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rajivn@yorku.ca

TRY 2007

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- RSS what is it – a quick introduction
- Set-up feeds in PubMed (medical database) on a specific topic
- See how our feeds can be customized using a web based application

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by Esteban E, de Sande JL, Villanueva N, Corral N, Muñiz I, Vieitez JM, Fra J, Fernández Y, Estrada E, JL, Luque M, Jimenez P, Mareque B, Capellan M, Buesa JM, Lacave AJ



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Lung Cancer. 2007

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To evaluate possib of cisplatin/gemcitabine < or =75 years, Ka assigned to receive drugs were admini (LT) with surgery a of 3 cycles, the ov

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The screenshot shows the PubMed website interface. At the top, there is a navigation bar with links to various services: GoogleAcc, LogInWP, New Books, Sub_Bloglines, YUMail, TPL, post_deli, FIS, Scholar, and SteacieWiki. Below this is a search bar with the text "Entrez PubMed" and a search button. The main header features the NCBI logo and the PubMed logo, along with the text "A service of the National Library of Medicine and the National Institutes of Health" and the URL "www.pubmed.gov". A navigation menu includes links to "Databases", "PubMed", "Nucleotide", "Protein", "Genome", "Structure", "OMIM", and "P". The search bar contains the text "PubMed" and "for lung cancer", with "Go" and "Clear" buttons. Below the search bar are buttons for "Limits", "Preview/Index", "History", "Clipboard", and "Details". A list of search tips is displayed: "To get started, enter one or more search terms." and "Search terms may be [topics](#), [authors](#) or [journals](#)." A prominent yellow-bordered box contains a "MyNCBI" logo and the text "Set up an automated PubMed update in less than 5 minutes." followed by three numbered steps: (1) Get a [My NCBI account](#). (2) Save your search. (3) Your PubMed updates can be e-mailed directly to you. Below the steps, it says "Read the [My NCBI Help](#) material to explore other options, such as automated updates of other databases, setting search filters, and highlighting search terms." At the bottom, a paragraph states: "PubMed is a service of the [U.S. National Library of Medicine](#) that includes over 17 million citations from MEDLINE and other life science journals for biomedical articles back to the 1950s. PubMed includes links to full text articles and other related resources."

for lung cancer | Our topic | Go | Clear

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- History of Medicine

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- All Child: 0-18 years
- All Adult: 19+ years
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- Infant: 1-23 months
- Preschool Child: 2-5 years
- Child: 6-12 years
- Adolescent: 13-18 years
- Adult: 19-44 years

Selecting more limits

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-  Achieving full-dose, on-schedule administration of ACE chemot days for the treatment of patients with small-cell lung cancer.
Lung. 2006 Sep-Oct;184(5):279-85.
PMID: 17235728 [PubMed - indexed for MEDLINE]
- 2: [Esteban E, de Sande JL, Villanueva N, Corral N, Muniz I, Vieitez JM, Fra J, Fernandez Y, Estrada E, Fernandez JL, Luque M, Jimenez P, Mareque B, Capellan M, Buesa JM, Lacave AJ](#) [Relate](#)
-  Cisplatin plus gemcitabine with or without vinorelbine as induction chemotherapy prior to radical locoregional treatment with stage III non-small-cell lung cancer (NSCLC): results of a prospective randomized study.
Lung Cancer. 2007 Feb;55(2):173-80. Epub 2006 Oct 27.
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Open, randomized, phase II study of single-agent gemcitabine and docetaxel as first- and second-line treatment in patients with advanced non-small-cell lung cancer.

Clin Lung Cancer. 2007 Jan;8(4):245-51

Authors: Manegold C, Koschel G, Hruska D, Scott-von-Römer K, Mezger J, Pilz LR

BACKGROUND: Chemotherapy has been widely accepted as standard for palliation in advanced non-small-cell lung cancer. Gemcitabine and docetaxel are active as single agents. Our previous experience indicates that single-agent therapy, if given sequentially, could be an alternative to doublet combination chemotherapy and that sequence and schedule matter. **PATIENTS AND METHODS:** Chemotherapy-naïve patients with stage IIIB-IV non-small-cell lung cancer were randomized to receive first-line 3-weekly gemcitabine or docetaxel. At progression, patients received second-line therapy with the other agent. Treatment was considered feasible if 30% of the evaluable patients had ≥ 2 cycles of first-line and 2 cycles of second-line therapy and patient survival was ≥ 7 months from the start of treatment. For efficacy, time to progression, overall survival, response, and quality of life were analyzed. **RESULTS:** Three hundred thirty patients received gemcitabine followed by docetaxel or docetaxel followed by gemcitabine. Treatment was feasible for 60 patients (38%) with gemcitabine followed by docetaxel and for 80 patients (49%) with docetaxel followed by gemcitabine; treatment favored docetaxel followed by gemcitabine ($P = 0.03539$). Median survival for gemcitabine followed by docetaxel and docetaxel followed by gemcitabine was 6.3 months and 8.6 months, and 1-year survival rate was 28% and 31%, respectively. Objective response rates were $\leq 10\%$ for both treatment strategies. Quality of life was significantly better in gemcitabine followed by docetaxel ($P = 0.005$). **CONCLUSION:** Single-agent gemcitabine and docetaxel are feasible as defined for both sequences but treatment favors docetaxel followed by gemcitabine. Thus, it is reasonable to state that single-agent therapy given sequentially might be a candidate for

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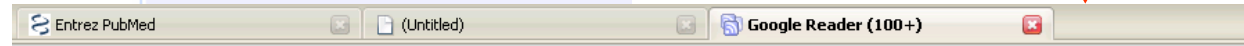
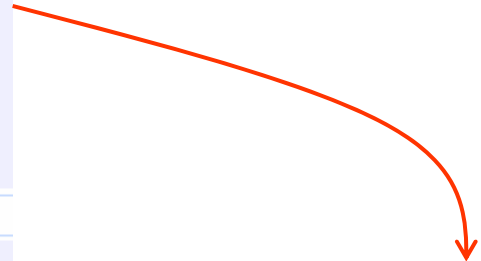
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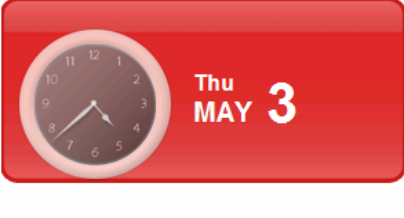
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