Hospital Universitari Dexeus

Grupo quirónsalud

Memòria d' Indicadors Bibliomètrics

2024 (*Gener a Juny*)

Biblioteca Hospital Universitari Dexeus

Grup Quirónsalud

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TAULA DE CONTINGUTS

Fonts d'informació utilitzades

• **Web of Science (WoS):** Plataforma de l'empresa Clarivate Analytics, formada per una àmplia col·lecció de bases de dades bibliogràfiques, cites i referències de publicacions científiques de qualsevol disciplina del coneixement, en ciència, tecnologia, ciències socials, arts i humanitats. Proporciona informació bibliogràfica, que permet avaluar, analitzar el rendiment i la qualitat científica de la investigació.

• **Journal Citation Reports (JCR) :**Base de dades multidisciplinar realitzada per l'Institute for Scientific Information (ISI), que permet de manera sistemàtica i objectiva, mitjançant dades estadístiques, determinar la importància relativa de revistes dins de les seves categories temàtiques. Ofereix un espectre ampli d'aplicacions bibliomètriques pràctiques per als professionals de la informació. La seva cobertura des del 1997 abasta més de 200 disciplines. Inclou, entre altres indicadors, el conegut **Factor d'Impacte**, el **quarti**l que ocupa la revista i la **posició** de la revista dins de la seva **categoria**; que són les dades sol·licitades per les agències davaluació de l'activitat investigadora per a la valoració de les publicacions en articles de revista. Permet identificar la rellevància que té una revista dins la comunitat investigadora mitjançant indicadors.

• **Science Citation Index Expanded (SCIE):** índex multidisciplinar de la literatura de revistes de ciències inclosa a la Web of Science. Inclou completament més de 8.300 revistes principals de 150 disciplines científiques i inclou totes les referències citades capturades d'articles indexats.

• **Current Contents Connect:** és una base de dades d'actualitat multidisciplinària que proporciona un accés fàcil a les taules de contingut, els resums i la informació bibliogràfica dels números publicats més recents de les principals revistes acadèmiques.

• **Medline:** MedlinePlus és produït per la Biblioteca Nacional de Medicina dels EUA (NLM, són les seves sigles en anglès), la biblioteca mèdica més gran del món, part dels Instituts Nacionals de la Salut dels EUA. Medline és la part principal de PubMed, una base de dades en línia de recerca de literatura de recerca en ciències biomèdiques i biològiques. PubMed inclou enllaços a molts articles de revistes de text complet a través de PubMed Central.

• **Pubmed:** PubMed és un portal gratuït de la National Library of Medicine (NLM). Ofereix algunes cites i resums de MedLine, així com a altres llocs que ofereixen articles i llibres de lliure accés a text complet. A PubMed es troben els articles abans d'haver estat indexats a MedLine.

Indicadors bibliomètrics utilitzats

• **Nombre de treballs indexats a PubMed:** Base de dades de la Biblioteca Nacional de Medicina dels Estats Units. PubMed és una base de dades de lliure accés que permet consultar principalment i majoritàriament els continguts de la base de dades Medline, encara que també una varietat de revista científiques de qualitat similar però que no són part de Medline. A través del cercador de nivell bàsic o avançat és possible accedir a referències bibliogràfiques i resums d'aquests articles de recerca biomèdica. Medline té al voltant de 4800 revistes publicades als Estats Units i en més de 70 països del món. Actualment reuneix més de 30 000 000 cites.

• **Nombre de treballs indexats a Web of Science (WoS):** Web of Science és una plataforma de l'empresa *Clarivate Analytics* formada per una àmplia col·lecció de bases de dades bibliogràfiques, cites i referències de publicacions científiques de qualsevol disciplina del coneixement. Proporciona informació bibliogràfica, permet avaluar, analitzar el rendiment i la qualitat científica de la investigació. I tot mitjançant una única interfície de consulta, de forma individual oa diverses bases simultàniament. La llicència nacional de Web Of Science (WoS) és gestionada per FECYT (Fundació Espanyola per a la Ciència i la Tecnologia).

• **Nombre de treballs indexats a Science Citation Index Expanded (SCIE):** Índex multidisciplinari de la literatura de revistes de ciències. És un dels principals de WoS. Creada com a Science Citation Index (SCI) el 1964, és una base de dades documental on es recullen totes les contribucions (articles, editorials, cartes, revisions, discussions, etc.) que es puguin publicar a les revistes de ciència i tecnologia indexades per Clarivate Analytics, anteriorment produïda per Thomson Reuters. A aquest índex de citació també se'l coneix com ISI ja que al principi la institució que produïa en índex era l'Institut per a la Informació Científica, Institute for Scientific Information (ISI), fundat per Eugene Garfield el 1960. Actualment (març del 2021) indexa al voltant de 9.200 de les revistes amb més impacte de tot el món líders en 178 disciplines científiques (més de 53 milions de registres i 1.18 bilions de referències citades des del 1900 fins a l'actualitat).

• **Nombre de treballs indexats a Medline:** Medline és possiblement la base de dades de bibliografia mèdica més àmplia que existeix, produïda per la Biblioteca Nacional de Medicina dels Estats Units. Cada registre de Medline és la referència bibliogràfica d'un article científic publicat a una revista mèdica, amb les dades bibliogràfiques bàsiques d'un article (Títol, autors, nom de la revista, any de publicació) que permeten la recuperació d'aquestes referències posteriorment a una biblioteca oa través de programari específic de recuperació.

L'accés a la base de dades és lliure des de la Internet, a través de PubMed.

• **Nombre de treballs indexats a Current Contents Connect:** Base de dades que proporciona fàcil accés als sumaris, resums i informació bibliogràfica dels temes més recents publicats a revistes científiques líders, així com més de 7.000 llocs web avaluats.

- **Nombre de publicacions de revistes indexades al Quartil 1, Factor d'impacte de cada article**, **total d'articles amb un Factor d'Impacte major que 10**, **Quartil de cada article**, **Categoria** i **Posició** al Journal Citation Report: Treballs publicats a revistes amb Factor d'Impacte , situades en el primer, segon, tercer i quart quartil de les categories de Journal Citation Report. Categoria temàtica de la revista i posició dins de les categories de la qual forma part la revista.

• **Nombre de treballs en revistes de 1er Decil:** Els decils tenen la funció d'avaluar la importància de la revista dins del total de revistes de la seva àrea veient la posició en relació amb elles. En dividir en 10 parts un llistat de revistes ordenades per índex dimpacte, cadascuna daquestes parts serà un decil. Es calcula sobre la base del rànquing creat pel valor Factor d'Impacte que genera el Journal Citation Reports (JCR).

• **Índex H:** L'índex h (H-Index o Factor H) és un sistema de mesura de la qualitat professional dels científics basat en la rellevància de la seva producció científica, tenint en compte el conjunt dels treballs més citats d'un investigador i el nombre de cites de cadascun d'aquests treballs. És un nombre que representa el pes que tenen les publicacions d'autors afiliats a l'Hospital Universitari Dexeus a la comunitat científica global.

Es calcula ordenant de major o menor els articles científics segons el nombre de cites rebudes, i l'índex h és el nombre en què coincideixen el número d'ordre amb el nombre de cites. Un exemple de càlcul es pot veure a la figura següent.

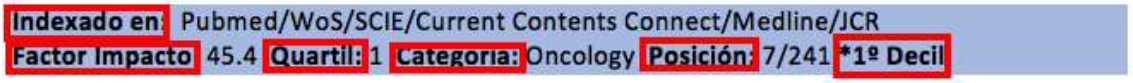
- **Identificació de les principals bases de dades on està indexat:**

Artícle Indexat a: Medline/ Current Contents Connect/PubMed/ Web of Science (WoS)/Journal Citation Reports (JCR)/SCIE

INTRODUCCIÓ

Amb l'informe anual de la Biblioteca de l'Hospital Universitari Quirón Dexeus (HUQD) pretenem visibilitzar l'activitat científica de l'Hospital i el seu impacte a la comunitat científica mundial.

A més de la recopilació exhaustiva de tots els articles científics publicats el passat 2023, amb el ressaltament en negreta de l'autor/s afiliats a l'HUQD, oferim també una sèrie d'indicadors per quantificar-ne la transcendència a la comunitat investigadora de l'àmbit mèdic a què pertanyen. Com veureu a continuació, per a cada article s'ofereixen un seguit d'indicadors bibliomètrics (obtinguts del Journal Citation Reports) que mostren:



- Principals bases de dades on es troben indexats: Pubmed, Web of Science (WoS), Science Citation Index Expanded (SCIE), Current Contents Connect, Medline i Journal Citation Report (JCR). Algunes són d'accés públic (Pubmed), d'altres restringit a través de les credencials que disposen investigadors, alumnes i professors d'Universitats i el personal bibliotecari de centres d'informació del sector mèdic: WoS, SCIE, Medline i JCR. Per accedir-hi: a través del FECYT.

- Factor d'impacte de la revista on l'article es va publicar, ofert per la base de dades JCR.

- Quartil de la revista on l'article es va publicar, ofert per la base de dades JCR.

- Categoria de la revista on es va publicar, oferta pel JCR.

- Posició dins de la categoria de la revista on es va publicar l'article, mostrada també al JCR.

- Si la revista on es va publicar l'article forma part del Posició.

*en els articles que no s'ofereixen cap d'aquests indicadors és perquè estan en revistes que no estan indexades al JCR, l'eina que ofereix tots els indicadors bibliomètrics que hi ha a cada article.

La recopilació dels articles es categoritza per especialitats del HUQD[1], sota cadascuna podeu consultar el total d'articles de cada departament, la suma del Factor d'Impacte (FI) de tots els articles publicats i la mitjana del FI de tots els articles :

Al final del llistat de caràcter exhaustiu de tots els artícles científics classificats per especialitat , podeu consultar també la lista relació de totes les especialitats del HUQD ordenades de major a menos Factor d'Impacte de les revistes on es publicaren les seves publicacions.

A l'últim apartat d'aquesta *Memòria dels indicadors bibliomètrics 2023* trobareu també indicadors bibliomètrics importants oferts pel Web Of Science, com:

- l'Índex H any 2003

- índex H de tots els anys

- total de artículos publicados

- total de publicacions (no només articles, sinó també: actes de reunions, revisions d'articles, cartes, editorials, etc.)

- el gràfic del nombre de citacions rebudes en relació al total de publicacions de cada any

- gràfic del total de publicacions dels investigadors de l'HUQD de major activitat

- països dels investigadors que han publicat

- principls títols de revista on s'ha publicat

- nombre total d'articles de l'any 2023 i nombre total d'articles de l'últim informe bibliomètric (2021)

- quantitat d'articles en revistes de Quartil 1,

- recopilació de tots els articles que es van publicar a revistes de Q1, classificats per especialitats

- nombre total de tots els articles amb revistes amb un Factor d'Impacte major que 10, recopilats i ordenats de major a menor FI.

[1] Hospital Universitari Quirón Dexeus

- quantitat d'articles publicats en revistes que formen part del 1er Decil:, i el llistat de referencies bibliogràfiques dels articles de revistes que formen part del 1er Decil: en la seva categoria.

Esperem que sigui d'utilitat a tota la comunitat científica del HUQD, ja sigui de suport a la recerca, com en la millora i el refinament de les estratègies de publicació per optimitzar l'impacte en el món editorial de la publicació mèdica i incrementar-ne la visibilitat.

INDICADORS BIBLIOMÈTRICS PUBLICACIONS 2024

Llistat exhaustiu de cites darticles científics agrupats per especialitats de l'HUQD i ordenats alfabèticament per inicial del cognom del primer autor de la referència bibliogràfica.

Els indicadors de sota de cada referència bibliogràfica de la barra de color blau (Factor d'Impacte, Quartil, Categoria i Posició) són els generats pel Journal Citation Reports (JCR). Els articles que no consten a aquesta base de dades, per tant, no disposen de valors en aquests indicadors.

Els indicadors de sota el nom de cada especialitat del HUQD són:

- Articles indexats: és la suma de tots els articles pel departament/especialitat l'any passat 2023.

- Journal Impact Factor-2023: és la suma de tots els valors de Factor d'Impacte de cada article.

- Factor impacte mitjà x article: és el resultat de dividir la suma de tots els factors d'impacte dels articles de l'especialitat entre el nombre d'articles (però només dels articles amb FI, és a dir, dels indexats a JCR).

