Related Pages

- [Protocol Registration System \(PRS\)](#)

MANAGE STUDY RECORDS

- [Why Should I Register and Submit Results?](#)
- [FDAAA 801 Requirements](#)
- [How to Apply for an Account](#)
- [How to Register Your Study](#)
- [How to Edit Your Study Record](#)
- [How to Submit Your Results](#)
- [Frequently Asked Questions](#)
- [Support Materials](#)
- [Online Presentations](#)

Figure 9: Manage Study Records overview page.

Resources

The Resources section includes links to selected outreach and scholarly publications related to ClinicalTrials.gov and clinical research. Visitors can find links to clinical alerts and advisories issued by NIH and information on subscribing to RSS feeds for new and updated clinical studies.

This section also includes statistics about ClinicalTrials.gov including the locations of studies, types of registered studies, and number of registered studies over time. Advanced users can get information on retrieving study record data and search results in Extensible Markup Language (XML) format for analysis.

About Us

The About Us section provides information on the purpose, history, and development of ClinicalTrials.gov. Visitors can learn about related events, policies, and laws that influenced the site's creation and expansion, including the implementation of a results database in September 2008. A summary page specifically for members of the press provides background information and statistics about the site.

This section also includes policies regarding linking to ClinicalTrials.gov Web pages and using Web crawlers to access the study records on the site. Terms and conditions cover the availability and the appropriate use of information on the site.

Contact Information

We welcome your comments and questions. Please click on "Contact NLM Help Desk" in the footer of each page to contact us.

By Melanie Huston, Rebecca J. Williams, Annice Bergeris, Jane Fun, Tony Tse
 Lister Hill Center for Biomedical Communications

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What's New in PMC: Another Facelift

Fogelman M. What's New in PMC: Another Facelift. NLM Tech Bull. 2012 Jul-Aug;(387):e4.

2012 August 03 [posted]

2012 August 08 [Editor's note added] [Editor's note added]

[Editor's note: The title of this article was changed on August 8, 2012.]

[Editor's note: This sentence was changed on August 8, 2012.]

PMC (also known as PubMed Central) recently updated its look and feel, to conform to NCBI's new standards for page design. This redesign allows for a cleaner and more uniform presentation across PMC's site as well as its article, issue and journal archive pages.

In the example of the journal archive page shown in Figure 1, the journal logo is centered on the page and includes additional white space. The navigation links, or breadcrumbs, are also more compact and the font colors more uniform across the site.

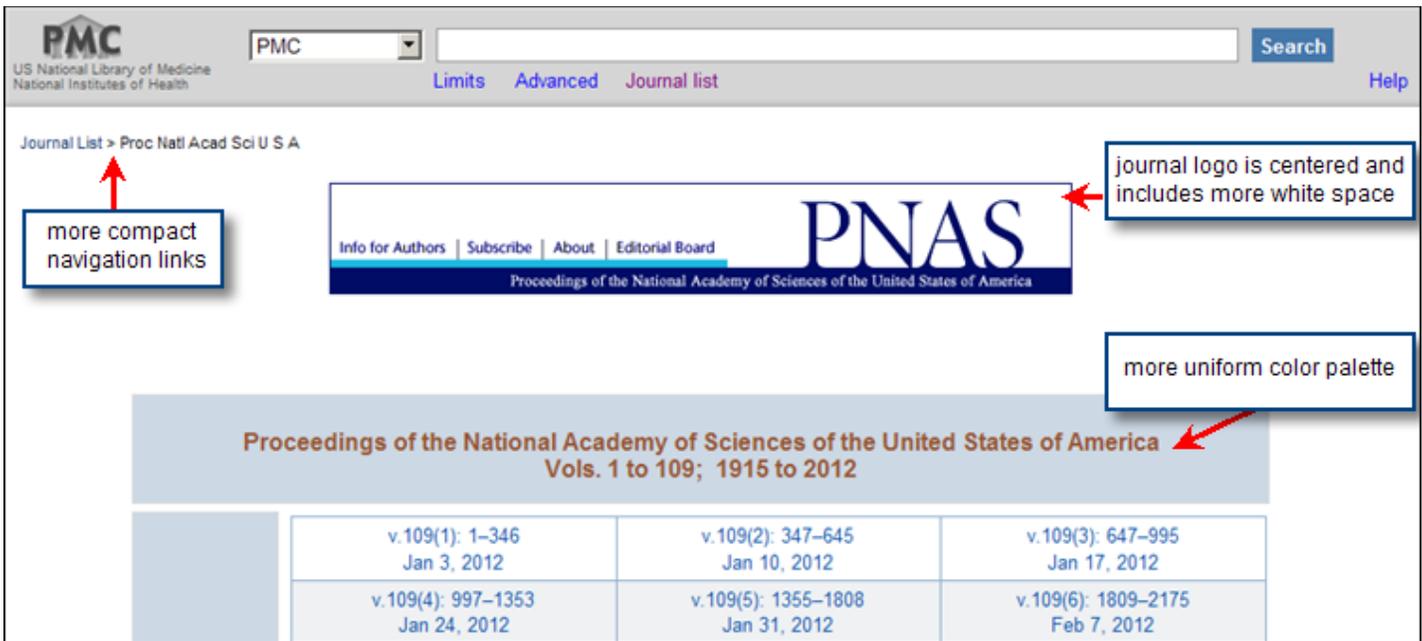


Figure 1: Example of PMC journal archive page with new layout.

The article pages have also been enhanced by a more compact presentation for article front matter, featuring links to Author information, Article notes, and Copyright and License information (see Figure 2).

Polymeric Matrix System for Prolonged Delivery of Tramadol Hydrochloride, Part I: Physicochemical Evaluation

H. O. Ammar,¹ M. Ghorab,² S. A. El-Nahhas,¹ and R. Kamel¹

[Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) ▶

new front matter links
for article information

Figure 2: New links for article front matter.

