# Searching the Biomedical Literature Using Library Resources

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Pediatric Subspecialty Fellows October 4, 2023

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- $\checkmark$  No conflict interest
- ✓ No relevant financial relationships with commercial interests to disclose.





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- Identify resources available at MMC & Einstein Library
- Locate E-resources
  - o Online via MMC Intranet
  - Remotely via Citrix and Einstein Library Remote Access
  - On Mobile Devices
- Identify services provided by MMC Library
- Maintain awareness of library resources and features
- Understand how PubMed works
- Develop efficient PubMed search strategies
- Retrieve full-text articles

# Library Resources

# □ MMC Library

- *e*Montefiore /Clinical Department/Medical Library
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- @ secureaccess.montefiore.org
- Einstein Library/D. Samuel Gottesman Library
- o <u>https://library.einsteinmed.edu</u>
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All (11) Categories





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- Summarizes published evidence and makes specific recommendations for patient care
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Author	Wakabayashi H;Nakamura T;Nishimura A;Hagi T;Hasegawa M;Sudo A
Source	Modern rheumatology
Date	2018-01-01
ISSN	14397595
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<ul><li>BioCyc: Genome Database Collection</li><li>Clinical Key</li></ul>	10:00am - 11:00am Wednesday, September 13, 2023 Workshops are held via Zoom. Registration is required. Contact the						



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# Montefiore



#### **KEY FEATURES**

- Advanced search
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- Downloadable search history
- Save and email results
- Outside Tool icons
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- Links from MeSH terms
- Results-by-year graph

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## Searches

- Simple keywords
- Subject/MeSH
- Author
- Known Items from a citation

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MY NCBI FILTERS C All (7,132) English (5,670) Free Full Text (1,776)	7,132 results          1         Review       > Clin Perinatol. 2018 Mar;45(1):1-18. doi	Page	1 of 3	357 > >>
Montefiore Medical Center (0) Montefiore Medical Center (0) — show fewer	Congenital Hypothyroidism			

Be as specific as possible

### **Subject Search Medical Subject Heading/MESH**

- Controlled vocabulary terms
- Hierarchical structure from broad to specific
- Build a search strategy with one concept at a type

MeSH	MeSH	✓ cor	congenital hypothyroidism	
		Crea	Create alert Limits Advanced	
Summary -			Si	end to: 🚽

#### Search results

Items: 4

#### Congenital Hypothyroidism

- A condition in infancy or early childhood due to an in-utero deficiency of THYROID HORMONES that can be caused by genetic or environmental factors, such as thyroid dysgenesis or HYPOTHYROIDISM in infants of mothers treated with THIOURACIL during pregnancy. Endemic cretinism is the result of iodine deficiency. Clinical symptoms include severe MENTAL RETARDATION, impaired skeletal development, short stature, and MYXEDEMA. Year introduced: 2006 (1966)
- Hypothyroidism, Congenital, Nongoitrous, 3 [Supplementary Concept]
- 2. Date introduced: August 24, 2012
- Choreoathetosis, Hypothyroidism, And Neonatal Respiratory Distress [Supplementary Concept]
- associated with mutation of thyroid transcription factor 1 gene NKX2 Date introduced: August 24, 2012
- Diabetes Mellitus, Neonatal, with Congenital Hypothyroidism [Supplementary Concept]
- 4. Date introduced: November 5, 2012

## Subject Search Medical Subject Heading/MESH

			PubMed Search Builder	
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complications	□ history	□ radiotherapy		
□ diagnosis	immunology	rehabilitation	NLM MeSH Browser	
diagnostic imaging	metabolism	□ surgery	MedGen	
□ diet therapy	microbiology	□ therapy		
□ drug therapy	mortality	urine		
economics	nursing	veterinary	Recent Activity	
embryology	parasitology			Turn Off Clear
			Congenital Hypothyroidism	MeSH
Restrict to MeSH Major Topic.     Do not include MeSH terms found below	this term in the MeSH hierarchy.		Q congenital hypothyroidism (4)	MeSH
Tree Number(s): C05.116.099.343.347, C05 MeSH Unique ID: D003409	5.116.132.256, C16.320.240.625, C19.	297.155, C19.874.482.281	COVID-19	MeSH
Entry Terms:     Hypothyroidism, Congenital			Q covid-19 (204)	MeSH
Cretinism     Endemic Cretinism     Cretinism Endemic			Coronavirus	MeSH
Fetal Iodine Deficiency Disorder     Myxedema, Congenital				See more