INSTITUT ONCOLÒGIC DR. ROSELL – DEXEUS

Núm. Articles indexats: 13 Journal Impact Factor ™ –2024: 104.2
Factor Impacte mitjà x article: 8.01

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BASES DE DADES ON FALTA COMPROVAR SI HI SÓN ELS ARTICLES:

SCIE/Current Contents Connect/Medline/

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García-Roman S, **Garzón-Ibáñez M**, **Bertrán-Alamillo J**, **Jordana-Ariza N**, **Giménez-Capitán A**, **García-Peláez B**, **Vives-Usano M, Codony-Servat J**, d'Hondt E, **Rosell R**, **Molina-Vila MÁ**. **Vaccine antibodies against a synthetic epidermal growth factor variant enhance the antitumor effects of inhibitors targeting the MAPK/ERK and PI3K/Akt pathways**. Transl Oncol. 2024 Feb;40:101878. doi: 10.1016/j.tranon.2024.101878. Epub 2024 Jan 6. PMID: 38183801; PMCID: PMC10818253.

Background: The EGFR pathway is involved in intrinsic and acquired resistance to a wide variety of targeted therapies in cancer. Vaccination represents an alternative to the administration of anti-EGFR monoclonal antibodies, such as cetuximab or panitumumab. Here, we tested if anti-EGF antibodies generated by vaccination (anti-EGF VacAbs) could potentiate the activity of drugs targeting the ERK/MAPK and PI3K/Akt pathways.
Methods: Non-small cell lung cancer (NSCLC), colorectal cancer (CRC) and melanoma cell lines harboring KRAS, NRAS, BRAF and PIK3CA mutations were used. Anti-EGF VacAbs were

obtained by immunizing rabbits with a fusion protein containing a synthetic, highly mutated variant of human EGF. Cell viability was determined by MTT, total and phosphorylated proteins by Western blotting, cell cycle distribution and cell death by flow cytometry and emergence of resistance by microscopic examination in low density cultures.
Results: Anti-EGF VacAbs potentiated the antiproliferative effects of MEK, KRAS G12C, BRAF, PI3K and Akt inhibitors in KRAS, NRAS, BRAF and PIK3CA mutant cells and delayed the appearance of resistant clones in vitro. The effects of anti-EGF VacAbs were comparable or superior to those of panitumumab and cetuximab. The combination of anti-EGF VacAbs with the targeted inhibitors effectively suppressed EGFR downstream pathways and sera from patients immunized with an anti-EGF vaccine also blocked activation of EGFR effectors.
Conclusions: Anti-EGF VacAbs enhance the antiproliferative effects of drugs targeting the ERK/MAPK and PIK3CA/Akt pathways. Our data provide a rationale for clinical trials testing anti-EGF vaccination combined with inhibitors selected according to the patient's genetic profile.

Indexat a: Pubmed/WoS/JCR **Factor Impacte:** 3.4 **Quartil:** 3
Categoria: Oncology **Posició:** 125/241

Rosell R, **Pedraz-Valdunciel C**, Jain A, Shivamallu C, Aguilar A. **Deterministic reprogramming and signaling activation following targeted therapy in non-small cell lung cancer driven by mutations or oncogenic fusions**. Expert Opin Investig Drugs. 2024 Mar;33(3):171-182. doi: 10.1080/13543784.2024.2320710. Epub 2024 Feb 23. PMID: 38372666.

Introduction: Targeted therapy is used to treat lung adenocarcinoma caused by epidermal growth factor receptor (EGFR) mutations in the tyrosine kinase domain and rare subtypes (<5%) of non-small cell lung cancer. These subtypes include fusion oncoproteins like anaplastic lymphoma kinase (ALK), ROS1, rearranged during transfection (RET), and other receptor tyrosine kinases (RTKs). The use of diverse selective oral inhibitors, including those targeting rat sarcoma viral oncogene homolog (KRAS) mutations, has significantly improved clinical responses, extending progression-free and overall survival.
Areas covered: Resistance remains a critical issue in lung adenocarcinoma, notably in EGFR mutant, echinoderm microtubule associated protein-like 4 (EML4)-ALK fusion, and KRAS mutant tumors, often associated with epithelial-to-mesenchymal transition (EMT).
Expert opinion: Despite advancements in next generation EGFR inhibitors and EML4-ALK therapies with enhanced brain penetrance and identifying resistance mutations, overcoming resistance has not been abated. Various strategies are being explored to overcome this issue to achieve prolonged cancer remission and delay resistance. Targeting yes-associated protein (YAP) and the mechanisms associated with YAP activation through Hippo-dependent or independent pathways, is desirable. Additionally, the exploration of liquid-liquid phase separation in fusion oncoproteins forming condensates in the cytoplasm for oncogenic signaling is a promising field for the development of new treatments.

Indexat a: Pubmed/WoS **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Pharmacology & Pharmacy **Posició:** 34/278

Gonzalez-Cao M, Puertolas T, Manzano JL, Maldonado C, Yelamos O, Berciano-Guerrero MÁ, Cerezuela P, Martin-Liberal J, Muñoz-Couselo E, Espinosa E, **Drozdowskyj A**, Berrocal A, Soria A, Marquez-Rodas I, Martin-Algarra S, Quindos M, Puig S; Spanish Melanoma Group (GEM). **Access to melanoma drugs in Spain: a cross-sectional survey**. Clin Transl Oncol. 2024 May 16. doi: 10.1007/s12094-024-03501-9. Epub ahead of print. PMID: 38750345.

Background: The development of highly active drugs has improved the survival of melanoma patients, but elevated drug prices place a significant burden on health care systems. In Spain, the public health care system is transferred to the 17 autonomous communities (AACC). The objective of this study is to describe the situation of drug access for melanoma patients in Spain and how this decentralized system is affecting equity. Methods: From July to September 2023, a cross-sectional survey was sent to members of the Spanish Multidisciplinary Melanoma Group (GEM Group). The questionnaire consulted about the real access to new drugs in each hospital. The responses were collected anonymously and analyzed according to several variables, including the AACC. Results: The survey was answered by 50 physicians in 15 AACC. No major differences on access between AACC were observed for indications that are reimbursed by the Spanish Health Care System (adjuvant immunotherapy for stage IIIC-IIID and resected stage IV melanoma). Important differences in drug access were observed among AACC and among centers within the same AACC, for most of the EMA indications that are not reimbursed (adjuvant immunotherapy for stages IIB-IIC-IIIA-IIIB) or that are not fully reimbursed (ipilimumab plus nivolumab in advanced stage). Homogeneously, access to adjuvant targeted drugs, TIL therapy and T-VEC, is extremely low or non-existing in all AACC. Conclusions: For most indications that reimbursement is restricted out of the EMA indication, a great diversity on access was found throughout the different hospitals in Spain, including heterogeneity intra-AACC.

Indexat a: Pubmed/WoS **Factor Impacte:** 3.4 **Quartil:** 3
Categoria: Oncology **Posició:** 125/241

Chen X, Ye M, Ai R, Shan C, Lai M, Hong W, Yang Y, Wang H, Li J, Zhen J, Zhou J, Hu Q, Li S, Rossi A, Hida T, **Rosell R**, Zhong S, Cai L. **PD-1-induced encephalopathy: a report of 2 cases on neurological toxicities with immune checkpoint inhibitors**. Transl Cancer Res. 2024 Feb 29;13(2):1196-1207. doi: 10.21037/tcr-23-2043. Epub 2024 Feb 2. PMID: 38482411; PMCID: PMC10928638.

Background: Immune-related adverse effects (irAEs) often occur during immune checkpoint inhibitor (ICI) therapy. In the nervous system, the incidence of irAEs ranges from 0.1-12%, with 80% occurring within the first 4 months of ICI application. For complications of the nervous system, adequate diagnosis is made by signs, symptoms, imaging and cerebrospinal fluid. If severe irAEs occur, ICIs should be discontinued and patients should be treated with high-dose glucocorticoids, immunoglobulins, or immunosorbent therapy with systemic support. Patients who develop severe neurologic irAEs have a poorer prognosis. Case Description: In this article, we report 2 cases of encephalopathy induced by anti-programmed cell death protein 1 (PD-1) monoclonal antibodies at the initial diagnoses. Our findings may help clinicians to differentiate between encephalopathy caused by immunotherapy and other neurological disorders. Case 1 was a 24-year-old male patient who had undergone PD-1 immunotherapy to treat olfactory neuroblastoma. After the 6th course of therapy, he began to develop persistent epilepsy, which decreased significantly after high doses of glucocorticoid and immunosorbent therapy were administered. Based on his medical history and laboratory examination results, PD-1-induced encephalopathy was the most likely diagnosis. Case 2 was a 67-year-old female patient who had been treated with PD-1/programmed death ligand-1 therapy for lung adenocarcinoma. She began to have headaches after 1 cycle of treatment, and her cognitive function gradually decreased with the continuation of immunotherapy. Conclusions: These case reports show the difficulty in distinguishing PD-1-induced encephalopathy from other neurological

disorders, especially paraneoplastic neurological syndromes. If not treated properly, patients' lives may be endangered. Thus, early identification and early treatment are very important.

Indexat a: Pubmed/WoS **Factor Impacte:** 0.9 **Quartil:** 4 **Categoria:** Oncology **Posició:** 296/318

Llombart-Cussac A, Prat A, Pérez-García JM, Mateos J, Pascual T, Escrivà-de-Romani S, Stradella A, Ruiz-Borrego M, de Las Heras BB, Keyaerts M, Galvan P, Brasó-Maristany F, **García-Mosquera JJ**, Guiot T, Gion M, Sampayo-Cordero M, Di Cosimo S, Pérez-Escuredo J, de Frutos MA, Cortés J, Gebhart G. **Clinicopathological and molecular predictors of [18F]FDG-PET disease detection in HER2-positive early breast cancer: RESPONSE, a substudy of the randomized PHERGain trial**. Eur J Nucl Med Mol Imaging. 2024 Apr 8. doi: 10.1007/s00259-024-06683-0. Epub ahead of print. PMID: 38587643.

Background: The PHERGain study (NCT03161353) is assessing early metabolic responses to neoadjuvant treatment with trastuzumab-pertuzumab and chemotherapy de-escalation using a [18Fluorine]fluorodeoxyglucose-positron emission tomography ([18F]FDG-PET) and a pathological complete response-adapted strategy in HER2-positive (HER2+) early breast cancer (EBC). Herein, we present RESPONSE, a PHERGain substudy, where clinicopathological and molecular predictors of [18F]FDG-PET disease detection were evaluated. Methods: A total of 500 patients with HER2 + EBC screened in the PHERGain trial with a tumor size > 1.5 cm by magnetic resonance imaging (MRI) were included in the RESPONSE substudy. PET[-] criteria entailed the absence of ≥ 1 breast lesion with maximum standardized uptake value (SUVmax) ≥ 1.5 × SUVmean liver + 2 standard deviation. Among 75 PET[-] patients screened, 21 with SUVmax levels < 2.5 were randomly selected and matched with 21 PET[+] patients with SUVmax levels ≥ 2.5 based on patient characteristics associated with [18F]FDG-PET status. The association between baseline SUVmax and [18F]FDG-PET status ([-] or [+]) with clinicopathological characteristics was assessed. In addition, evaluation of stromal tumor-infiltrating lymphocytes (sTILs) and gene expression analysis using PAM50 and Vantage 3D™ Cancer Metabolism Panel were specifically compared in a matched cohort of excluded and enrolled patients based on the [18F]FDG-PET eligibility criteria. Results: Median SUVmax at baseline was 7.2 (range, 1-39.3). Among all analyzed patients, a higher SUVmax was associated with a higher tumor stage, larger tumor size, lymph node involvement, hormone receptor-negative status, higher HER2 protein expression, increased Ki67 proliferation index, and higher histological grade ($p < 0.05$). [18F]FDG-PET [-] criteria patients had smaller tumor size ($p = 0.014$) along with the absence of lymph node involvement and lower histological grade than [18F]FDG-PET [+] patients ($p < 0.01$). Although no difference in the levels of sTILs was found among 42 matched [18F]FDG-PET [-]/[+] criteria patients ($p = 0.73$), [18F]FDG-PET [-] criteria patients showed a decreased risk of recurrence (ROR) and a lower proportion of PAM50 HER2-enriched subtype than [18F]FDG-PET[+] patients ($p < 0.05$). Differences in the expression of genes involved in cancer metabolism were observed between [18F]FDG-PET [-] and [18F]FDG-PET[+] criteria patients. Conclusions: These results highlight the clinical, biological, and metabolic heterogeneity of HER2+ breast cancer, which may facilitate the selection of HER2+ EBC patients likely to benefit from [18F]FDG-PET imaging as a tool to guide therapy.