In addition, if you click on an individual author's name, for example, H.O. Ammar as in the citation in Figure 2, you will be directed to the PubMed search results page for that author (see Figure 3).

The screenshot shows the PubMed.gov search interface. The search bar contains the text "Ammar HO[au]". The search results are displayed as follows:

- Text availability:** Abstract available, Free full text available, Full text available.
- Publication dates:** 5 years, 10 years, Custom range...
- Species:** Humans, Other Animals.
- Display Settings:** Summary, 20 per page, Sorted by Recently Added.
- Send to:** (dropdown menu).
- Results: 1 to 20 of 35**
- 1. [Rapid pain relief using transdermal film forming polymeric solution of ketorolac.](#)**
Ammar HO, Ghorab M, Mahmoud AA, Makram TS, Ghoneim AM.
Pharm Dev Technol. 2011 Dec 23. [Epub ahead of print]
PMID: 22191998 [PubMed - as supplied by publisher]
[Related citations](#)
- 2. [Proniosomes as a carrier system for transdermal delivery of tenoxicam.](#)**
Ammar HO, Ghorab M, El-Nahhas SA, Higazy IM.
Int J Pharm. 2011 Feb 28;405(1-2):142-52. Epub 2010 Dec 1.
PMID: 21129461 [PubMed - indexed for MEDLINE]
[Related citations](#)

Figure 3: Search results for author in PubMed.

The views for tables and figures have also been improved. For tables, click on the link or thumbnail to get the full view. For figures, you have a choice: either hover over the thumbnail to get a pop-up of the image — or click on the thumbnail or the link to get the full figure page. Each figure page also includes an image strip at the bottom, which displays all the images in the article (see Figure 4).

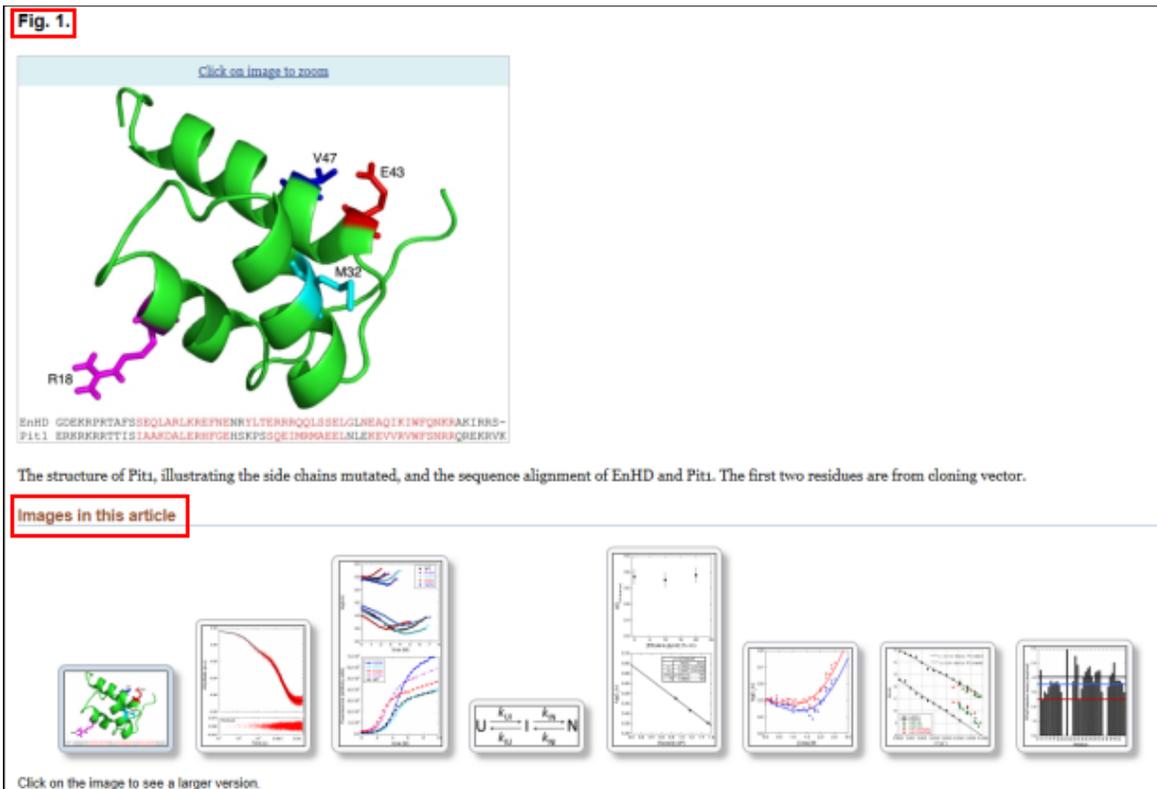


Figure 4: Figure page shows all the images in the article.

Other improvements to the new article page (see Figure 5) include easier readability and navigation, including links to the various article formats, and to the corresponding article citation in PubMed as well as to those PubMed citations that are related to the article.

