

Recherche bibliographique

N. Lapidus, P.-Y. Boëlle – 4 avril 2019

DESC d'infectiologie

Bases de données bibliographiques

- Google Scholar (Google)
- Web of science (Clarivate Analytics)
 - ~ 50 000 livres + 12 000 revues + 160 000 conférences, > 90 millions de références, > 1 milliard de citations
- MEDLINE : littérature biomédicale (NIH)
- EMBASE : littérature biomédicale et médicament (Elsevier)
 - ~ 8500 revues (dont 2900 hors MEDLINE) + 6000 conférences, 30 millions de références
- SCOPUS : littérature scientifique transdisciplinaire (Elsevier)
 - ~ 37 000 revues, 69 millions de références, nombreux titres non anglophones
- HAL (archives ouvertes)
- + beaucoup d'autres...

Quelle recherche bibliographique ?

- « cherry picking »
 - recherche par mots-clés sous (MEDLINE / Google Scholar) par exemple
 - permet d'approcher intuitivement une thématique
 - biais de sélection +++
- « snowball »
 - à partir d'une ou plusieurs référence(s) pertinente(s)
 - recherche des références « liées » :
 - mêmes auteurs / identifiants ORCID
 - citations de / par (*reviews* +++)
 - suggestions d'articles liés (Google Scholar / Pubmed / EuropePMC)
 - nouvelle recherche en incluant ces références
 - biais de sélection par « clusterisation »*
- recherche systématique
 - Sélection des bases de données, filtres, mots-clés
 - Équation de recherche

Google Scholar

<https://scholar.google.com>

- inclut des ressources disponibles par internet, essentiellement à partir de sites universitaires et des éditeurs.
- articles classés en tenant compte de l'intégralité du texte de l'article, de l'auteur, de la publication dans laquelle l'article est paru et du nombre de fois où celui-ci est cité dans d'autres ouvrages universitaires
- Indexation très automatisée
 - → références parfois peu pertinentes
 - → accès à la littérature « grise »

Critères de sélection des journaux indexés dans MEDLINE

- **contenu** : essentiellement biomédical
- **qualité scientifique** : originalité, couverture du domaine
- **qualité éditoriale** : comment le journal garantit la qualité des articles publiés, indépendance
- **lectorat** : professions de santé (médecins, infirmières,...)
- **langue** : au moins des abstracts en anglais
- **couverture géographique** : audience mondiale

Décision prise par la direction de la NLM :

- ~ 500 titres sont évalués / réévalués chaque année
- 25 à 30% des titres évalués sont retenus

Structure d'un descripteur MEDLINE

Articles décrits par ~ 50 « champs » de méta-données dont :

- [AU] : Nom, Prénoms, [AD] affiliation
- [CY] : Pays, [LA] : langue
- [DP] : date publication
- [SO] : citation ([TA] : journal, [VI] : volume, [IP] : numéro, [PG] : pages)
- [TI] : titre de l'article
- [MH] : termes MeSH
- [PT] : type de publication
- [AB] : résumé
- [ALL] : tous les champs
- Autres champs : moins utiles pour une recherche directe (identification, numéros, ...)

Exemple : champ "type de publication"

Type de publication :

- Case Reports
- Clinical Trial [includes all types and phases of clinical trials] Clinical Trial, Phase I
- Clinical Trial, Phase II Clinical Trial, Phase III
- Clinical Trial, Phase IV
- Consensus Development Conference
- Controlled Clinical Trial
- Editorial Evaluation Studies
- Journal Article [excludes Letter, Editorial, News, etc.]
Letter [includes letters to editor]
- Meta-Analysis [quantitative summary combining results of independent studies] Multicenter Study
- Practice Guideline [for specific health care guidelines]
- Randomized Controlled Trial
- Review [includes all reviews; consider specific types]

Formuler une requête

Opérateurs booléens : AND, OR, NOT

- " herpes virus" AND HIV
- Herpes NOT labialis
- Varicella OR chickenpox
- (("herpes simplex" OR HSV) AND transmi*) NOT pregnan*

Intervalles

- 1986:1989[DP]