Indexat a: Pubmed/WoS **Factor Impacte:** 9.1 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 7/135

Lara-Mejía L, Cardona AF, Mas L, Martin C, Samtani S, Corrales L, Cruz-Rico G, Remon J, Galvez-Nino M, Ruiz R, Rios-Garcia E, Tejada F, Lozano-Vazquez N, **Rosell R**, Arrieta O. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2023.08.007. Epub 2023 Aug 10. PMID: 37572870.

Introduction: ALK tyrosine kinase inhibitors have exhibited promising activity against advanced ALK-rearranged NSCLC. However, co-occurring genetic alterations, such as CDKN2A/ B or TP53, may negatively affect the efficacy of targeted therapies. Methods: From December 2017 to December 2022, this study cohort analyzed next-generation sequencing data of 116 patients with metastatic ALK-rearranged NSCLC from five Latin American cancer centers. Clinicopathologic and molecular features were associated with clinical outcomes and risk of brain metastasis (BrM) in patients with and without concurrent somatic alterations. Results: All patients (N 1/4 116) received a secondgeneration ALK tyrosine kinase inhibitor, and alectinib was selected in 87.2% of cases. Coalterations occurred in 62% of the cases; the most frequent were TP53 mutations (27%) and CDKN2A/B loss (18%). The loss of CDKN2A/B was associated with an increased risk of BrM, with a cumulative incidence of 33.3% versus 7.4% in the non-coaltered subgroup. Compared with patients without coalterations, patients with concurrent CDKN2A/B loss (n 1/4 21) had a shorter median progression-free survival (10.2 versus 34.2 mo, $p < 0.001$) and overall survival (26.2 versus 80.7 mo, $p < 0.001$). In the multivariate analysis, cooccurring CDKN2A/B loss was associated with poorer progression-free survival and OS despite the presence of other somatic coalterations, TP53 mutations, BrM, and Eastern Cooperative Oncology Group Performance Status. Conclusions: This study confirmed the worse prognostic value, which depicted co-occurring alterations in patients with ALK rearrangement. CDKN2A/B loss was substantially associated with worse outcomes and a higher risk of brain metastases. The evidence presented in our study may help select patients with ALK-positive tumors suitable for treatment escalation and closer brain follow-up.

Indexat a: Pubmed/WoS **Factor Impacte:** 20.4 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/241 ; Respiratory System 4/66

González-Cao M, Cai X, Bracht JWP, Han X, Yang Y, **Pedraz-Valdunciel C**, Morán T, García-Corbacho J, Aguilar A, Bernabé R, De Marchi P, Sussuchi da Silva L, Leal LF, Reis RM, **Codony-Servat J**, Jantus-Lewintre E, **Molina-Vila MA**, Cao P, Rosell R. **HMGB1 Expression Levels Correlate with Response to Immunotherapy in Non-Small Cell Lung Cancer**. Lung Cancer (Auckl). 2024 May 9;15:55-67. doi: 10.2147/LCTT.S455034. PMID: 38741920; PMCID: PMC11090191.

Purpose: High-mobility group box 1 protein (HMGB1) is subject to exportin 1 (XPO1)-dependent nuclear export, and it is involved in functions implicated in resistance to immunotherapy. We investigated whether HMGB1 mRNA expression was associated with response to immune checkpoint inhibitors (ICI) in non-small cell lung cancer (NSCLC). Patients and Methods: RNA was isolated from pretreatment biopsies of patients with advanced NSCLC treated with ICI. Gene expression analysis of several genes, including HMGB1, was conducted using the NanoString Counter analysis system (PanCancer Immune Profiling Panel). Western blotting analysis and cell viability assays in EGFR and KRAS mutant cell lines were carried out. Evaluation of the antitumoral effect of ICI in combination with XPO1 blocker (selinexor) and trametinib was determined in a murine Results: HMGB1 mRNA

levels in NSCLC patients treated with ICI correlated with progression-free survival (PFS) (median PFS 9.0 versus 18.0 months, P=0.008, hazard ratio=0.30 in high versus low HMGB1). After TNF-alpha stimulation, HMGB1 accumulates in the cytoplasm of PC9 cells, but this accumulation can be prevented by using selinexor or antiretroviral drugs. Erlotinib or osimertinib with selinexor in EGFR-mutant cells and trametinib plus selinexor in KRAS mutant abolish tumor cell proliferation. Selinexor with a PD-1 inhibitor with or without trametinib abrogates the tumor growth in the murine Lewis lung cancer model. Conclusion: An in-depth exploration of the functions of HMGB1 mRNA and protein is expected to uncover new potential targets and provide a basis for treating metastatic NSCLC in combination with ICI.

Indexat a: Pubmed/WoS **Factor Impacte:** 3.6 **Quartil:** 3 **Categoria:** Oncology **Posició:** Oncology 190/318

Gebhart G, Keyaerts M, Guiot T, Flamen P, Ruiz-Borrego M, Stradella A, Bermejo B, Escriva-de-Romani S, Calvo Martínez L, Ribelles N, Fernandez-Abad M, Albacar C, Colleoni M, **Garrigos L**, Atienza de Frutos M, Dalenc F, Prat A, Marmé F, Schmid P, Kerrou K, Braga S, Gener P, Sampayo-Cordero M, Cortés J, Pérez-García JM, Llombart-Cussac A. **Optimal [18F]FDG PET/CT Cutoff for Pathologic Complete Response in HER2-Positive Early Breast Cancer Patients Treated with Neoadjuvant Trastuzumab and Pertuzumab in the PHERGain Trial**. J Nucl Med. 2024 May 1;65(5):708-713. doi: 10.2967/jnumed.123.266384. PMID: 38575192.

The PHERGain trial investigated the potential of metabolic imaging to identify candidates for chemotherapy deescalation in human epidermal growth factor receptor 2 (HER2)-positive, invasive, operable breast cancer with at least 1 breast lesion evaluable by [18F]FDG PET/CT. [18F]FDG PET/CT responders were defined as patients with an SUVmax reduction (ΔSUVmax) of at least 40% in all of their target lesions after 2 cycles of trastuzumab and pertuzumab (HP) (with or without endocrine therapy). In total, 227 of 285 patients (80%) included in the HP arm showed a predefined metabolic response and received a total of 8 cycles of HP (with or without endocrine therapy). Pathologic complete response (pCR), defined as ypT0/isN0, was achieved in 37.9% of the patients. Here, we describe the secondary preplanned analysis of the best cutoff of ΔSUVmax for pCR prediction. Methods: Receiver-operating-characteristic analysis was applied to look for the most appropriate ΔSUVmax cutoff in HER2-positive early breast cancer patients treated exclusively with neoadjuvant HP (with or without endocrine therapy). Results: The ΔSUVmax capability of predicting pCR in terms of the area under the receiver-operating-characteristic curve was 72.1% (95% CI, 65.1-79.2%). The optimal ΔSUVmax cutoff was found to be 77.0%, with a 51.2% sensitivity and a 78.7% specificity. With this cutoff, 74 of 285 patients (26%) would be classified as metabolic responders, increasing the pCR rate from 37.9% (cutoff ≥ 40%) to 59.5% (44/74 patients) (P < 0.01). With this optimized cutoff, 44 of 285 patients (15.4%) would avoid chemotherapy in either the neoadjuvant or the adjuvant setting compared with 86 of 285 patients (30.2%) using the original cutoff (P < 0.001). Conclusion: In the PHERGain trial, an increased SUVmax cutoff (≥77%) after 2 cycles of exclusive HP (with or without endocrine therapy) achieves a pCR in the range of the control arm with chemotherapy plus HP (59.5% vs. 57.7%, respectively), further identifying a subgroup of patients with HER2-addicted tumors. However, the original cutoff (≥40%) maximizes the number of patients who could avoid chemotherapy.

Indexat a: Pubmed **Factor Impacte:** 9.3 **Quartil:** 1 **Categoria:** Radiology, nuclear medicine & medical imaging **Posició:** 6/135

Gion M, **García-Mosquera JJ**, Pérez-García JM, Peg V, Ruiz-Borrego M, Stradella A, Bermejo B, Guerrero JA, López-Montero L, Mancino M, Rodríguez-Morató J, Antonarelli G, Sampayo-Cordero M, Llombart-Cussac A, Cortés J. **Correlation between trophoblast cell-surface antigen-2 (Trop-2) expression and pathological complete response in patients with HER2-positive early breast cancer treated with neoadjuvant docetaxel, carboplatin, trastuzumab, and pertuzumab**. Breast Cancer Res Treat. 2024 Jun;205(3):589-598. doi: 10.1007/s10549-024-07292-z. Epub 2024 Mar 8. PMID: 38456970.

Purpose: The prognostic and predictive role of trophoblast cell-surface antigen-2 (Trop-2) overexpression in human epidermal growth factor receptor 2-positive (HER2-positive) breast cancer is currently unknown. We retrospectively analyzed Trop-2 expression and its correlation with clinicopathologic features and pathological complete response (pCR) in HER2-positive early breast cancer (EBC) patients treated with neoadjuvant docetaxel, carboplatin, trastuzumab, and pertuzumab in the PHERGain study. Methods: Trop-2 expression at baseline was determined in formalin-fixed, paraffin-embedded primary tumor biopsies by immunohistochemistry and was first classified into expressing (Trop-2-positive) or not-expressing (Trop-2-negative) tumors. Then, it was classified by histochemical score (H-score) according to its intensity into low (0-9), intermediate (10-49), and high (≥ 50). The association between clinicopathologic features, pCR, and Trop-2 expression was performed with Fisher's exact test. Results: Forty-one patients with tissue evaluable for Trop-2 expression were included, with 28 (68.3%) Trop-2-positive tumors. Overall, 17 (41.46%), 14 (34.15%), and 10 (24.40%) tumors were classified as low, intermediate, and high, respectively. Trop-2 expression was significantly associated with decreased pCR rates (50.0% vs. 92.3%; odds ratio [OR] 0.05; 95% CI, 0.002-0.360]; p adjusted = 0.01) but was not correlated with any clinicopathologic features (p ≥ 0.05). Tumors with the highest Trop-2 H-score were less likely to obtain a pCR (OR 0.03; 95% CI, 0.001-0.290, p adjusted < 0.01). This association was confirmed in univariate and multivariate regression analyses. Conclusion: These findings suggest a potential role of Trop-2 expression as a biomarker of resistance to neoadjuvant chemotherapy plus dual HER2 blockade and may become a strategic target for future combinations in HER2-positive EBC patients.

Indexat a: Pubmed **Factor Impacte:** 3.8 **Quartil:** 2 **Categoria:** Oncology **Posició:** 109/241

Michels S, Massutí B, Vasyliv I, Stratmann J, Frank J, Adams A, Felip E, Grohé C, Rodriguez-Abreu D, Bischoff H, Carcereny I Costa E, Corral J, Pereira E, Fassunke J, Fischer RN, Insa A, Koleczko S, Nogova L, Reck M, Reutter T, Riedel R, Schaufler D, Scheffler M, Weisthoff M, Provencio M, Merkelbach-Bruse S, Hellmich M, Sebastian M, Büttner R, Persigehl T, **Rosell R**, Wolf J. **Overall survival and central nervous system activity of crizotinib in ROS1-rearranged lung cancer-final results of the EUCROSS trial**. ESMO Open. 2024 Feb;9(2):102237. doi: 10.1016/j.esmoop.2024.102237. Epub 2024 Feb 12. PMID: 38350336; PMCID: PMC10937203.

Background: In 2019, we reported the first efficacy and safety analysis of EUCROSS, a phase II trial investigating crizotinib in ROS1 fusion-positive lung cancer. At that time, overall survival (OS) was immature and the effect of crizotinib on intracranial disease control remained unclear. Here, we present the final analysis of OS, systemic and intracranial activity, and the impact of co-occurring aberrations.