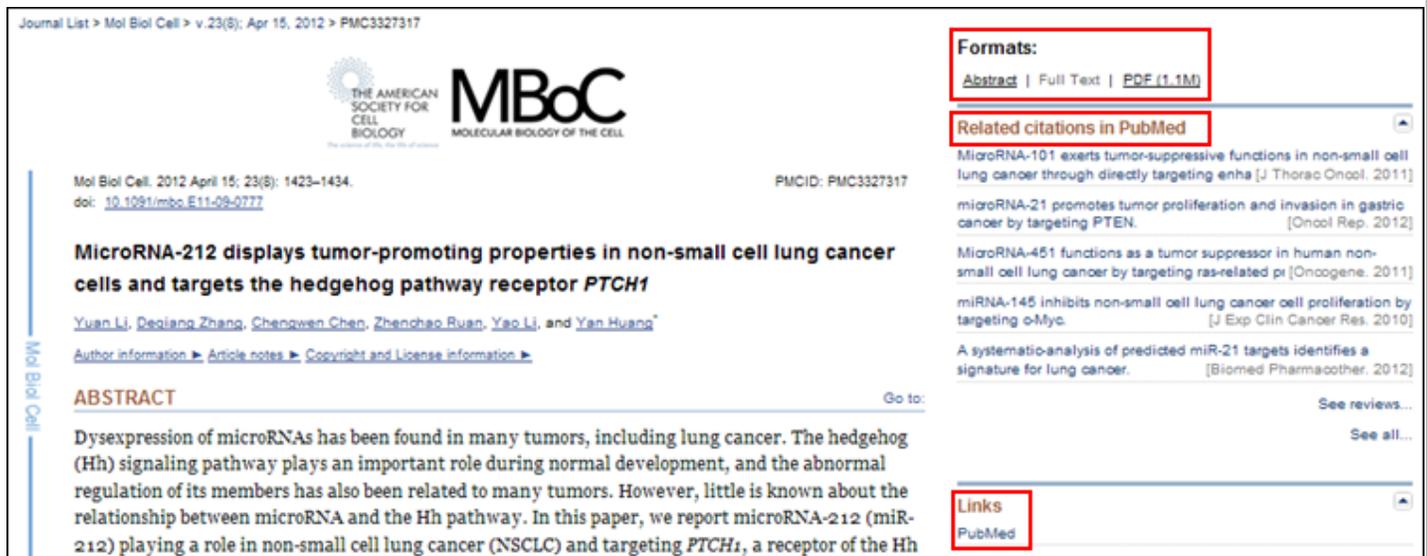


Figure 5: New article page with links on the right side.

Scrolling down the page, you will also see an enhanced look for bibliographic citations that are referenced in the article. Hover over a particular citation, either within the article or on the right-hand side of the page to make these corresponding citations not only light up but also display the full citation information (see Figure 6).

mosomal level (e.g., large gains and deletions), at the nucleotide level (e.g., nucleotide mutation), or at the epigenetic level (e.g., DNA methylation). Such changes could result in the activation of oncogenes (e.g., *Ras*, *Myc*) and other growth-promoting genes (e.g., *ERBB1*, *IGF-1R*) and the inactivation of tumor suppressor genes (e.g., *p53*, *p16INK4A*, *Rb*, *FHIT*). Moreover, emerging evidence suggests the potential involvement of altered regulation of microRNAs (miRNAs) in the pathogenesis of human cancers (Calin *et al.*, 2002; Calin *et al.*, 2005; Lu *et al.*, 2005; Esquela-Kerscher and Croce, 2006; Michael *et al.*, 2003; Eis *et al.*, 2005; Lu *et al.*, 2005; Esquela-Kerscher and Croce, 2006).

MicroRNAs are a class of 22-nucleotide, noncoding RNAs that are evolutionarily conserved and expressed in all eukaryotes. The levels of individual miRNAs vary between different developmental stages, suggesting that miRNAs play a role in programmed cell death (Lagos-Quintana *et al.*, 2001) and are overexpressed or mutated in human cancer, indicating that they may be tumor suppressor genes (Calin *et al.*, 2002; Calin *et al.*, 2005; He *et al.*, 2005; Iorio *et al.*, 2005; Lu *et al.*, 2005; Lu *et al.*, 2005). miRNAs has been detected in many human malignancies,

Frequent deletions and down-regulation of micro- RNA genes miR15 and miR16 at 13q14 in [Proc Natl Acad Sci U S A. 2002]

Human microRNA genes are frequently located at fragile sites and genomic regions involved [Proc Natl Acad Sci U S A. 2004]

Review MicroRNA signatures in human cancers. [Nat Rev Cancer. 2006]

See more ...

Frequent deletions and down-regulation of micro- RNA genes miR15 and miR16 at 13q14 in chronic lymphocytic leukemia. Callin GA, Dumitru CD, Shimizu M, Blichl R, Zupo S, Noch E, Aldler H, Rattan S, Keating M, Rai K, Rassenti L, Kipps T, Negrini M, Bullrich F, Croce CM. Proc Natl Acad Sci U S A. 2002 Nov 26; 99(24):15524-9.

MicroRNAs: genomics, biogenesis, mechanism, and function. [Cell. 2004]

Frequent deletions and down-regulation of micro- RNA genes miR15 and miR16 at 13q14 in [Proc Natl Acad Sci U S A. 2002]

Reduced expression of the let-7 microRNAs in human lung cancers in association with shortened postoperative survival. [Cancer Res. 2004]

Figure 6: Reference citation highlights.

Finally, at the top of each section of an article, the "Go to" navigation links offer a drop down menu that will take you to any section more quickly and easily, whether it's the Abstract, Introduction, Discussion, or any others within the article page (see Figure 7).

INTRODUCTION

Lung cancer is the leading cause of cancer-related deaths and has the most rapidly increasing incidence rate in developed countries, as well as in China (Jemal *et al.*, 2011). It is well known that genetic alterations could occur at the chromosomal level (e.g., large gains and deletions), at the nucleotide level (e.g., nucleotide mutation), or at the epigenetic level (e.g., DNA methylation). A change could result in the activation of oncogenes (e.g., *Ras*, *Myc*) and other growth-promoting genes (e.g., *ERBB1*, *IGF-1R*) and the inactivation of tumor suppressor genes (e.g., *p53*, *p16INK4A*, *Rb*, *FHIT*). Moreover, emerging evidence suggests the potential involvement of altered regulation of microRNAs (miRNAs) in the pathogenesis of human cancers (Calin *et al.*, 2002; Calin *et al.*, 2005; Lu *et al.*, 2005; Esquela-Kerscher and Croce, 2006; Michael *et al.*, 2003; Eis *et al.*, 2005; Lu *et al.*, 2005; Esquela-Kerscher and Croce, 2006).