MeSH (Medical Subject headings)

- Thesaurus à usage d'indexation de la littérature médicale
- Thésaurus : Vocabulaire restreint, dont les termes peuvent être reliés par les relations :
 - « est une généralisation de »,
 - « est une spécialisation de »,
 - « est synonyme de »
- Structure arborescente (multi)-hiérarchique
- ~20 000 termes + synonymes
- Mise à jour continue du vocabulaire (100 ajouts par an, 10 délétiens)
- Toutes les publications indexées dans MEDLINE sont codées par 5 à 10 termes MeSH
- Codage semi automatique : keywords / A la main

MeSH (Medical Subject headings)

The screenshot shows the MeSH website interface. At the top, there is a search bar with 'MeSH' selected and 'heart attack' entered. Below the search bar, there are options for 'Full', 'Send to', and 'PubMed Search Builder'. The main content area is titled 'Myocardial Infarction' and includes a definition: 'NECROSIS of the MYOCARDIUM caused by an obstruction of the blood supply to the heart (CORONARY CIRCULATION). Year introduced: 1979'. There are also 'PubMed search builder options' and a list of 'Subheadings' with checkboxes for various categories such as analysis, anatomy and histology, blood, cerebrospinal fluid, chemically induced, chemistry, classification, complications, congenital, diagnosis, diagnostic imaging, diet therapy, drug therapy, economics, embryology, enzymology, epidemiology, ethnology, etiology, genetics, history, immunology, legislation and jurisprudence, metabolism, microbiology, mortality, nursing, organization and administration, parasitology, pathology, physiology, physiopathology, prevention and control, psychology, radiotherapy, rehabilitation, statistics and numerical data, surgery, therapy, urine, veterinary, and virology.



Tree Number(s): C14.280.647.500, C14.907.585.500
 MeSH Unique ID: D009203
 Entry Terms:

- Infarction, Myocardial
- Infarctions, Myocardial
- Myocardial Infarctions
- Cardiovascular Stroke
- Cardiovascular Strokes
- Stroke, Cardiovascular
- Strokes, Cardiovascular
- Heart Attack
- Heart Attacks
- Myocardial Infarct
- Infarct, Myocardial
- Infarcts, Myocardial
- Myocardial Infarcts

See Also:

- [Heart Rupture, Post-Infarction](#)

[All MeSH Categories](#)
[Diseases Category](#)
[Cardiovascular Diseases](#)
[Heart Diseases](#)
[Myocardial Ischemia](#)
Myocardial Infarction
[Anterior Wall Myocardial Infarction](#)
[Inferior Wall Myocardial Infarction](#)
[Non-ST Elevated Myocardial Infarction](#)
[Shock, Cardiogenic](#)
[ST Elevation Myocardial Infarction](#)

[All MeSH Categories](#)
[Diseases Category](#)
[Cardiovascular Diseases](#)
[Vascular Diseases](#)
[Myocardial Ischemia](#)
Myocardial Infarction
[Anterior Wall Myocardial Infarction](#)
[Inferior Wall Myocardial Infarction](#)
[No-Reflow Phenomenon](#)
[Non-ST Elevated Myocardial Infarction](#)
[Shock, Cardiogenic](#)
[ST Elevation Myocardial Infarction](#)

Forces et faiblesses du MeSH

- Forces :
 - permet une description « objective » et reproductible de l'interrogation
 - même dans une recherche “libre” les termes entrés sont comparés au titre, auteur, abstract et aux termes MeSH
- Faiblesses :
 - Qualité imparfaite de l'indexation : tous les articles ne sont pas obligatoirement bien indexés par leurs auteurs (mots-clés)
 - Non traduit
- NB :
 - Des équivalents existent pour d'autres bases de données (ex = EMBASE utilise Emtree)*
 - Google n'emploie aucun thésaurus