Materials and methods: EUCROSS was a prospective, single-arm, phase II trial. The primary endpoint was best overall response rate (ORR) using RECIST 1.1. Secondary and exploratory endpoints were progression-free survival (PFS), OS, and efficacy in pre-defined subgroups. Results: Median OS of the intention-to-treat population (N = 34) was 54.8 months [95% confidence interval (CI) 20.3 months-not reached (NR); median follow-up 81.4 months] and median all-cause PFS of the response-evaluable population (N = 30) was 19.4 months (95% CI 10.1-32.2 months). Time on treatment was significantly correlated with OS (R = 0.82; P < 0.0001). Patients with co-occurring TP53 aberrations (28%) had a significantly shorter OS [hazard ratio (HR) 11; 95% CI 2.0-56.0; P = 0.006] and all-cause PFS (HR 4.2; 95% CI 1.2-15; P = 0.025). Patients with central nervous system (CNS) involvement at baseline (N = 6; 20%) had a numerically shorter median OS and all-cause PFS. Median intracranial PFS was 32.2 months (95% CI 23.7 months-NR) and the rate of isolated CNS progression was 24%. Conclusions: Our final analysis proves the efficacy of crizotinib in ROS1-positive lung cancer, but also highlights the devastating impact of TP53 mutations on survival and treatment efficacy. Additionally, our data show that CNS disease control is durable and the risk of CNS progression while on crizotinib treatment is low.

Indexat a: Pubmed **Factor Impacte:** 7.3 **Quartil:** 1 **Categoria:** Oncology **Posició:** 45/241

Ascierto PA, Casula M, Bulgarelli J, Pisano M, Piccinini C, Piccin L, Cossu A, Mandalà M, Ferrucci PF, Guidoboni M, Rutkowski P, Ferraresi V, Arance A, Guida M, Maiello E, Gogas H, Richtig E, Fierro MT, Lebbe C, Helgadottir H, Queirolo P, Spagnolo F, Tucci M, Del Vecchio M, **Cao MG**, Minisini AM, De Placido S, Sanmamed MF, Mallardo D, Paone M, Vitale MG, Melero I, Grimaldi AM, Giannarelli D, Dummer R, Sileni VC, Palmieri G. **Sequential immunotherapy and targeted therapy for metastatic BRAF V600 mutated melanoma: 4-year survival and biomarkers evaluation from the phase II SECOMBIT trial**. Nat Commun. 2024 Jan 2;15(1):146. doi: 10.1038/s41467-023-44475-6. PMID: 38167503; PMCID: PMC10761671.

No prospective data were available prior to 2021 to inform selection between combination BRAF and MEK inhibition versus dual blockade of programmed cell death protein-1 (PD-1) and cytotoxic T lymphocyte antigen-4 (CTLA-4) as first-line treatment options for BRAFV600-mutant melanoma. SECOMBIT (NCT02631447) was a randomized, three-arm, noncomparative phase II trial in which patients were randomized to one of two sequences with immunotherapy or targeted therapy first, with a third arm in which an 8-week induction course of targeted therapy followed by a planned switch to immunotherapy was the first treatment. BRAF/MEK inhibitors were encorafenib plus binimetinib and checkpoint inhibitors ipilimumab plus nivolumab. Primary outcome of overall survival was previously reported, demonstrating improved survival with immunotherapy administered until progression and followed by BRAF/MEK inhibition. Here we report 4-year survival outcomes, confirming long-term benefit with first-line immunotherapy. We also describe preliminary results of predefined biomarkers analyses that identify a trend toward improved 4-year overall survival and total progression-free survival in patients with loss-of-function mutations affecting JAK or low baseline levels of serum interferon gamma (IFNy). These long-term survival outcomes confirm immunotherapy as the preferred first-line treatment approach for most patients with BRAFV600-mutant metastatic melanoma, and the biomarker analyses are hypothesis-generating for future investigations of predictors of durable benefit with dual checkpoint blockade and targeted therapy.

Indexat a: Pubmed **Factor Impacte:** 16.6 **Quartil:** 1 **Categoria:** Multidisciplinary Sciences **Posició:** 6/73

Postel-Vinay S, Coves J, Texier M, Aldea M, Gazzah A, Dómine M, Planchard D, De Las Peñas R, Sala Gonzalez MA, **Viteri S**, Perez J, Ortega AL, Moran T, Camps C, Lopez-Martin A, Provencio M, Soria JC, Besse B, Massuti B, **Rosell R**. **Olaparib maintenance versus placebo in platinum-sensitive non-small cell lung cancer: the Phase 2 randomized PIPSeN trial**. Br J Cancer. 2024 Feb;130(3):417-424. doi: 10.1038/s41416-023-02514-5. Epub 2023 Dec 14. PMID: 38097741; PMCID: PMC10844295.

Background: Platinum-sensitivity is a phenotypic biomarker of Poly (ADP-ribose) polymerase inhibitors (PARPi) sensitivity in histotypes where PARPi are approved. Approximately one-third of non-small cell lung cancers (NSCLC) are platinum-sensitive. The double-blind, randomized phase II PIPSeN (NCT02679963) study evaluated olaparib, a PARPi, as maintenance therapy for patients with platinum-sensitive advanced NSCLC. Methods: Chemonaïve patients with ECOG performance status of 0-1, platinum-sensitive, EGFR- and ALK-wild-type, stage IIIB-IV NSCLC were randomized (R) to receive either olaparib (O) maintenance or a placebo (P). The primary objective was progression-free survival (PFS) from R. Secondary objectives included overall survival (OS) and safety. With an anticipated hazard ratio of 0.65, 144 patients were required to be randomized, and approximately 500 patients enrolled. Results: The trial was prematurely terminated because anti-PD(L)1 therapy was approved during the trial recruitment. A total of 182 patients were enrolled, with 60 patients randomized: 33 and 27 in the O and P arms, respectively. Patient and tumor characteristics were well-balanced between arms, except for alcohol intake (33% vs 11% in the O and P arms, respectively, p = 0.043). The median PFS was 2.9 and 2.0 months in the O and P arms, respectively (logrank p = 0.99). The median OS was 9.4 and 9.5 months in the O and P arms, respectively (p = 0.28). Grade ≥3 toxicities occurred in 15 and 8 patients in O and P arms, with no new safety concerns. Conclusion: PIPSeN was terminated early after enrollment of only 50% of the pre-planned population, thus being statistically underpowered. Olaparib maintenance did neither improve median PFS nor OS in this patient population.

Indexat a: Pubmed **Factor Impacte:** 8.8 **Quartil:** 1 **Categoria:** Oncology **Posició:** 43/318

Weiss SA, Sznol M, Shaheen M, Berciano-Guerrero MÁ, Couselo EM, Rodríguez-Abreu D, Boni V, Schuchter LM, **Gonzalez-Cao M**, Arance A, Wei W, Ganti AK, Hauke RJ, Berrocal A, Iannotti NO, Hsu FJ, Kluger HM. **A Phase II Trial of the CD40 Agonistic Antibody Sotigalimab (APX005M) in Combination with Nivolumab in Subjects with Metastatic Melanoma with Confirmed Disease Progression on Anti-PD-1 Therapy**. Clin Cancer Res. 2024 Jan 5;30(1):74-81. doi: 10.1158/1078-0432.CCR-23-0475. PMID: 37535056; PMCID: PMC10767304.

Purpose: Disease progression during or after anti-PD-1-based treatment is common in advanced melanoma. Sotigalimab is a CD40 agonist antibody with a unique epitope specificity and Fc receptor binding profile optimized for activation of CD40-expressing antigen-presenting cells. Preclinical data indicated that CD40 agonists combined with anti-PD1 could overcome resistance to anti-PD-1.
Patients and methods: We conducted a multicenter, open-label, phase II trial to evaluate the combination of sotigalimab 0.3 mg/kg and nivolumab 360 mg every 3 weeks in patients with advanced melanoma following confirmed disease progression on a PD-1 inhibitor. The primary objective was to determine the objective response rate (ORR).

Results: Thirty-eight subjects were enrolled and evaluable for safety. Thirty-three were evaluable for activity. Five confirmed partial responses (PR) were observed for an ORR of 15%. Two PRs are ongoing at 45.9+ and 26+ months, whereas the other three responders relapsed at 41.1, 18.7, and 18.4 months. The median duration of response was at least 26 months. Two additional patients had stable disease for >6 months. Thirty-four patients (89%) experienced at least one adverse event (AE), and 13% experienced a grade 3 AE related to sotigalimab. The most common AEs were pyrexia, chills, nausea, fatigue, pruritus, elevated liver function, rash, vomiting, headache, arthralgia, asthenia, myalgia, and diarrhea. There were no treatment-related SAEs, deaths, or discontinuation of sotigalimab due to AEs. Conclusions: Sotigalimab plus nivolumab had a favorable safety profile consistent with the toxicity profiles of each agent. The combination resulted in durable and prolonged responses in a subset of patients with anti-PD-1-resistant melanoma, warranting further evaluation in this setting. See related commentary by Wu and Luke, p. 9.

Indexat a: Pubmed **Factor Impacte:** 11.5 **Quartil:** 1 **Categoria:** Oncology **Posició:** 22/241

ANATOMIA PATOLÒGICA

Núm. Articles indexats: 1 Journal Impact Factor ™ –2023: 8 **Factor Impacte mitjà x article: 8**

Bermudo G, Molina-Molina M, **Llatjós R**. **Pulmonary and Cutaneous Angiomatoid Fibrous Histiocytoma**. Arch Bronconeumol. 2024 Feb;60(2):101-102. English, Spanish. doi: 10.1016/j.arbres.2023.10.008. Epub 2023 Oct 30. PMID: 37949761.

Indexat a: Pubmed/WoS **Factor Impacte:** 8 **Quartil:** 1 **Categoria:** Respiratory System **Posició:** 10/66

ICATME (Institut Català de Traumatologia i Medicina de l'Esport)

Núm. Articles indexats: 6 **Journal Impact Factor ™ –2023: 15.4 Factor Impacte mitjà x article: 2.56**

Barrera-Ochoa S, **Ibañez M**, Francisco S, Sapage R, Alabau-Rodríguez S, **Mir-Bullo X**. **Locking plate versus retrograde intramedullary headless compression screw for unstable extra-articular metacarpal base fractures of the thumb**. Injury. 2023 Dec;54 Suppl 7:110891. doi: 10.1016/j.injury.2023.110891. Epub 2024 Jan 13. PMID: 38225157.

The purpose was to compare clinical and radiological outcomes between two fixation techniques used to treat extra-articular fractures involving the base of the thumb metacarpal: retrograde intramedullary cannulated headless screw (RICHS) and locking plate

(LP). Fifty-one patients who underwent RICHS (n = 22) or LP fixation (n = 29) from January 2010 through 2020 were included in this retrospective case-control study with mean follow-up 39 months. No inter-group differences were observed comparing mean time to radiological union, grip strength, range of motion, pain severity or QuickDASH scores. Mean surgery time was shorter with RICHS (18.9 min) than with LP fixation (44.4 min). Mean time to return to work or routine activities was less in RICHS than LP (22 vs. 32 days), as was the percentage of patients requiring hardware removal (0% vs. 44.8%). We conclude that RICHS fixation requires less operating time and yields faster post-operative return to full function and fewer secondary procedures.

Indexat a: Pubmed/WoS **Factor Impacte: Quartil: Categoria: Posició:**

Rovira Martí P, **Ginebreda Martí I**, García Fontecha C. **Prophylactic Intramedullary Rodding After Femoral Lengthening in Patients With Achondroplasia and Hypochondroplasia**. J Pediatr Orthop. 2024 Mar 1;44(3):e249-e254. doi: 10.1097/BPO.0000000000002594. Epub 2023 Dec 12. PMID: 38084006.

Background: Femoral fracture after femoral lengthening in patients with achondroplasia and hypochondroplasia is a frequent complication, occurring in up to 30%. The purpose of this study is to demonstrate the effectiveness of prophylactic intramedullary rodding in preventing this complication. Methods: Multicenter retrospective study involving 86 femoral lengthening procedures in 43 patients with achondroplasia or hypochondroplasia. Forty-two femora (21 patients) were prophylactically managed with intramedullary Rush rodding after external fixation removal (11 females and 10 males, mean age 14.6 years) compared with 44 femora (22 patients) without prophylactic intramedullary rodding (13 females and 9 males, mean age 15.2 years). The mean amount of lengthening in the rodding group was 13.3 cm (52.6%) with an External Fixation Index of 25.8 days/cm; in patients without rodding was 14.3 cm (61.5%) and 24.5 days/cm, respectively. Results: Seven cases (15.9%) without rodding developed fractures. Four of them required surgical correction due to displacement or shortening. Only 1 patient (2.4%) had fracture of the femur after prophylactic rodding, and surgery was not required. The incidence of femur fracture was significantly lower in the prophylactic rodding group compared with the nonrodding group (2.4% vs. 15.9%, respectively; P =0.034). There were no cases of infection or avascular necrosis. Conclusions: Prophylactic intramedullary rodding is a safe and effective method for preventing femoral fractures after femoral lengthening in patients with achondroplasia or hypochondroplasia.