MicroRNAs are a class of 22-nucleotide, noncoding RNAs that are evolutionarily conserved and expressed in all eukaryotes. The levels of individual miRNAs vary between different developmental stages, suggesting that miRNAs play a role in programmed cell death (Lagos-Quintana *et al.*, 2001) and are overexpressed or mutated in human cancer, indicating that they may be tumor suppressor genes (Calin *et al.*, 2002; Calin *et al.*, 2005; He *et al.*, 2005; Iorio *et al.*, 2005; Lu *et al.*, 2005; Lu *et al.*, 2005). miRNAs has been detected in many human malignancies,

Go to:

- Abstract
- INTRODUCTION
- RESULTS
- DISCUSSION
- MATERIALS AND METHODS
- Supplementary Material
- Acknowledgments
- Abbreviations used:
- Footnotes
- REFERENCES

Figure 7: "Go to" drop down menu.

And yes, further improvements to the PMC site are still to come. To be notified about these and other PMC developments, please subscribe to the PMC mailing list.

By Marla Fogelman
National Center for Biotechnology Information

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New App Serves as Guide to NLM Mobile

Heiland-Luedtke J, Antani SK, and Potvin DJ. New App Serves as Guide to NLM Mobile. NLM Tech Bull. 2012 Jul-Aug;(387):e3.

2012 July 23 [posted]

The National Library of Medicine (NLM) has released a new mobile app that is intended to serve as the authoritative guide to NLM mobile resources. This app will improve your ability to find and use NLM mobile apps and sites.

The app was created as an HTML 5 mobile Web site in support of the Library’s ongoing efforts to make our information broadly available. Support for HTML 5 is available in Web browsers on many mobile devices. Information on all NLM mobile resources will be available through this app. To explore the app, visit <http://www.nlm.nih.gov/mobile-app/> on a mobile device such as an iPhone, iPad, Android smart phone, Blackberry, or Microsoft phone.

In the app, users can find NLM Mobile resources by (see Figure 1):

- **Type:** Web site vs. Application
- **Device:** Android, Apple iOS, or Blackberry
- **Tags:** Descriptive tags assigned by NLM used to categorize the resource (e.g., Drugs or Disasters)

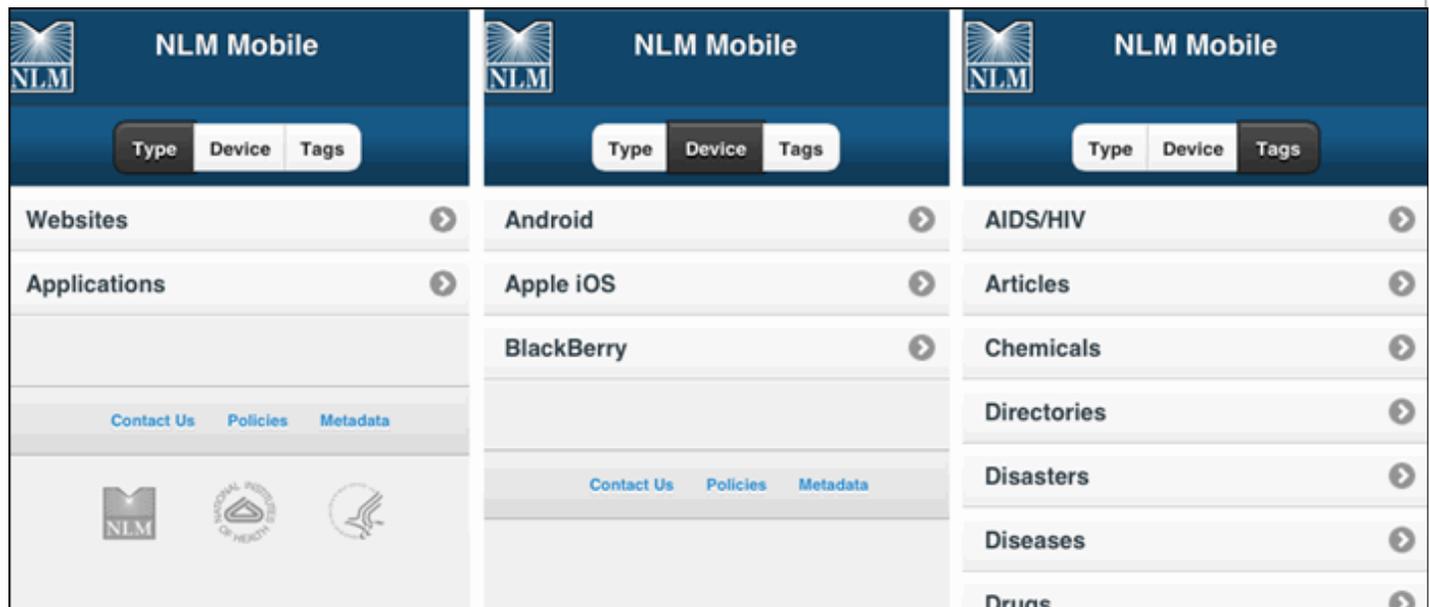


Figure 1: Browse by Type, Device, or Tags.

Each mobile resource will be represented by an entry which includes (see Figure 2):

- Brief description
- Descriptive tag(s)
- Image
- Link to install App or launch Web site

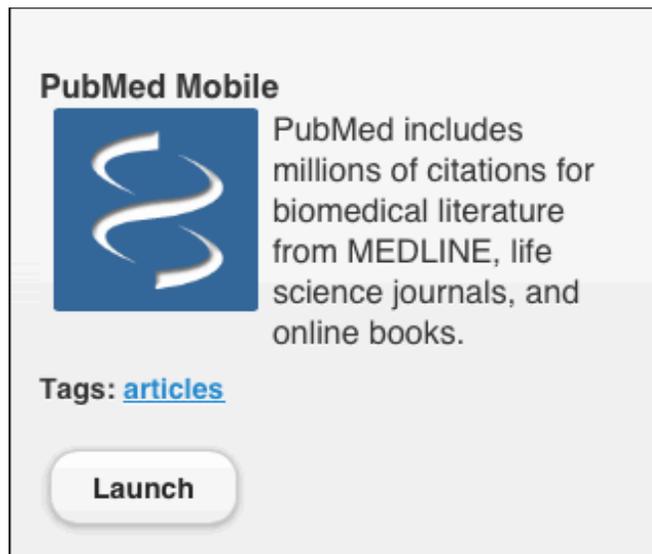


Figure 2: Entry for PubMed Mobile.