* A comparison of Emtree and MeSH : <https://bit.ly/2Hz0pb6>

Exemple : recherche d'essais de phase III sur le infarctus du myocarde

- ("myocardial infarction"[TI] OR "myocardial infarction"[AB]) AND ("clinical trial"[TI] OR "clinical trial"[AB]) → N = 697
- ("myocardial infarction"[TI] OR "myocardial infarction"[AB]) AND ("clinical trial"[TI] OR "clinical trial"[AB]) AND "phase III" → N = 14
- "Myocardial Infarction"[MeSH] AND "Clinical Trials"[MeSH] → N = 4745
- "Clinical Trials, Phase III"[MeSH] AND "Myocardial Infarction"[MeSH] → N = 24
- "Myocardial Infarction"[MeSH] AND "Clinical Trial"[PT] 6975 "Clinical Trial, Phase III"[PT] AND "Myocardial Infarction"[MeSH] → N = 25

Exemple : recherche d'essais de phase III sur le infarctus du myocarde

"Clinical Trials, Phase III"[MeSH] AND "Myocardial Infarction"[MeSH]

1. Anders R et al. Xemilofiban/orbofiban: insigh...
2. Bolland K et al. Formal approaches to safety m...
3. Chew DP et al. Present and potential future...
4. Chew DP et al. Increased mortality with oral...
5. Cohen M et al. Enoxaparin in unstable angina...
6. Durrleman S et al. The use of putative placebo i...
7. Eikelboom JW et al. Safety outcomes in meta-analy...
8. Gibson CM et al. Issues in the assessment of t...
9. Granger CB et al. Acute ischemic heart disease...
10. Harrington RA. Design and methodology of the...
11. Kleiman NS. Primary and secondary safety ...
12. Lefkovits J et al. Direct thrombin inhibitors in...
13. Maranian AM et al. Glycoprotein IIb/IIIa recepto...
14. Neumann FJ et al. [Platelet membrane glycoprote...
15. Newby LK et al. Oral platelet glycoprotein II...
16. Newby LK. Long-term oral platelet glyco...
17. Patel VB et al. Invasive vs conservative mana...
18. Pinelli G et al. [Bolus fibrinolytic therapy i...
19. Retout S et al. Fisher information matrix for...
20. Roe MT et al. Emerging treatment of acute c...
21. SoRelle R. SmithKline Beecham halts test...
22. Verstraete M. Direct thrombin inhibitors: a...
23. Zeymer U et al. Hirudin and excess bleeding...
24. [No authors listed] Immune modulation therapy-per...

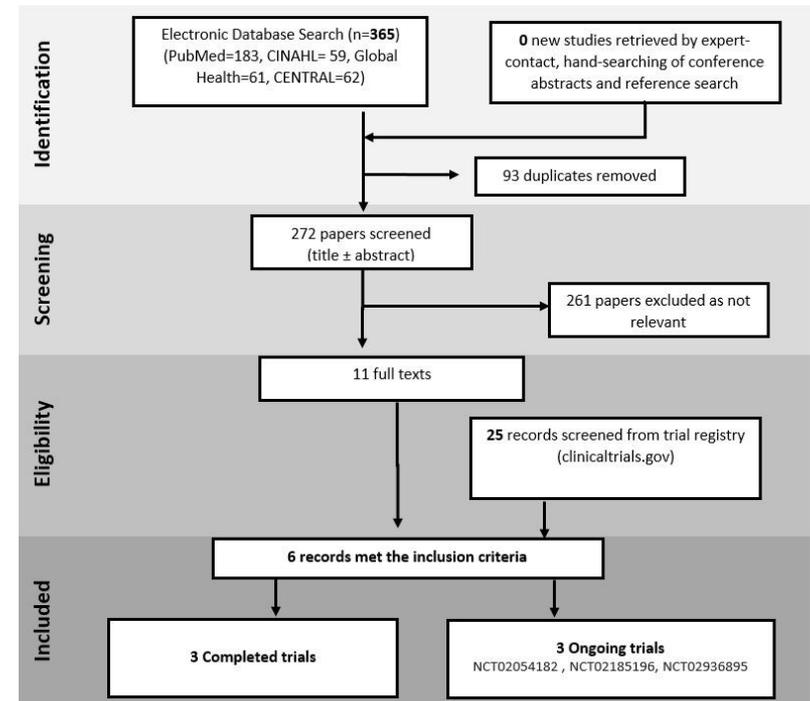
"Clinical Trial, Phase III"[PT] AND "Myocardial Infarction"[MeSH]