Indexat a: Pubmed/WoS **Factor Impacte: Quartil: Categoria: Posició:**

Sanchis-Alfonso V, Sanchez-Soler JF, Ribera-Martinez N, Espregueira-Mendes J, Monllau JC, Tey-Pons M. Beyond the patella: Treatment of cam femoroacetabular impingement syndrome improves anterior knee pain. J ISAKOS. 2024 May 3:S2059-7754(24)00087-7. doi: 10.1016/j.jisako.2024.04.017. Epub ahead of print. PMID: 38703826.
Objectives: This study aimed to investigate if there is a relationship between cam femoroacetabular impingement syndrome (cam-FAIS) and chronic anterior knee pain (AKP). Methods: This is a pilot retrospective review of 12 AKP patients with no structural anomalies in the patellofemoral joint and no skeletal malalignment in the lower limbs. All the patients were resistant to proper conservative treatment for AKP (AKP-R). Subsequently, these patients developed pain in the ipsilateral hip several months later, and upon evaluation, were diagnosed with cam-FAIS. Arthroscopic femoral osteoplasty and labral repair were

performed and clinical follow-up of hip and knee pain and function (Kujala Score and Non-arthritic Hip Score -NAHS-) was carried out. Results: All the patients showed improvement in the knee and hip pain scores with a statistically significant clinical difference in all of them at 69 months follow up (range: 18 to 115) except one patient without improvement in the groin VAS score post-operatively. Visual analogical scale (VAS) of knee pain improved from 6.3 (range: 5 to 8) to a postoperative 0.5 (range: 0 to 3.5), ($p < 0.001$). The VAS of groin pain improved from 4.4 (range: 2 to 8) to a postoperative 0.9 (range: 0 to 3), ($p < 0.001$). NAHS improved from a preoperative 67.9 (range: 28.7 to 100) to a postoperative 88 (range: 70 to 100), ($p < 0.015$) and knee Kujala's score improved from a preoperative 48.7 (range: 22 to 71) to a postoperative 96 (range: 91 to 100), ($p < 0.001$). Conclusion: This study's principal finding suggests an association between cam-FAIS and AKP-R in young patients who exhibit normal knee imaging and lower limbs skeletal alignment. Addressing cam-FAIS in these cases leads to resolution of both groin and knee pain, resulting in improved functional outcomes for both joints.
Study design: Retrospective cohort series with a single contemporaneous long-term follow-up. Level of evidence: IV.

Indexat a: Pubmed **Factor Impacte:** 1.6 **Quartil:** 3 **Categoria:** Orthopedics ; Sport Sciences
Posició: Orthopedics 90/130 ; Sport Sciences 81/121

Pardo-Pol A, Fontanellas-Fes A, **Pérez-Prieto D**, Sorli L, Hinarejos P, **Monllau JC**. **The Use of Erythromycin and Colistin Cement in Total Knee Arthroplasty Does Not Reduce the Incidence of Infection: A Randomized Study in 2,893 Knees With a 9-year Average Follow-Up**. J Arthroplasty. 2024 Apr 17:S0883-5403(24)00362-0. doi: 10.1016/j.arth.2024.04.039. Epub ahead of print. PMID: 38640967.

Background: One of the most severe complications of primary total knee arthroplasty (TKA) is prosthetic joint infection. Currently, the use of antibiotic-loaded cement for the prevention of infection is still controversial. The aim of the present study was to evaluate if the use of antibiotic-loaded cement reduces the infection rate in primary TKA in long-term follow-up (more than 5 years average follow-up).Methods: This study is the follow-up extension of a prospective randomized study, with 2,893 cemented TKA performed between 2005 and 2010 at our institution. There were 2 different cohorts depending on which bone cement was used: without antibiotics (control group) or those loaded with erythromycin and colistin (study group). All patients received the same systemic prophylactic antibiotics. The patients were followed for a minimum of twelve months. The diagnosis of prosthetic joint infection was done according to Zimmerli criteria.Results: In 1,452 patients, the prosthetic components were fixed using bone cement without antibiotics, whereas in 1,441 patients, bone cement was loaded with erythromycin and colistin. Both groups were comparable in terms of all the possible risk factors studied. We found a total of 53 deep infections, with a mean rate of 1.8%. There were no differences between the groups as to whether bone cement with or without antibiotics had been used ($P = .58$). The average duration of follow-up was 8.7 years. In terms of prosthetic revision due to aseptic loosening, there were no differences between groups ($P = .32$), with 33 revision arthroplasties in the control group and 37 in the study group. Moreover, we analyzed the erythromycin resistance rate, with no differences between both groups ($P = .6$).Conclusions: The use of erythromycin and colistin-loaded bone cement in TKA did not lead to a decrease in the rate of infection in long-term follow-up, a finding that suggests that its use would not be indicated in the general population.

Indexat a: Pubmed **Factor Impacte:** 3.5 **Quartil:** 1 **Categoria:** Orthopedics **Posició:** 17/86

Morales-Avalos R, Torres-González EM, Padilla-Medina JR, **Monllau JC**. **ACL anatomy: Is there still something to learn?** Rev Esp Cir Ortop Traumatol. 2024 Mar 18:S1888-4415(24)00071-7. English, Spanish. doi: 10.1016/j.recot.2024.03.009. Epub ahead of print. PMID: 38508380.

Background: The different bony and soft tissue reference points and the micro and macroscopic structures of the knee continue to be the object of focused study and analysis. Upon reviewing the most recent literature, we saw the wide spectrum of studies that seek to define the different anatomical aspects of the anterior cruciate ligament (ACL). Purpose: The purpose of this paper is to review the most recent publications on the ACL and its morphology in which its microscopic composition and macroscopic anatomy are addressed. Results: The ACL consists of typeI (90%) and typeIII (10%) collagen matrix. Its length ranges from 27 to 38mm and its width from 10 to 12mm. The ACL cross-section area measures an average of 44mm2, and its shape resembles that of an hourglass or a bow tie. ACL bundles have been defined as anteromedial, intermediate, and posterolateral. Femoral and tibial footprints were seen to present a high degree of variability in shape and size. Furthermore, the blood supply is given by the medial genicular artery and innervation by the tibial nerve branches. Additionally, the ACL functionally prevents anterior translation of the tibia and stabilizes against the internal rotation of the tibia and valgus angulation of the knee. Conclusions: There is great variability in the anatomy of the ACL as well as its attachment sites. At the same time, the shape and size of its footprint has become a factor in determining individualized ACL reconstruction. The persistence of morphological variability in the aging of the ACL and important aspects of surgical planning and decision making with respect to anatomical risk factors suggest that further studies are called for.

Indexat a: Pubmed/WoS/Medline **Factor Impacte:** **Quartil:** **Categoria:** Posició:

Tey-Pons M, Sanchis-Alfonso V, Parra-Calabuig L, Griffin DR, Espregueira-Mendes J, **Monllau JC**. **Anterior knee pain patients without structural knee abnormalities and normal lower limb skeletal alignment have a higher prevalence of cam-femoroacetabular impingement syndrome than the general population**. J ISAKOS. 2024 Mar 14:S2059-7754(24)00051-8. doi: 10.1016/j.jisako.2024.03.006. Epub ahead of print. PMID: 38490438.

Objectives: This study aimed to ascertain the prevalence of cam femoroacetabular impingement syndrome (cam-FAIS) in anterior knee pain (AKP) patients devoid of both structural patellofemoral joint abnormalities and lower limb skeletal malalignment. A secondary objective was to examine pain and disability differences between AKP patients with and without cam-FAIS. Methods: A total of 209 AKP patients were screened for eligibility. Inclusion criteria were normal imaging studies and normal lower limb alignment, and exclusion criteria were previous knee surgery and knee and/or hip osteoarthritis. Of those, 49 (23.4%) were eligible and this number matched a previous power analysis to detect statistically significant differences in prevalence of cam-FAIS in a population of AKP patients. The first step in the study sequence was to ask the patient whether they had groin pain. If so, the impingement test was done. Then, the femoral cam morphology defined by an alpha angle greater than or equal to 55° in a 45° Dunn axial view of the hip was ruled out. Additionally, patients completed Kujala and International Knee Documentation Committee (IKDC) functional knee scores for disability assessment. General population control group

was obtained from literature. Results: The study included 9 males and 40 females, with an average age of 36 (20-50, ±SD 8.03) years. Groin pain and positive impingement test were found in 26/49 patients (53%). An alpha angle ≥55° was observed in 35/49 patients (71%). A combination of groin pain, positive impingement test and an alpha angle ≥55° was seen in 18/49 patients (37%). The AKP patients with groin pain, a positive impingement test and an alpha angle ≥55° exhibited statistically similar pain and disability levels as AKP patients without cam-FAIS. Conclusion: The results of this study suggest that AKP patients without structural abnormalities in the patellofemoral joint and without lower limbs malalignment have a statistically significantly higher prevalence of cam-FAIS than the general population. Moreover, AKP patients with cam-FAIS have a statistically similar degree of pain and disability than AKP patients without it.

Indexat a: Pubmed **Factor Impacte:** 1.6 **Quartil:** 3 **Categoria:** Orthopedics ; Sport Sciences **Posició:** Orthopedics 90/130 ; Sport Sciences 81/121

Coelho A, Parés-Alfonso I, Companys R, Sánchez-Soler JF, **Torres-Claramunt R**, Alier A, **Monllau JC**. **[Translated article] Risk factors for infection of tibial plateau fractures**. Rev Esp Cir Ortop Traumatol. 2024 Jan-Feb;68(1):T44-T49. English, Spanish. doi: 10.1016/j.recot.2023.11.015. Epub 2023 Nov 22. PMID: 37995815.

Introduction: Tibial plateau fractures are injuries prone to postoperative infection, with its reported incidence being higher than that of other fractures, between 5% and 12%. The primary objectives of this study were to quantify the postoperative infection rate of internal fixation of tibial plateau fractures (TPFs) and to identify the risk factors for this.
Material and methods: Retrospective cohort study including patients who underwent TPF osteosynthesis between 2015 and 2020, in the same center. The study population was divided into two groups, according to the presence or absence of postoperative infection. Demographic variables related to the fracture, surgical parameters, as well as the need for reoperation were collected. Finally, in the case of debridement, the number of positive cultures and the pathogen responsible for the infection were collected, as well as the treatment applied. Results: One hundred and twenty-four patients were included, with a total of 14 infections (global infection rate of 11.3%). Risk factors for developing infection were open fractures (p=.002), Schatzker V and VI type fractures (p=.002) and the use of external fixation (p<.001). Regarding the surgical variables, only the longest ischemia time (p=.032) was identified as a risk factor. Staphylococcus aureus was the most frequently identified microorganism (43%), followed by Enterobacter cloacae (35.7%). Conclusion: The overall infection rate after osteosynthesis of tibial plateau fractures was 11.3%. Different factors are associated with a higher risk of infection, including diabetes mellitus, open fractures, the use of external fixation, a higher grade in the Schatzker classification or a longer intraoperative ischemia time.

Indexat a: Pubmed/WoS **Factor Impacte: Quartil: Categoria: Posició:**

Perelli S, Costa GG, Russo A, Hinarejos P, **Torres-Claramunt R**, Sanchez-Soler J, Morales-Avalos R, **Monllau JC**. **The distal tibiofibular syndesmosis is a reliable landmark for 3° varus tibial resection in total knee arthroplasty: a radiological evaluation on 1296 cases**. Arch Orthop Trauma Surg. 2024 Feb;144(2):879-885. doi: 10.1007/s00402-023-05099-z. Epub 2023 Oct 21. PMID: 37864591.

Purpose: The purpose of this study was to evaluate the reproducibility and the accuracy of distal tibiofibular syndesmosis (DTFS) as landmark to perform controlled varus tibial resections during total knee arthroplasty (TKA). The hypothesis was that DTFS can be used to perform an accurate 3° varus tibial cut. Methods: A retrospective analysis on a consecutive series of standard weightbearing full-length anteroposterior views of the lower limbs radiographic images was conducted. For each radiograph, the hip-knee-ankle (HKA) angle, the angle between the tibial mechanical axis and the line connecting the centre of the tibial spines and the DTFS (tibiofibular angle, TFA) and the medial proximal tibial angle (MPTA) were calculated. Each measurement was carried out twice by three independent observers, and intra- and inter-observer measurement reliability were assessed using the intraclass correlation coefficient (ICC) analysis. Results: A total of 1296 lower limbs were analysed from a series of 648 weightbearing full-length anteroposterior radiographs. The ICC were > 90% for all measurements. The mean TFA value was 2.94 ± 0.68 (range 2.38-3.51). No differences were detected comparing the mean TFA value on the right and left limb (p = 0.795) as well as comparing the values in male and female patients (p = 0.691). Linear regression analysis did not find statistically significant correlation between TFA and MPTA, or TFA and HKA angles, respectively. Conclusion: The distal tibiofibular syndesmosis is a reliable and easy reproducible radiographic landmark that can be used when planning a 3° varus tibial cut. Future studies are needed to confirm the validity of this method also in clinical settings.