Users can save the app to their home screen for those times when they have no wireless connection or cell signal. The index of NLM mobile resources is available for offline browsing. The app will be updated with the latest information once the device is re-connected to the Internet.

We welcome your feedback about this new app at [Contact NLM](#) or via the [Contact Us](#) link in the footer of the app.

By Jenny Heiland-Luedtke, Sameer K. Antani, and Donald J. Potvin

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My NCBI – New Features for My Bibliography for eRA Commons Users

Hutcherson L, Trawick BW. My NCBI – New Features for My Bibliography for eRA Commons Users. NLM Tech Bull. 2012 Jul-Aug;(387):e2.

2012 July 12 [posted]

The My Bibliography Award View display, a tool developed by NCBI to assist eRA Commons users to comply with the NIH Public Access policy and associate their publications to NIH awards, will be enhanced in the following three ways: eRA Commons account holders will be able to associate any grant with citations in their My Bibliography collection, and they will be able to search for awards with the assistance of auto-complete; eRA users' My Bibliography collection will be automatically updated to include citations that have been associated to the grants awarded to them; and new filter options will be added for paper-grant associations.

Assign Awards is a My Bibliography Award View display feature that is used to associate or disassociate grants to citations and it is activated by clicking the link "Add award" or "Add or delete award" (see Figure 1).

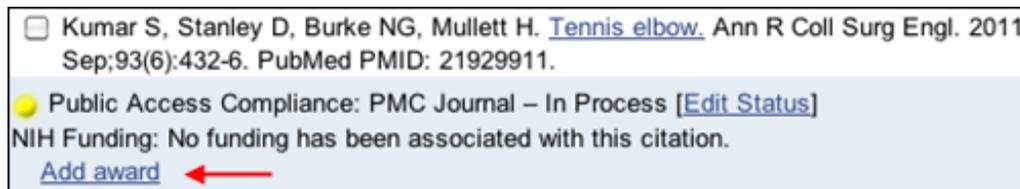


Figure 1: Add award link in citation.

The new version of My Bibliography Assign Awards window consists of two tabs: Awards and Search/Add Other Awards (see Figure 2).

Awards Tab

The "My awards" section (see Figure 2, top section) provides the list of awards associated with your eRA Commons profile. The "Other awards" section displays those awards that are not associated with your eRA Commons profile, but have been linked to citations in your My Bibliography collection (see Figure 2), lower section).

To add or delete award associations from either list to your citations, check or uncheck the checkbox next to an award and click the "Save" button. In some cases, it is not possible to deselect awards through the Assign Awards window (see Figure 2). For example, if a grant association was created in the NIH Manuscript Submission (NIHMS) system or if a grant was linked to one of your citations by the grant owner, in both cases the award checkboxes will be disabled. Contact the eRA Commons or NIHMS help desks for assistance in removing disabled award associations for your publications.

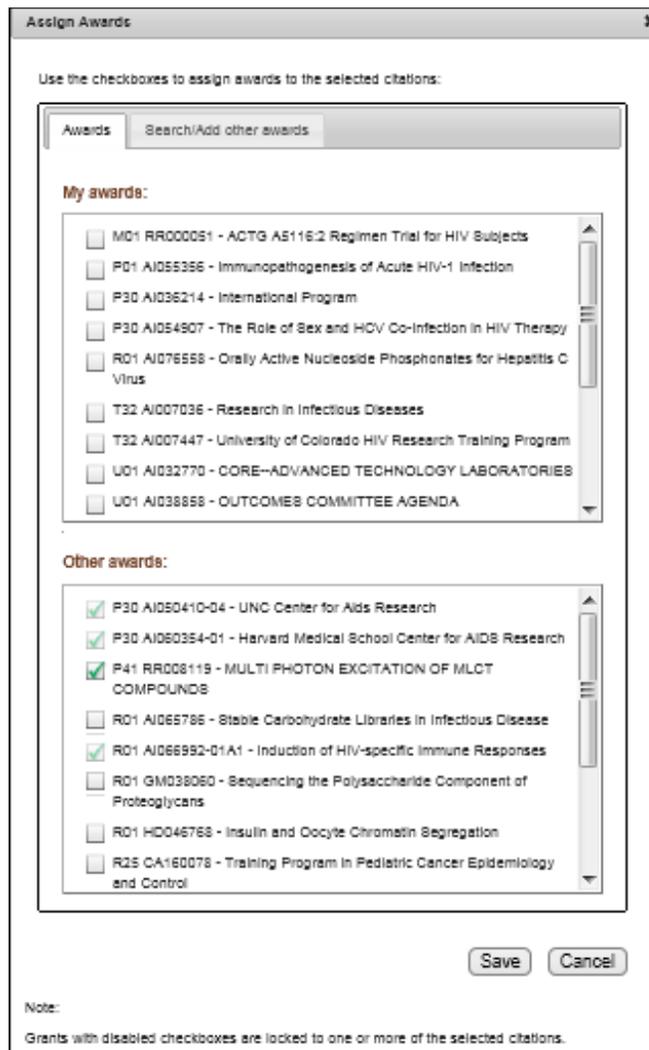


Figure 2: Updated Assign Awards window.

Search/Add Other Awards Tab

In the "Search/Add other awards" tab, you can search for awards using a grant number, award title or grantee name. The search box includes an auto-complete feature (see Figure 3), which provides a list of possible grant number or name matches that are displayed as hyperlinks.