- --

### **Build Efficient Search Strategy with entry terms in MeSH**

Entry Terms:

- · Hypothyroidism, Congenital
- Cretinism
- Endemic Cretinism
- Cretinism, Endemic
- Fetal Iodine Deficiency Disorder
- · Myxedema, Congenital

## Search strategy

Entry terms:

Thyroxine [mesh] L-Thyroxine L Thyroxine Levothyroxine Sodium Sodium Levothyroxine

("congenital hypothyroidism"[mesh] OR "Hypothyroidism, Congenital"[tiab] OR "Cretinism"[tiab] OR "Endemic Cretinism"[tiab] OR "Cretinism, Endemic" [tiab] OR "Fetal lodine Deficiency Disorder" [tiab] OR "Myxedema, Congenital"[tiab]) AND

("Thyroxine"[mesh] OR "L-Thyroxine"[tiab] OR "L Thyroxine"[tiab] OR "Levothyroxine Sodium"[tiab] OR "Sodium Levothyroxine"[tiab])

### **Results Page**

- Result by Year graph
- Save, Email, Send to
- Display Best match by default
- Abstract
- Filters
- Advanced search
- Create alert
- Cite and Share





#### **Save and Email Results**



Cite Boelen A, Zwaveling-Soonawala N, Heijboer AC, van Trotsenburg ASP. Eur Thyroid J. 2023 Jul 27;12(4):e230041. doi: 10.1530/ETJ-23-0041. Share PMID: 37326450 Free PMC article. Review.

Neonatal screening for congenital hypothyroidism in Sweden 1980-2013: effects
 of lowering the thyroid-stimulating hormone threshold.

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ARTICLE TYPE

Address

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JOURNAL

AGE



Journal Article

#### **Display Abstract**

Guideline Didiatrics. 1993 Jun;91(6):1203-9.



J Clin Endocrinol Metab. 2014 Feb;99(2):363-84. doi: 10.1210/jc.201-

American Academy of Pediatrics AAP Section on Endocrinology and Committee on Genetics, and American congenital hypothyroidism **Thyroid Association Committee on Public Health:** Newborn screening for congenital hypothyroidism: recommended guidelines

No authors listed

PMID: 8502532

No abstract available

**66** Cited by 25 articles

SUPPLEMENTARY INFO

Publication types, MeSH terms, Substances + expand

FULL TEXT LINKS



#### **European Society for Paediatric Endocrinology consensus** guidelines on screening, diagnosis, and management of

Juliane Léger <sup>11</sup>, Antonella Olivieri, Malcolm Donaldson, Toni Torresani, Heiko Krude, Guv van Vliet, Michel Polak, Gary Butler; ESPE-PES-SLEP-JSPE-APEG-APPES-ISPAE; Congenital Hypothyroidism Consensus Conference Group

Collaborators, Affiliations + expand PMID: 24446653 PMCID: PMC4207909 DOI: 10.1210/jc.2013-1891 Free PMC article

#### Abstract

Objective: The aim was to formulate practice guidelines for the diagnosis and management of congenital hypothyroidism (CH).

Evidence: A systematic literature search was conducted to identify key articles relating to the screening, diagnosis, and management of CH. The evidence-based guidelines were developed with the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) system, describing both the strength of recommendations and the quality of evidence. In the absence of sufficient evidence, conclusions were based on expert opinion.

Consensus process: Thirty-two participants drawn from the European Society for Paediatric Endocrinology and five other major scientific societies in the field of pediatric endocrinology were allocated to working groups with assigned topics and specific questions. Each group searched the literature, evaluated the evidence, and developed a draft document. These papers were debated and finalized by each group before presentation to the full assembly for further discussion and agreement. Recommendations: The recommendations include: worldwide neonatal screening, approaches to assess the cause (including genotyping) and the severity of the disorder, the immediate initiation of appropriate L-T4 supplementation and frequent monitoring to ensure dose adjustments to keep thyroid hormone levels in the target ranges, a trial of treatment in patients suspected of transient CH, regular assessments of developmental and neurosensory functions, consulting health professionals as appropriate, and education about CH. The harmonization of diagnosis, management, and routine health surveillance would not only optimize patient outcomes, but should also facilitate epidemiological studies of the disorder. Individuals with CH require monitoring throughout their lives, particularly during early childhood and pregnancy.