Indexat a: Pubmed **Factor Impacte:** 2.3 **Quartil:** 2 **Categoria:** Orthopedics ; Surgery **Posició:** Orthopedics 42/86 ; Surgery 97/213

Torres-Claramunt R, Alós-Mairal J, **Ibáñez M**, **Perelli S**, Gelber P, **Monllau JC**. **Clinical Outcomes After Polyurethane Meniscal Scaffolds Implantation Remain Stable Despite a Joint Space Narrowing at 10-Year Follow-Up**. Arthroscopy. 2024 Apr;40(4):1256-1261. doi: 10.1016/j.arthro.2023.08.081. Epub 2023 Sep 15. PMID: 37716635.

Purpose: To report the clinical outcomes, radiologic evolution, and survivorship of a series of patients affected by the postmeniscectomy syndrome and treated with a polyurethane scaffold at a minimum 10-year follow-up. In addition, the radiologic evolution of these patients was also assessed. Methods: All the patients operated on with a polyurethane meniscal scaffold implantation to treat postmeniscectomy syndrome from 2008 to 2011 were prospectively followed. Clinical evaluations and radiologic studies were assessed at the preoperative period, at 5-year follow-up, and at minimum 10-year follow-up. Clinical outcomes were based on patient-reported outcomes (e.g., the Knee injury and Osteoarthritis Outcome Score, International Knee Documentation Committee, Lysholm, and Tegner). Radiographical evaluation of the joint-space narrowing was done in the Rosenberg view. Failure was defined as patients who required surgery to remove the scaffold or those patients who needed surgery for a total or partial knee replacement. Results: Twenty-one of 27 patients, with a mean age of 56 ± 9.8 years, were available for the final follow-up. The mean follow-up was 11.8 (range, 10-12.7) years. Six patients were lost to follow-up. All functional scores showed a significant improvement (P < .001) at the 5- and 10-year follow-up. The exception was the Tegner score, which remained stable. The joint-space width was maintained from the preoperative period (1.9 ± 1.2 mm) up to the 5-year follow-up (1.3 ± 1.5 mm, P = .3) and decreased by the last evaluation (0.6 ± 1.2 mm, P = .001) at the last follow-up. Two (9.5%) of 21 patients were converted to a total knee replacement during the study period. None of the other patients needed revision surgery during the study period. Conclusions: The polyurethane meniscal scaffold provides significant and

stable pain relief over time and improved functional outcomes at a minimum of 10 years after surgery. However, degenerative changes progressed in the treated compartment, with a joint-space narrowing over the 10-year period.

Indexat a: Pubmed **Factor Impacte:**4.7 **Quartil:** 1 **Categoria:** Orthopedics ; Sport Sciences **Posició:** Orthopedics 7/86 ; Surgery 11/87

Morales-Avalos R, **Masferrer-Pino Á**, Padilla-Medina JR, **Amestoy-Ramos J**, **Ibáñez M**, **Perelli S**, Ariztegui-Andrade C, Espregueira-Mendes J, **Monllau JC**. Mid-Term Clinical and Radiological Outcomes of Lateral Meniscal Allograft Transplantation with Suture-Only Fixation Plus Capsulodesis. J Knee Surg. 2024 Jan;37(1):26-36. doi: 10.1055/a-1946-7079. Epub 2022 Sep 19. PMID: 36122692.

Meniscal allograft transplantation (MAT) is an effective reconstructive procedure for treating a symptomatic postmeniscectomy syndrome. It consists of replacing the lost meniscal tissue aiming to improve the clinical outcomes and prevent progressive deterioration of the joint. The aim of this study was to evaluate meniscal graft survivorship and report on the radiographic (in terms of graft extrusion and joint space width and alignment) and the functional results through a midterm follow-up of lateral MAT performed with a soft tissue fixation technique after capsulodesis. In total, 23 patients who underwent lateral MAT as a single procedure were included. The Knee injury and Osteoarthritis Outcome Score, Lysholm, Tegner, and visual analog scale scales were used for patient assessment. Magnetic resonance imaging and a complete radiographic protocol were conducted to determine the degree of meniscal extrusion and the changes in the degree of osteoarthritis and coronal alignment. Assessments were performed after 2 and 7 years of follow-up. A significant improvement in all the scores, relative to preoperative values, was found after 7 years of follow-up. This improvement remained consistent throughout the first and second follow-up periods. A mean absolute extrusion of 2.2 mm ± 1.6 and an extrusion percentage of 28.0% ± 11.43 were found, with no significant differences throughout the follow-up periods. There was no statistically significant difference in terms of the frontal mechanical axis and joint space narrowing between the preoperative value and at the first and second follow-up periods. A survival rate of 85.7% was found after 7 years of follow-up. Capsulodesis results in a low degree of meniscal extrusion in isolated lateral MAT fixed with a suture-only technique, which is maintained after 7 years of follow-up, with a high graft survival index (>85%) and satisfactory results on the functional scales.

Indexat a: Pubmed **Factor Impacte:** 1.7 **Quartil:** 3 **Categoria:** Orthopedics **Posició:** 56/86

OBSTETRÍCIA I GINECOLOGIA
SALUT DE LA DONA DEXEUS

Núm. Articles indexats: 14 Journal Impact Factor ™ – 2023: 68.2
Factor Impacte mitjà x article: 5.24

Parriego M, Coll L, Carrasco B, Garcia S, Boada M, **Polyzos NP**, Vidal F, Veiga A. **Blastocysts from partial compaction morulae are not defined by their early mistakes**. Reprod Biomed

Online. 2024 Apr;48(4):103729. doi: 10.1016/j.rbmo.2023.103729. Epub 2023 Nov 18. PMID: 38367593.

Research question: Is partial compaction during morula formation associated with an embryo's developmental ability and implantation potential?
Design: Retrospective analysis of data from 196 preimplantation genetic testing for aneuploidy (PGT-A) cycles. Embryos starting compaction were grouped according to the inclusion or not of all the blastomeres in the forming morula (full compaction or partial compaction). The possible effect of maternal age and ovarian response on compaction was analysed. Morphokinetic characteristics, blastocyst formation rate, morphology and cytogenetic constitution of the obtained blastocysts were compared. Comparisons of reproductive outcomes after the transfer of euploid blastocysts from both groups were established. Finally, in a subset of embryos, the chromosomal constitution concordance of the abandoned cells and the corresponding blastocyst through trophectoderm biopsies was assessed. Results: A total of 430 embryos failed to include at least one cell during compaction (partial compaction group [49.3%]), whereas the 442 remaining embryos formed a fully compacted morula (full compaction group [50.7%]). Neither female age nor the number of oocytes collected affected the prevalence of partial compaction morulae. Morphokinetic parameters were altered in embryos from partial compaction morulae compared with full compaction. Although an impairment in blastocyst formation rate was observed in partial compaction morulae (57.2% versus 70.8%, P < 0.001), both chromosomal constitution (euploidy rate: partial compaction [38.4%] versus full compaction [34.2%]) and reproductive outcomes (live birth rate: partial compaction [51.9%] versus full compaction [46.2%]) of the obtained blastocysts were equivalent between groups. A high ploidy correlation of excluded cells-trophectoderm duos was observed. Conclusions: Partial compaction morulae show a reduced developmental ability compared with full compaction morulae. Resulting blastocysts from both groups, however, have similar euploidy rates and reproductive outcomes. Cell exclusion might be a consequence of a compromised embryo development regardless of the chromosomal constitution of the excluded cells.

Indexat a: Pubmed/WoS **Factor Impacte:** 4 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; s Correlate with Response to Immunotherapy in Non-Small Cell LuReproductive Biology **Posició:** Obstetrics & Gynecology 17/85 ; Reproductive Biology 6/31

Garcia-Alfaro P, Garcia IR, Browne JL, Xauradó RF. **Mammographic parameters and endogenous hormones association in postmenopausal women**. Revista de senología y patología mamaria. 2024 Jun;37(1). doi: 10.1016/j.senol.2023.1005620214-1582

Objectives: To examine the association between endogenous hormones with mammographic breast density, glandular volume, and breast volume in postmenopausal women. Material and methods: A cross-sectional study among 363 postmenopausal women not using menopausal hormonal treatment. The following data were collected: age, age at menopause, smoking status, body mass index, adiposity, and physical activity. Plasma levels of folliclestimulating hormone, estradiol, testosterone, dehydroepiandrosterone sulfate (DHEAS), Delta 4 androstenedione, cortisol, insulin-like growth factor-1 (IGF-1), and 25-hydroxyvitamin D were evaluated. Directed acyclic graph was used for the selection of potential confounding variables, and the linear regression was adjusted for confounders to study the association between endogenous hormones and mammographic parameters. Results are reported as beta-coefficients (beta) and 95% confidence interval (95% CI). Results: Multivariable linear regression analysis adjusted for confounding variables showed

that cortisol (beta = 0.20; 95% CI: 0.02; 0.37), and Delta 4 androstenedione (beta = -1.90; 95% CI: -3.30, -0.39) were significantly associated with breast density. IGF-1 (beta = -0.01; 95% CI: -0.20, -0.01) was the only hormone with significant association with glandular volume. No relationship was found between the studied hormones and breast volume. Conclusions: Higher cortisol and lower Delta 4 androstenedione levels are associated with higher breast density, and higher IGF-1 levels are associated with lower glandular volume in postmenopausal women. (c) 2023 SESPM. Published by Elsevier Espana, S.L.U. All rights reserved.

Indexat a: WoS **Factor Impacte:** **Quartil:** **Categoria:** Posició:

Rodríguez MA, Echevarría M, Perdomo L, Gómez-Chiari M, García S, Prats P, Serra B, Albaiges G. Prevalence of corpus callosum pathology in an unselected population. Should assessment of the corpus callosum be included in the routine 20 weeks scan? Prenat Diagn. 2024 Jan 1. doi: 10.1002/pd.6510. Epub ahead of print. PMID: 38161311.

Objectives: To determine the prevalence of abnormalities of the corpus callosum (AbnCC) in a non-selected population, to propose a systematic screening protocol for AbnCC in all populations through direct assessment, and to describe the follow-up and prognosis of all AbnCC cases diagnosed in our clinical setting.Methods: This was a retrospective review of the prevalence of AbnCC over 11 years. We included a sagittal assessment of the corpus callosum (CC) in the second-trimester scan. AbnCC was classified into complete agenesis of CC (ACC) and dysgenesis of CC (DCC; including small, partial agenesis, thick and with lipoma).Results: Of the 38,586 second-trimester scans performed during our screening, 43 cases of AbnCC were detected (prevalence of 0.8/1000). Of the AbnCC cases, 10 cases were identified as ACC (29.40%) and 24 as DCC (70.59%). Follow-up investigations showed that in the 43 cases with AbnCC, 76.5% had other associated ultrasound abnormalities, 26.5% had genetic abnormalities, 11.8% had other MRI abnormalities, and 25% of the children had neurodevelopmental delays (8.8% of the total), which were severe in only one case.Conclusions: AbnCC is found in approximately 0.8/1000 of cases in an unselected population. The findings suggest that systematic and direct assessment of the CC as part of screening ultrasound in the second trimester of gestation should be recommended as a routine practice.

Indexat a: WoS / Pubmed / JCR **Factor Impacte:** 3 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology (Q2) ; Genetics & Heredy (Q3) **Posició:** Obstetrics & Gynecology 35/85 ; Genetics & Heredy 88/71

Vidal MDM, **Martínez F**, **Rodríguez I**, **Polyzos NP**. **Ovarian response and embryo ploidy following oral micronized progesterone-primed ovarian stimulation versus GnRH antagonist protocol. A prospective study with repeated ovarian stimulation cycles**. Hum Reprod. 2024 May 2;39(5):1098-1104. doi: 10.1093/humrep/deae047. PMID: 38498835.