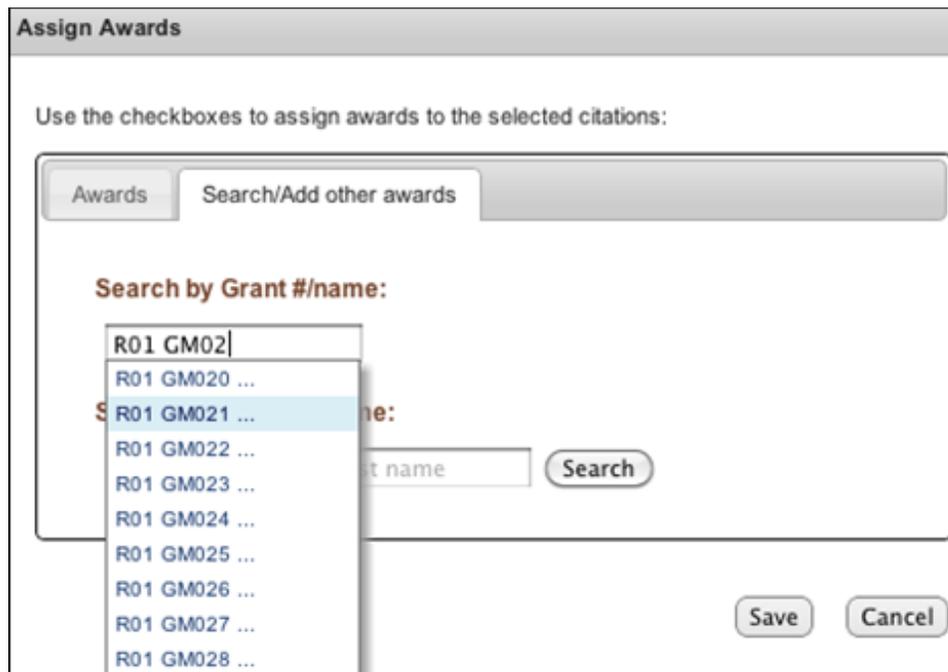


Figure 3: Auto-complete in Assign Awards window.

Select an award from the list provided and click the "Search" button. A list of grantee names affiliated with the award will be provided (see Figure 4). Check the award you wish to associate to a citation in your My Bibliography collection and click the "Save" button (see Figure 4). The award will be listed under the citation selected in My Bibliography, and it will be listed in the "Other Awards" section of the Award tab of the Assign Awards window readily available to be added to other citations.

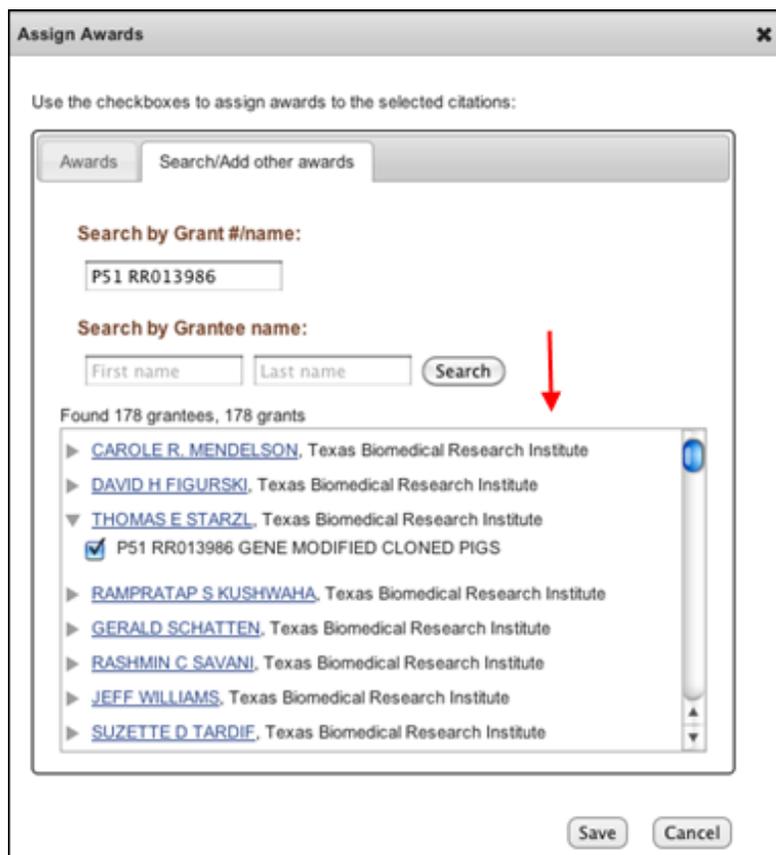


Figure 4: List of grantee names and their awards.

My NCBI will notify award owners when citations have been associated to their awards and added to their My Bibliography collection. Once a citation is associated to a grant in My Bibliography or the association is made via the NIH Manuscript Submission system, the paper-grant association will be included in the PubMed record of that citation, and it will be linked to the grant in the NIH research activities database as well.

My NCBI will automatically add citations to your My Bibliography collection based on new associations made to grants awarded to you. A message will be displayed (see Figure 5), which will provide you with a link to review the new citations added (see Figure 6). The alert message will remain until it is dismissed by clicking on the red X to the right (see Figure 5).