**66** Cited by 117 articles G 152 references

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#### 3D Printing, Augmented Reality, and Virtual Reality for the Assessment and Management of Kidney and Prostate Cancer: A Systematic Review

Nicole Wake <sup>1</sup>, Jeffrey E Nussbaum <sup>2</sup>, Marie I Elias <sup>3</sup>, Christine V Nikas <sup>4</sup>, Marc A Bjurlin <sup>4</sup>

Affiliations + expand PMID: 32535076 DOI: 10.1016/j.urology.2020.03.066

#### Abstract

Three-dimensional (3D) printing, augmented reality, and virtual reality technologies have an increasing presence in the management of prostate and kidney cancer. To assess the utility of 3D printing, augmented reality, and virtual reality for (1) quantitative outcomes, (2) surgical planning, (3) intraoperative guidance, (4) training and simulation, and (5) patient education for patients with kidney and prostate cancer a systematic literature review was performed. Existing evidence demonstrates improvement in clinical outcomes, surgical planning and intra-operative guidance, as well as training. Future studies are needed to assess the impact of 3D technologies on long-term patient-related



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- PMID: 32535076 DOI: 10.1016/j.urology.2020.03.066

#### Abstract

Three-dimensional (3D) printing, augmented reality, and virtual reality technologies have an increasing presence in the management of prostate and kidney cancer. To assess the utility of 3D printing, augmented reality, and virtual reality for (1) quantitative outcomes, (2) surgical planning, (3) intraoperative guidance, (4) training and simulation, and (5) patient education for patients with kidney and prostate cancer a systematic literature review was performed. Existing evidence demonstrates improvement in clinical outcomes, surgical planning and intra-operative guidance, as well as training. Future studies are needed to assess the impact of 3D technologies on long-term patient-related outcomes.

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#### Dynamic Screening of Thyroid Function for the Timely Diagnosis of Congenital Hypothyroidism in Very Preterm Infants: A Prospective Multicenter Cohort Study

Ranran Shi <sup>1</sup> <sup>2</sup>, Jie Jiang <sup>3</sup>, Baohong Wang <sup>4</sup>, Fengmin Liu <sup>5</sup>, Xinjian Liu <sup>6</sup>, Dejuan Yang <sup>7</sup>, Zhongliang Li <sup>8</sup>, Haiying He <sup>9</sup>, Xuemei Sun <sup>10</sup>, Qiongyu Liu <sup>11</sup>, Huimin Li <sup>12</sup>, Jinrong He <sup>13</sup>, Jiabi Yu <sup>14</sup>, Ming Zhang <sup>15</sup>, Simmy Reddy <sup>16</sup>, Yonghui Yu <sup>1</sup> <sup>2</sup>, Jiajun Zhao <sup>17</sup> <sup>18</sup>

Affiliations + expand PMID: 37566523 DOI: 10.1089/thy.2023.0100

#### Abstract

**Background:** Preterm infants presented a high prevalence of congenital hypothyroidism (CH), while the optimal screening pattern is still under debate. This study aimed at evaluating the characteristics of thyroid function by conducting weekly screening during the first month of life in very preterm infants (V/PIs) to achieve timely diagnosis and treatment of CH. **Methods:** A prospective cohort study

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#### Abstract

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Screening for hypo- or hyperthyroidism in adults is generally done by measuring the serum thyrotropin (thyroid-stimulating hormone, TSH) concentration. This is an efficient approach in case of suspected acquired thyroid disease. However, in infants and children, congenital hypothalamus-pituitary-thyroid (HPT) axis disorders also need to be considered, including primary and central congenital hypothyroidism, and even rarer thyroid hormone receptor and transporter defects. In primary congenital hypothyroidism, TSH will be elevated, but in the other congenital HPT axis disorders, TSH is usually within the normal range. Free thyroxine (FT4) assessment is essential for the diagnosis in these conditions.Conclusion: Here we discuss a number of rare congenital HPT axis disorders in which TSH is normal, but FT4 is low, and provide a clinical algorithm to distinguish between these disorders. What is Known: • A single thyroid-stimulating hormone (TSH) measurement is an appropriate screening method for primary hypothyroidism. • For central hypothyroidism and rare thyroid hormone receptor and transporter defects a free thyroxine (FT4) measurement is essential for the diagnosis because TSH is usually normal. What is New: • Here we present a new problem-oriented clinical algorithm including a diagnostic flow-chart for low FT4 and normal TSH in infants and children.

**Keywords:** Central hypothyroidism; Children; FT4; TSH.

#### Conflict of interest statement

The authors declare no competing interests.



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#### Evaluation and management of the child with hypothyroidism

Leung, Alexander. World Journal of Pediatrics Volume: 15 Issue 2 (2019) ISSN: 1867-0687

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