Study question: Is there any difference in ovarian response and embryo ploidy following progesterone-primed ovarian stimulation (PPOS) using micronized progesterone or GnRH antagonist protocol?Summary answer: Pituitary downregulation with micronized progesterone as PPOS results in higher number of oocytes retrieved and a comparable number of euploid blastocysts to a GnRH antagonist protocol.What is known already: Although the GnRH antagonist is considered by most the gold standard protocol for controlling the LH surge during ovarian stimulation (OS) for IVF/ICSI, PPOS protocols are

being increasingly used in freeze-all protocols. Still, despite the promising results of PPOS protocols, an early randomized trial reported potentially lower live births in recipients of oocytes resulting following downregulation with medroxyprogesterone acetate as compared with a GnRH antagonist protocol. The scope of the current prospective study was to investigate whether PPOS with micronized progesterone results in an equivalent yield of euploid blastocysts to a GnRH antagonist protocol. Study design, size, duration: In this prospective study, performed between September 2019 to January 2022, 44 women underwent two consecutive OS protocols within a period of 6 months in a GnRH antagonist protocol or in a PPOS protocol with oral micronized progesterone.Participants/materials, setting, methods: Overall, 44 women underwent two OS cycles with an identical fixed dose of rFSH (225 or 300 IU) in both cycles. Downregulation in the first cycles was performed with the use of a flexible GnRH antagonist protocol (0.25 mg per day as soon as one follicle of 14 mm) and consecutively, after a washout period of 1 month, control of LH surge was performed with 200 mg of oral micronized progesterone from stimulation Day 1. After the completion of both cycles, all generated blastocysts underwent genetic analysis for aneuploidy screening (preimplantation genetic testing for aneuplody, PGT-A). Main results and the role of chance: Comparisons between protocols did not reveal differences between the duration of OS. The hormonal profile on the day of trigger revealed statistically significant differences between protocols in all the tested hormones except for FSH: with significantly higher serum E2 levels, more elevated LH levels and higher progesterone levels in PPOS cycles as compared with antagonist cycles, respectively. Compared with the GnRH antagonist protocol, the PPOS protocol resulted in a significantly higher number of oocytes (12.7 ± 8.09 versus 10.3 ± 5.84; difference between means [DBM] -2.4 [95% CI -4.1 to -0.73]), metaphase II (9.1 ± 6.12 versus 7.3 ± 4.15; DBM -1.8 [95% CI -3.1 to -0.43]), and 2 pronuclei (7.1 ± 4.99 versus 5.7 ± 3.35; DBM -1.5 [95% CI -2.6.1 to -0.32]), respectively. Nevertheless, no differences were observed regarding the mean number of blastocysts between the PPOS and GnRH antagonist protocols (2.9 ± 2.11 versus 2.8 ± 2.12; DBM -0.07 [95% CI -0.67 to 0.53]) and the mean number of biopsied blastocysts (2.9 ± 2.16 versus 2.9 ± 2.15; DBM -0.07 [95% CI -0.70 to 0.56]), respectively. Concerning the euploidy rates per biopsied embryo, a 29% [95% CI 21.8-38.1%] and a 35% [95% CI 26.6-43.9%] were noticed in the PPOS and antagonist groups, respectively. Finally, no difference was observed for the primary outcome, with a mean number of euploid embryos of 0.86 ± 0.90 versus 1.00 ± 1.12 for the comparison of PPOS versus GnRh antagonist.Limitations, reasons for caution: The study was powered to detect differences in the mean number of euploid embryos and not in terms of pregnancy outcomes. Additionally, per protocol, there was no randomization, the first cycle was always a GnRH antagonist cycle and the second a PPOS with 1 month of washout period in between.Wider implications of the findings: In case of a freeze-all protocol, clinicians may safely consider oral micronized progesterone to control the LH surge and patients could benefit from the advantages of a medication of oral administration, with a potentially higher number of oocytes retrieved at a lower cost, without any compromise in embryo ploidy rates.

Indexat a: Pubmed/WoS/JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Garcia-Alfaro P, Garcia IR, Browne JL, Xauradó RF. **Selective sentinel lymph node biopsy technique in multifocal breast tumor**. Revista de senología y patología mamaria. 2024 Apr-Jun;37(2). doi: 10.1016/j.senol.2024.100573

Introduction: Multifocal (MF) breast cancer challenges the diagnostic strategy due to the controversy about selective sentinel node biopsy (SSNB) in these cases. The aim was to evaluate the feasibility of SSNB and associated tumor characteristics in patients with MF breast cancer. Material and methods: A longitudinal retrospective study of patients diagnosed with MF carcinoma between 1999 and 2022 was performed. A total of 254 cases were included, of which SSNB was performed in 124. Relevant clinical and tumor variables were analyzed using data from anonymized medical records and corresponding ethical approval. Results: The mean age of the patients was 53.9 +/- 11.6 years. The predominant histological type was ductal (71.8%). The mean size of the major focus was 14.8 +/- 9.5. SSNB showed negative results in most cases (70.9%), while in others isolated tumor cells (0.8%), micrometastases (6.5%), and macrometastases (21.8%) were detected. Prevalence of estrogen receptor -positive (94.4%), progesterone-positive (82.3%), and HER2-negative (62.9%) tumors was observed. Conclusion: SSNB in MF tumors was performed in most cases in which multifocality did not contraindicate the technique. In those cases where SSNB was performed, ductal carcinomas were predominant, same as hormone receptor positive and HER2 negative carcinomas.

Indexat a: WoS **Factor Impacte: Quartil: Categoria:** Posició:

Sánchez-Prieto M, Pingarrón C, Bergamaschi L, Bermúdez JC, Subiris González J, Sánchez Sánchez R, Poyo Torcal S, Gómez M, Ruiz Pérez ML, Castillo Martínez M, Peña Penedo ME, Sánchez-Borrego R. **Prospective, multicenter, uncontrolled study on the effectiveness and safety of a hyaluronic acid water-based vaginal lubricant in alleviating vaginal dryness and dyspareunia**. Gynecol Endocrinol. 2024 Mar 5;40(1):2317268. doi: 10.1080/09513590.2024.2317268. Epub 2024 Mar 12. PMID: 38468593.

Background: Vaginal dryness (VD) represents a significant concern affecting women across diverse life stages, encompassing both pre- and postmenopausal women at any age. Dyspareunia, defined by genital pain that can be experienced before, during, or after intercourse, is often associated with vaginal dryness. Aim: This study aimed to evaluate the effectiveness and safety of a water-based vaginal lubricant with hyaluronic acid to reduce sexual discomfort associated with vaginal dryness. Methods: A prospective, multicenter, uncontrolled clinical investigation was conducted over a three-month period in women aged 18 years or older experiencing pain or difficulty during sexual intercourse for whom the use of a vaginal lubricant was recommended. Results: Significant improvements were observed in the FSFI scores, indicating enhanced sexual function ($p < .001$). Vaginal dryness symptoms, including irritation, dryness, itching, and dyspareunia, significantly decreased after product use ($p < .001$). Clinical implications: This study contributes to the limited scientific knowledge on the application of lubricants in the context of symptoms associated with VD. Strengths & limitations: In addition to the short study period, inherent limitations of the study design, and lack of placebo control, it is pertinent to acknowledge that some of the pros used in this study were not based on validated questionnaires. However, as far as we know, this study is the only one that analyzes well-being and sexual pleasure as results using a lubricant formulated with hyaluronic acid. Conclusion: This tested vaginal lubricant with hyaluronic acid has demonstrated efficacy in improving vaginal dryness and female sexual function, particularly in reducing pain and improving lubrication during sexual intercourse, and showed a favorable safety profile, with minimal and transient adverse events.

Indexat a: Pubmed/WoS/JCR/SCIE **Factor Impacte:** 2 **Quartil:** 3 **Categoria:** Endocrinology & Metabolism (Q4) ; Obstetrics & Gynecology (Q3) **Posició:** Obstetrics & Gynecology 63/85 ; Endocrinology & Metabolism 126/145

ESHRE Guideline Group on the Number of Embryos to Transfer; Alteri A, **Arroyo G**, Baccino G, Craciunas L, De Geyter C, Ebner T, Koleva M, Kordic K, Mcheik S, Mertes H, Pavicic Baldani D, Rodriguez-Wallberg KA, Rugescu I, Santos-Ribeiro S, Tilleman K, Woodward B, Vermeulen N, Veleva Z. **ESHRE guideline: number of embryos to transfer during IVF/ICSI**†. Hum Reprod. 2024 Apr 3;39(4):647-657. doi: 10.1093/humrep/deae010. PMID: 38364208; PMCID: PMC10988112.

STUDY QUESTION: Which clinical and embryological factors should be considered to apply double embryo transfer (DET) instead of elective single embryo transfer (eSET)? SUMMARY ANSWER: No clinical or embryological factor per se justifies a recommendation of DET instead of eSET in IVF/ICSI. WHAT IS KNOWN ALREADY: DET is correlated with a higher rate of multiple pregnancy, leading to a subsequent increase in complications for both mother and babies. These complications include preterm birth, low birthweight, and other perinatal adverse outcomes. To mitigate the risks associated with multiple pregnancy, eSET is recommended by international and national professional organizations as the preferred approach in ART. STUDY DESIGN, SIZE, DURATION: The guideline was developed according to the structured methodology for development and update of ESHRE guidelines. Literature searches were performed in PUBMED/MEDLINE and Cochrane databases, and relevant papers published up to May 2023, written in English, were included. Live birth rate, cumulative live birth rate, and multiple pregnancy rate were considered as critical outcomes. PARTICIPANTS/MATERIALS, SETTING, METHODS: Based on the collected evidence, recommendations were discussed until a consensus was reached within the Guideline Development Group (GDG). A stakeholder review was organized after the guideline draft was finalized. The final version was approved by the GDG and the ESHRE Executive Committee. MAIN RESULTS AND THE ROLE OF CHANCE: The guideline provides 35 recommendations on the medical and non-medical risks associated with multiple pregnancies and on the clinical and embryological factors to be considered when deciding on the number of embryos to transfer. These recommendations include 25 evidence-based recommendations, of which 24 were formulated as strong recommendations and one as conditional, and 10 good practice points. Of the evidence-based recommendations, seven (28%) were supported by moderate-quality evidence. The remaining recommendations were supported by low (three recommendations; 12%), or very low-quality evidence (15 recommendations; 60%). Owing to the lack of evidence-based research, the guideline also clearly mentions recommendations for future studies. LIMITATIONS, REASONS FOR CAUTION: The guideline assessed different factors one by one based on existing evidence. However, in real life, clinicians' decisions are based on several prognostic factors related to each patient's case. Furthermore, the evidence from randomized controlled trials is too scarce to formulate high-quality evidence-based recommendations. WIDER IMPLICATIONS OF THE FINDINGS: The guideline provides health professionals with clear advice on best practice in the decision-making process during IVF/ICSI, based on the best evidence currently available, and recommendations on relevant information that should be communicated to patients. In addition, a list of research recommendations is provided to stimulate further studies in the field.

Indexat a: Pubmed/WoS **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Castán Larraz B, Esteban LM, Castán Mateo S, **Chóliz Ezquerro M**, Calvo Torres J, Esteban-Escaño J, Rodríguez Solanilla B, Cisneros Gimeno A, Savirón-Cornudella R. **The utility of fetal heart rate deceleration's descending slope in searching for a non-National Institute of Child Health and Human Development parameter for the detection of fetal acidosis**. Int J Gynaecol Obstet. 2024 Mar 5. doi: 10.1002/ijgo.15454. Epub ahead of print. PMID: 38441244.

Objective. To identify new parameters predicting fetal acidemia.MethodsA retrospective case-control study in a cohort of deliveries from a tertiary referral hospital-based cohort deliveries in Zaragoza, Spain between 2018 and 2021 was performed. To predict fetal acidemia, the NICHD categorizations and non-NICHD parameters were analyzed in the electronic fetal monitoring (EFM). Those included total reperfusion time, total deceleration area and the slope of the descending limb of the fetal heart rate of the last deceleration curve. The accuracy of the parameters was evaluated using the specificity for (80%, 85%, 90%, 95%) sensitivity and the area under the receiver operating characteristic curve (AUC).ResultsA total of 10 362 deliveries were reviewed, with 224 cases and 278 controls included in the study. The NICHD categorizations showed reasonable discriminatory ability (AUC = 0.727). The non-NICHD parameters measured during the 30-min fetal monitoring, total deceleration area (AUC = 0.807, 95% CI: 0.770, 0.845) and total reperfusion time (AUC = 0.750, 95% CI: 0.707, 0.792), exhibited higher discriminatory ability. The slope of the descending limb of the fetal heart rate of the last deceleration curve had the best AUC value (0.853, 95% CI: 0.816, 0.889). The combination of total deceleration area or total reperfusion time with the slope demonstrated high discriminatory ability (AUC = 0.908, 95% CI: 0.882, 0.933; specificities of 71.6% and 72.7% for a sensitivity of 90%).ConclusionsThe slope of the descending limb of the fetal heart rate of the last deceleration curve is the strongest predictor of fetal acidosis, but its combination with the total reperfusion time shows better clinical utility. Slope combined with total reperfusion time exhibit higher discriminatory ability to detect fetal acidosis in comparison to previous categorizations and better clinical utility to predict fetal acidosis.