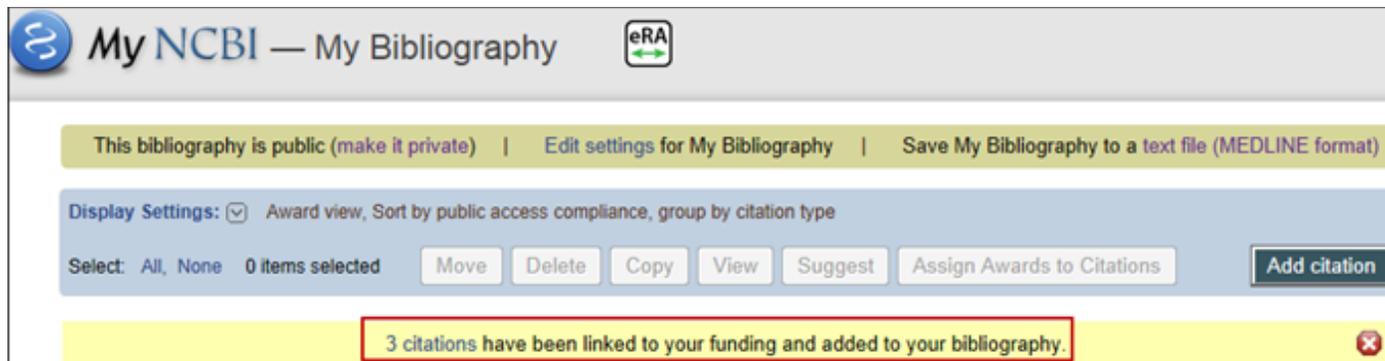


Figure 5: Alert message for new citations added based on funding information.

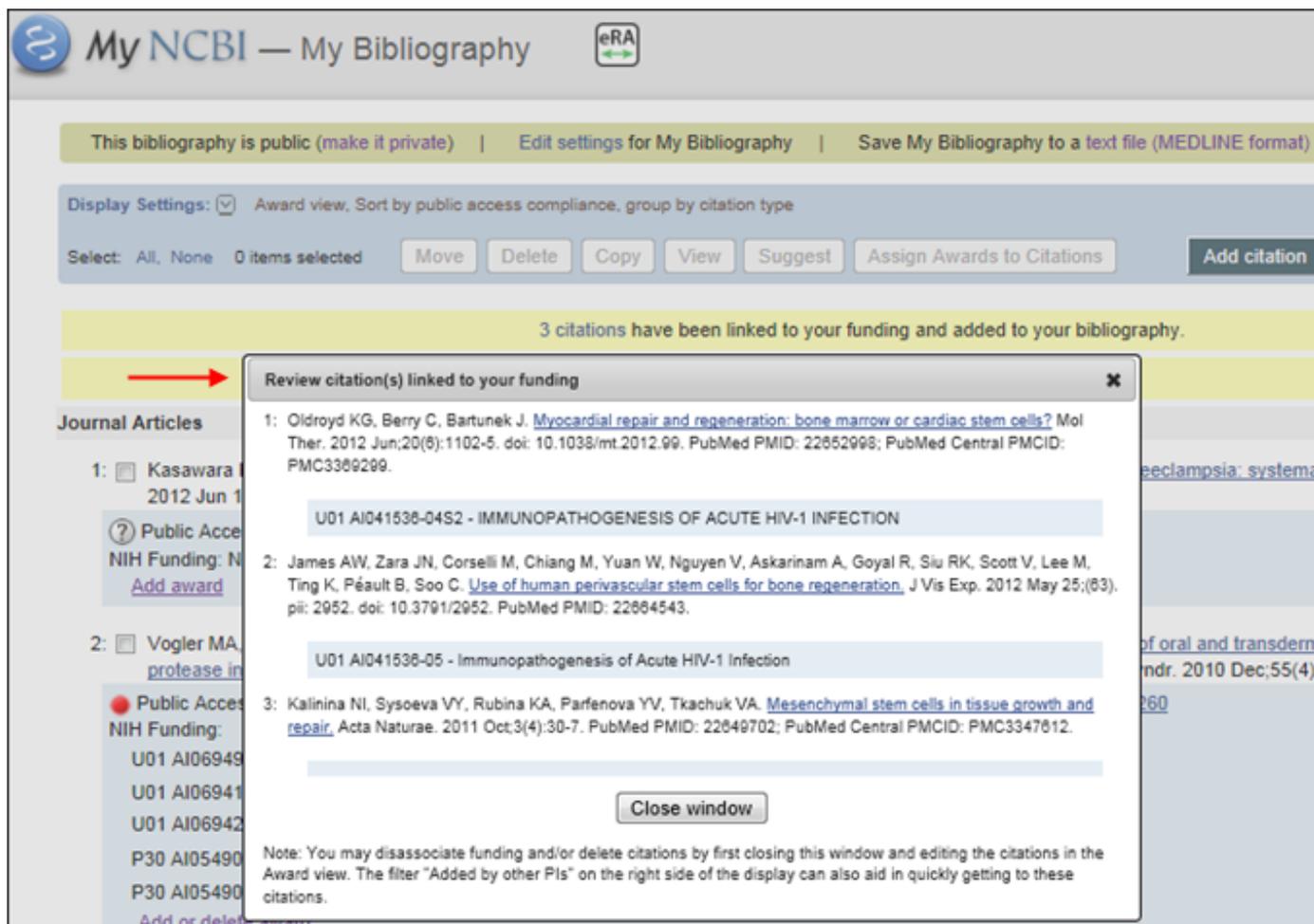


Figure 6: List of citations added based on funding.

If needed, the newly added citations can be deleted in the Award View display by selecting them and clicking the 'Delete' button. This action will also remove the associations made to your grants.

The new filters added to My Bibliography Award View will facilitate viewing data more clearly by limiting citation results to those added through grant linking by other principal investigators (PIs) and the NIH Manuscript Submission system (see Figure 7).

Select "Added by other PIs" to limit citation results to those added by other principal investigators. Select "Added by NIHMS" to limit citation results to those added by the NIH Manuscript Submission system.

The screenshot displays the My NCBI My Bibliography Award View interface. At the top, there is a navigation bar with the My NCBI logo and the text "My Bibliography". Below this, a green banner indicates "Selected filter(s) has been applied. Clear all filters." The main content area shows a list of journal articles. The first article is by Perez J, Stepkowski SM, Song P, Trawick B, Wang ME, Janczewska S, Kahan BD, titled "Selection of lowly immunogenic and highly tolerogenic donor and recipient allochimeric class I major histocompatibility complex proteins." The second article is by Sheth N, Petrof G, Greenblatt D, Patel S, Adland K, titled "Unusual presentation of cutaneous metastases in renal cell carcinoma." On the right side, there are filter controls. The "Paper-grant associations" section is highlighted with a red box, showing two options: "Added by other PIs" (checked) and "Added by NIHMS" (unchecked). Below the filters are "Apply filters" and "Clear all filters" buttons.