1. Antman EM et al. Bivalirudin as a replacement...
2. Antman EM et al. The TIMI risk score for unsta...
3. Antman EM et al. Assessment of the treatment e...
4. Antman EM et al. Enoxaparin prevents death and...
5. Bassand JP et al. Clopidogrel-rt-PA-heparin com...
6. Binbrek A et al. The relative rapidity of reca...
7. Borghi C et al. Double-blind comparison betwe...
8. Cannon CP et al. Predictors of non-Q-wave acut...
9. Caoui M et al. [Clinical evaluation of metho...
10. Coplan PM et al. Incidence of myocardial infar...
11. Fujiwara S et al. Fatty acid imaging with 123I...
12. Gilmore PS et al. Single site experience with h...
13. Guermonprez JL et al. A double-blind comparison...
14. Gurbel PA et al. Baseline platelet aggregation...
15. Hasdai D et al. Frequency and clinical outcom...
16. Lincoff AM. The GUSTO-V clinical trial...
17. Llevadot J et al. Availability of on-site cathe...
18. McGuire DK et al. Influence of diabetes mellitu...
19. Nakano A et al. Reversible defect of 123I-15...
20. Sasaki Y et al. [Evaluation of the clinical u...
21. Shields DC et al. The contribution of genetic ...
22. Topol EJ et al. Design of the blockade of the...
23. Toth K et al. The effect of RheothRx Inject...
24. Van de Werf F et al. Safety assessment of singl...
25. Weber W et al. Lessons learned from a phase ...

Nombre de références communes : 0

Rapporter une recherche bibliographique (revues systématiques ++)

- Bases consultées et date de consultation
- Équations de recherche (dont filtres temporels)
- Critères d'inclusion / exclusion



- Guidelines :
 - PRISMA statement (essais ++) : <http://www.equator-network.org/reporting-guidelines/prisma/>
 - MOOSE statement (études observationnelles ++) : <http://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/>
 - Cochrane Handbook for systematic reviews of interventions : <https://training.cochrane.org/handbook>

Article « *Trials of Helicobacter pylori eradication in non-ulcer dyspepsia* »

- **Bases recherchées** : The Cochrane Controlled Trials Register, Medline, EMBASE, CINAHL, AMED, SIGLE
- **Date** : All searches were run from the earliest date available (1966 for Medline, 1988 for EMBASE, and 1982 for CINAHL) until March 1999. A final search of Medline and Embase was undertaken in May 2000.
- **Autres modalités** : All languages and indexed journals were included and retrieved.
- **Terms for *H pylori* eradication in non-ulcer dyspepsia in Cochrane controlled trial register, Medline, EMBASE, and CINAHL**
- **MeSH search terms**
 - *Dyspepsia and H pylori related*
 - Dyspepsia, Eructation, Flatulence, Heartburn, Gastroparesis,...
- **Experts contacted for systematic review**
- **List of journals contacted for unpublished papers**
- **Table 1** Trials excluded from systematic review (n=38)
- **Table 2** Trials included in the systematic review (n=30)

Cochrane Library

Base de données des méta-analyses d'essais cliniques

- > 150 000 essais, ~ 8000 revues systématiques, > 2400 protocoles
- Ne recense que les essais cliniques randomisés

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- Plusieurs revues par thème



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The last 3 months 221340

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1521594 Trials matching on * in All Text

Cochrane Central Register of Controlled Trials

Issue 4 of 12, April 2019

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Results per page 25

- Classical homeopathic therapy of neurodermitis**
J Siebenwirth, J Rakoski
Der hautarzt; zeitschrift für dermatologie, venerologie, und verwandte gebiete, **1997**, 48(Suppl), S22 | added to CENTRAL: 31 October 2009 | 2009 Issue 4
- Cisplatin /Carboplatin/cyclophosphamide (CCP) vs cisplatin/cyclophosphamide (CP) in stage III-IV epithelial ovarian cancer: a French randomized phase III study**
JF Héron, F Joly, P Kerbrat, J Chauvergne, F Mayer, B Weber
Ann-oncol, **1998**, 9(4), 65 | added to CENTRAL: 31 July 1999 | 1999 Issue 3
- Combined treatment with the LHRH-agonist buserelin (LHRH-A) and tamoxifen (TAM) vs single treatment with each drug alone in premenopausal metastatic breast cancer. Final results of EORTC study 10991**