Figure 7: Paper-grant associations filters in the Award View display.

By Lidia Hutcherson and Barton W. Trawick
National Center for Biotechnology Information

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MedlinePlus XML Files and Web Service Enhancements

Burgess S. MedlinePlus XML Files and Web Service Enhancements. NLM Tech Bull. 2012 Jul-Aug;(387):e1.

2012 July 03 [posted]

In June 2012, the National Library of Medicine (NLM) added new content and several new features to the MedlinePlus XML files and Web service. These enhancements make MedlinePlus XML data more robust, accessible, and flexible for users.

MedlinePlus XML Files

In June, NLM began publishing the MedlinePlus XML files in a new format with a new DTD. These files provide additional content that was not available in the earlier version of the files. The new XML files contain all MedlinePlus English and Spanish health topics and associated data, which includes:

- basic metadata (health topic title, URL, language, date created, and ID),
- vocabulary (MeSH, "Also called" terms, see references),
- full summary,
- group membership,
- related health topics,
- equivalent English or Spanish topics,
- related content in other languages,
- primary NIH institute, and
- all site records (links) assigned to a health topic page, including their names, URLs, organizations, category assignments, and standard descriptions.

With this release, most text and links available on MedlinePlus health topic pages become accessible in XML format. For complete details on all elements and attributes in the MedlinePlus health topic XML, see the MedlinePlus XML file description.

NLM also publishes a health topic group XML file. The health topic group XML contains information on MedlinePlus topic groups and now uses a new format and DTD.

NLM updates and posts the new MedlinePlus health topic XML files daily (Tuesday-Saturday) in compressed (.zip) and uncompressed formats. All of the new MedlinePlus XML files are published daily to correspond to the update schedule of the MedlinePlus.gov Web site. Links to the six most recent XML data sets and the new DTDs are available from the MedlinePlus XML files page. NLM does not publish delta files for the new XML data sets.

To continue receiving the most up-to-date MedlinePlus information, users of the earlier version of the MedlinePlus XML files need to transition over to the new files. NLM will continue to post updated files using the earlier format and DTD through the end of July 2012. After July 2012, NLM will only publish updated XML content via the new version of the files, and earlier versions of the MedlinePlus XML files will no longer be available.

MedlinePlus Web Service

In June, NLM also added several new features, parameters, content, and policies to the MedlinePlus Web service. The MedlinePlus Web service allows systems to send keyword-based queries to retrieve matching health topics in XML format. Existing users can continue to send requests and receive responses in the same format as they were using prior to June. The enhancements to the MedlinePlus Web service are detailed below, and publicly available documentation reflects the changes.

NLM now offers a Spanish version of the MedlinePlus Web service that accepts Spanish-language queries and responds with Spanish health topics. Users can send requests to the MedlinePlus Spanish Web service by sending the *healthTopicsSpanish* value for the *db* parameter in their queries.

The MedlinePlus Web service also now allows for optional field searching in queries. Users can accomplish field searching by including limiters in the *term* parameter to restrict the search to a specific health topic field. Fields that can be searched this way are *title*, *alt-title*, *mesh*, *full-summary*, and *group*.

Users of the MedlinePlus Web service can use the new optional *rettype* parameter to select from three possible result formats: *brief*, *topic*, and *all*. By default, results are returned in brief format if no *rettype* is specified in the request. The *brief* format was the only format available prior to June. The *topic* format returns the health topic results as full XML records with all associated data and links. The XML format of the *topic* result type matches the format and DTD of health topics in the MedlinePlus XML files (as described in the first section of this article). The most significant feature of the *topic* format is the inclusion of all site records from MedlinePlus health topic pages, including encyclopedia links, multiple language links, organization links, and much more. The *all* format returns health topics in both *brief* and *topic* format.

Two new optional parameters, *email* and *tool*, allow Web service users to specify a contact email address and the resource using the Web service, respectively. Including these parameters in requests can assist NLM in providing better service and allows NLM to contact users if there are problems with their queries.

With the release of these new features, parameters, and content, NLM published a new acceptable use policy for the MedlinePlus Web service in June. To ensure that the Web service is continually available for all users, the new policy states:

"In order to avoid overloading the MedlinePlus servers, NLM requires that users of the MedlinePlus Web service send no more than 85 requests per minute per IP address. Requests that exceed this limit will not be serviced, and service will not be restored until the request rate falls beneath the limit. The MedlinePlus Web service is updated once per day, Tuesday-Saturday. To limit the number of requests that you send to the Web service, NLM recommends caching results for a 12-24 hour period.

This policy is in place to ensure that the service remains available and accessible to all users. NLM encourages all users of the MedlinePlus Web service to use the *email* and *tool* parameters. NLM may use this information to contact you if there are problems with your requests.

If you have a specific use case that requires you to send a large number of requests to the Web service, and thus exceed the request rate limit outlined in this policy, please contact us. NLM staff will evaluate your request and determine if an exception may be granted. Please also review the MedlinePlus XML files documentation. These XML files contain complete health topic records and can serve as an alternate method of accessing MedlinePlus data."

Users who are currently sending more than 85 requests per minute per IP address to the MedlinePlus Web service will need to adjust the number and/or frequency of requests in order to avoid request throttling, which will result in requests not being serviced until the request rate falls beneath the limit. Although NLM published this policy in June, enforcement will not begin until July 16 to give users time to come into compliance.

NLM encourages users of MedlinePlus data to subscribe to the MedlinePlus Web Service and XML Files email list to stay current on the latest changes and enhancements to these services. Send the MedlinePlus team any questions or feedback via the Contact Us link that appears on any MedlinePlus.gov page.

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