<https://www.cochranelibrary.com/central>

ClinicalTrials

Base de données sur les essais cliniques :

- Pré-enregistrement obligatoire pour publier dans les journaux importants
- Protocole demandé (non publié)
- Suivi des essais en cours / publiés / arrêtés

 U.S. National Library of Medicine

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Status ⓘ

Recruiting and not yet recruiting studies

All studies

Condition or disease ⓘ (For example: breast cancer)

X

Other terms ⓘ (For example: NCT number, drug name, investigator name)

X

Country ⓘ

X

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E.g. "breast cancer" HER2 Smith J

[← Back to Results](#) Direct-acting antivirals for chronic hepatitis C.

(PMID:28922704)

[Abstract](#)[Citations](#)[Related Articles](#)[Data](#)[BioEntities](#)[External Links](#)

[Jakobsen JC](#)¹, [Nielsen EE](#), [Feinberg J](#), [Katakam KK](#), [Fobian K](#), [Hauser G](#) , [Poropat G](#) , [Djurisic S](#), [Weiss KH](#), [Bjelakovic M](#), [Bjelakovic G](#), [Klingenberg SL](#), [Liu JP](#), [Nikolova D](#) , [Koretz RL](#), [Gluud C](#)

[Affiliations](#)

[The Cochrane Database of Systematic Reviews](#)

Type: Meta-Analysis, Research Support, Non-U.S. Gov.

DOI: [10.1002/14651858.CD012143.pub3](https://doi.org/10.1002/14651858.CD012143.pub3)

This is an update of "[Direct-acting antivirals for chronic hepatitis C](#)" (2015) [PMID: 25900000](#);6:CD012143.

Christian Gluud

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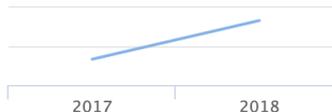
Abstract

BACKGROUND:Millions of people worldwide suffer from hepatitis C, which can lead to severe liver disease, liver cancer, and death. Direct-acting antivirals (DAAs), e.g. sofosbuvir, are relatively new and expensive interventions for chronic hepatitis C, and preliminary results suggest that DAAs may eradicate hepatitis C virus (HCV) from the blood (sustained virological response). Sustained virological response (SVR) is used by investigators and regulatory agencies as a surrogate outcome for morbidity and mortality, based solely on observational evidence. However, there have been no randomised trials that have validated that usage. OBJECTIVES:To assess the benefits and harms of DAAs in people with chronic HCV. SEARCH METHODS:We searched for all published

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(PMID:28922704)

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- [FDA Breakthrough Therapy Designation: Evaluating the Quality of the Evidence behind the Drug Approvals.](#)
(PMID:30043413)
Herink MC, Irwin AN, Zumach GM.
Pharmacotherapy [2018]
- [Katakam and co-workers have not shown SSRIs to be harmful and ineffective and should stop claiming that they have.](#)
(PMID:30022741)
Hieronymus F, Lisinski A, Näslund J, Eriksson E.
Acta Neuropsychiatr [2018]
- [Systematic review with meta-analysis: neuroimaging in hepatitis C chronic infection.](#)
(PMID:29536563)

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Cites the following - displaying 525 citations

- [Cost-effectiveness of Telaprevir combination therapy for chronic hepatitis C.](#)
(PMID:24603445)
Brogan AJ, Talbird SE, Thompson JR, Miller JD, Rubin J, et al.
PLoS ONE [2014]
- *Title not supplied – full information unavailable*
AUTHOR UNKNOWN
- *Telaprevir in combination with peginterferon alfa-2a and ribavirin: analyses of pre-defined subpopulations in the phase 3 ADVANCE trial – full information unavailable*
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