Indexat a: Pubmed/WoS **Factor Impacte:** 3.8 **Quartil:** 2 **Categoria:** Obstetrics & Gynecology **Posició:** 22/85

Savirón-Cornudella R, Saviron-Cornudella R, Bielsa AL, Esteban-Escano J, Torres JC, **Ezquerro MC**, Larraz BC, Martínez-Berganza EDD, Castano MJR, Navidad MA, Garcia MA, Orozco JW, Mateo SC, Esteban LM. **Diagnosis of cardiotocographic sinusoidal patterns by spectral analyses**. Biomedical signal processing and control. 2024 Jul. doi: 10.1016/j.bspc.2024.106174.

Background: The sinusoidal pattern in cardiotocographic (CTG) monitoring shows a sinus-shaped signal longer than 30 min without short-term variability. It is commonly linked to fetal morbidity, particularly severe fetal anemia. Pseudosinusoidal patterns resemble sinusoidal patterns but without adverse fetal outcomes. This study aims to characterise sinusoidal and pseudosinusoidal patterns using spectral analysis. Methods: A multicenter study case-control was conducted between January 2012 and February 2023. Maternal characteristics, perinatal data, and CTG parameters through spectral analysis were examined. The spectrum of the electrocardiographic signal was calculated, and the proportion of energy (PE), short- and long-term variability, amplitude, and the differences

between sinusoidal, pseudosinusoidal, and control groups were compared. A predictive model for signal type was built using a classification tree. Results: 60 CTG records were collected, including 38 controls. Of the 13 sinusoidal patterns detected, all exhibited a sinusoidal pattern with a PE ratio > 0.3, 9 of them (69 %) had a PE ratio > 0.5, and 4 (31 %) were in the range of 0.3-0.5. Among the 9 cases diagnosed as pseudosinusoidal, all had a sinusoidal pattern with a PE within the range of 0.3-0.5. Every control exhibited a PE < 0.3, except for one case. Short-term variability demonstrated limited discriminatory capability, while long-term variability showed a strong discriminatory capacity. For the classification tree, accuracy diagnosis was 92.3 %, 88.8 %, and 97.3 % for the sinusoidal, pseudosinusoidal, and control groups, respectively. Conclusion: Computerised spectral analysis and the variable PE within the frequency range of 1.8-3.5 are reliable parameters to discriminate sinusoidal patterns.

Indexat a: WoS **Factor Impacte:** 5.1 **Quartil:** 2 **Categoria:** Engineering, biomedical ; Medical laboratory technology **Posició:** Engineering, biomedical, 26/96

Heremans R, Wynants L, Valentin L, Leone FPG, **Pascual MA**, Fruscio R, Testa AC, Buonomo F, Guerriero S, Epstein E, Bourne T, Timmerman D, Van den Bosch T; IETA Consortium. **Estimating risk of endometrial malignancy and other intracavitary uterine pathology in women without abnormal uterine bleeding using IETA-1 multinomial regression model: validation study.** Ultrasound Obstet Gynecol. 2024 Apr;63(4):556-563. doi: 10.1002/uog.27530. Epub 2024 Mar 4. PMID: 37927006.

Objectives: To assess the ability of the International Endometrial Tumor Analysis (IETA)-1 polynomial regression model to estimate the risk of endometrial cancer (EC) and other intracavitary uterine pathology in women without abnormal uterine bleeding.Methods: This was a retrospective study, in which we validated the IETA-1 model on the IETA-3 study cohort (n = 1745). The IETA-3 study is a prospective observational multicenter study. It includes women without vaginal bleeding who underwent a standardized transvaginal ultrasound examination in one of seven ultrasound centers between January 2011 and December 2018. The ultrasonography was performed either as part of a routine gynecological examination, during follow-up of non-endometrial pathology, in the work-up before fertility treatment or before treatment for uterine prolapse or ovarian pathology. Ultrasonographic findings were described using IETA terminology and were compared with histology, or with results of clinical and ultrasound follow-up of at least 1 year if endometrial sampling was not performed. The IETA-1 model, which was created using data from patients with abnormal uterine bleeding, predicts four histological outcomes: (1) EC or endometrial intraepithelial neoplasia (EIN); (2) endometrial polyp or intracavitary myoma; (3) proliferative or secretory endometrium, endometritis, or endometrial hyperplasia without atypia; and (4) endometrial atrophy. The predictors in the model are age, body mass index and seven ultrasound variables (visibility of the endometrium, endometrial thickness, color score, cysts in the endometrium, non-uniform echogenicity of the endometrium, presence of a bright edge, presence of a single dominant vessel). We analyzed the discriminative ability of the model (area under the receiver-operating-characteristics curve (AUC); polytomous discrimination index (PDI)) and evaluated calibration of its risk estimates (observed/expected ratio). Results: The median age of the women in the IETA-3 cohort was 51 (range, 20-85) years and 51% (887/1745) of the women were postmenopausal. Histology showed EC or EIN in 29 (2%) women, endometrial

polyps or intracavitary myomas in 1094 (63%), proliferative or secretory endometrium, endometritis, or hyperplasia without atypia in 144 (8%) and endometrial atrophy in 265 (15%) women. The endometrial sample had insufficient material in five (0.3%) cases. In 208 (12%) women who did not undergo endometrial sampling but were followed up for at least 1 year without clinical or ultrasound signs of endometrial malignancy, the outcome was classified as benign. The IETA-1 model had an AUC of 0.81 (95% CI, 0.73-0.89, n = 1745) for discrimination between malignant (EC or EIN) and benign endometrium, and the observed/expected ratio for EC or EIN was 0.51 (95% CI, 0.32-0.82). The model was able to categorize the four histological outcomes with considerable accuracy: the PDI of the model was 0.68 (95% CI, 0.62-0.73) (n = 1532). The IETA-1 model discriminated very well between endometrial atrophy and all other intracavitary uterine conditions, with an AUC of 0.96 (95% CI, 0.95-0.98). Including only patients in whom the endometrium was measurable (n = 1689), the model's AUC was 0.83 (95% CI, 0.75-0.91), compared with 0.62 (95% CI, 0.52-0.73) when using endometrial thickness alone to predict malignancy (difference in AUC, 0.21; 95% CI, 0.08-0.32). In postmenopausal women with measurable endometrial thickness (n = 848), the IETA-1 model gave an AUC of 0.81 (95% CI, 0.71-0.91), while endometrial thickness alone gave an AUC of 0.70 (95% CI, 0.60-0.81) (difference in AUC, 0.11; 95% CI, 0.01-0.20). Conclusion: The IETA-1 model discriminates well between benign and malignant conditions in the uterine cavity in patients without abnormal bleeding, but it overestimates the risk of malignancy. It also discriminates well between the four histological outcome categories. © 2023 International Society of Ultrasound in Obstetrics and Gynecology.

Indexat a: Pubmed/WoS **Factor Impacte:** 7.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/31 ; Obstetrics & Gynecology 5/85

Verdyck P, Altarescu G, Santos-Ribeiro S, Vrettou C, Koehler U, Griesinger G, Goossens V, Magli C, Albanese C, **Parriego M**, **Coll L**, Ron-El R, Sermon K, Traeger-Synodinos J. **Aneuploidy in oocytes from women of advanced maternal age: analysis of the causal meiotic errors and impact on embryo development.** Hum Reprod. 2023 Dec 4;38(12):2526-2535. doi: 10.1093/humrep/dead201. PMID: 37814912.

Many chromosome abnormalities are commonly observed and can lead to early pregnancy loss, miscarriage, or the birth of children with chromosomal defects. Such abnormalities are considered a major factor in the low pregnancy rate after assisted reproductive technology and natural conception. Preimplantation genetic testing for aneuploidy (PGT-A) aims to minimize the transfer of aneuploid embryos. Embryonic aneuploidies arising from errors in meiosis have an incidence of approximately 25% in embryos from women younger than 35 years, to more than half in embryos from women aged older than 35 years. Although these embryos are able to develop to the blastocyst stage, they tend to be of lower morphological quality. A recent multicenter randomized clinical trial (ESTEEM) analyzed polar bodies (PBs) from women after intracytoplasmic sperm injection aged between 36 and 40 years using microarrays in 205 cycles and found that the transfer of embryos from euploid oocytes did not lead to a higher live birth rate but was associated with a reduction in the number of embryo transfers and miscarriages. This study aimed to evaluate all PB results from this RCT and characterize the types of chromosomal abnormalities and the chromosomes most frequently affected. The ESTEEM trial obtained biopsy of first (PB1) and second (PB2) PB in the cohort receiving PGT-A and analyzed them using array comparative genomic hybridization (aCGH). A total of 693 PB pairs had full results available, including 676 confirmed fertilized oocytes. Chromosome segregations, including likely underlying mechanisms, from these pairs are reported here. To estimate the reliability of the aCGH procedure, 72 PB pairs from a single center were reanalyzed using next-generation

sequencing (NGS). Embryos were classified into 4 categories based on morphology: good, fair, poor, and degenerated. A comparative analysis was performed to assess the association between chromosome status and embryo quality as well as study group (PGT-A vs control) and embryo quality. A total of 213/676 oocytes were euploid and 413/676 were aneuploid, whereas in the remaining 50 oocytes, an abnormality observed in PB1 was compensated by an abnormality in PB2. A total of 693 PB pairs reported chromatic numbers with results for 15,939 chromosomes. An abnormal segregation, in PB1 and/or PB2, was observed in 1162 chromosomes (7.3%) in 461 PB pairs. Chromosomes 22 (16.7%), 16 (16.6%), 19 (14.4%), 21 (13.7%), and 15 (12.4%) had the highest frequencies for abnormal segregations. The abnormal segregations were compatible with precocious separation of sister chromatids in meiosis 1 (M1) (n = 568; 48.9%), nondisjunction of chromatics in meiosis 2 (M2) or reverse segregation (n = 417; 35.9%), and nondisjunction in M1 (n = 65; 5.6%). However, 112 chromosomes had segregation patterns that could not be categorized into 1 of the 9 known mechanisms causing aneuploidy in oocytes. Concordance between aCGH and NGS was obtained for both PBs for 1650 of 1656 analyzed chromosomes (99.6%). Embryos predicted to be aneuploid had significantly worse quality scores on day 3 (adjusted odds ratio [aOR], 0.62; 95% confidence interval [CI], 0.43-0.90), day 4 (aOR, 0.15; 95% CI, 0.06-0.39), and day 5 (aOR, 0.28; 95% CI, 0.14-0.58). This study represents one of the largest analyses of chromosomal copy number in both PBs to date and highlights the frequent unexplained chromosome copy numbers underscoring the gap of knowledge into the mechanisms causing aneuploidy in oocytes.

Indexat a: Pubmed/WoS/SCIE/Current Contents Connect/Medline/JCR **Factor Impacte:** 6.1 **Quartil:** 1 **Categoria:** Obstetrics & Gynecology ; Reproductive Biology **Posició:** Obstetrics & Gynecology 9/85 ; Reproductive Biology 4/31

Lefebvre T, Campas M, Matta K, Ouzia S, Guitton Y, Duval G, Ploteau S, Marchand P, Le Bizec B, **Freour T**, Antignac JP, de Tullio P, Cano-Sancho G. **A comprehensive multiplatform metabolomic analysis reveals alterations of 2-hydroxybutyric acid among women with deep endometriosis related to the pesticide trans-nonachlor**. Sci Total Environ. 2024 Mar 25;918:170678. doi: 10.1016/j.scitotenv.2024.170678. Epub 2024 Feb 3. PMID: 38316313.

Background: Exposure to persistent organic pollutants (POPs) has been related to the risk of endometriosis however the mechanisms remain unclear. The objective of the present study was to characterize the metabolic profiles underpinning the associations between POPs and endometriosis risk. Methodology: A hospital-based case-control study was conducted in France to recruit women with and without surgically confirmed deep endometriosis. Women's serum was analyzed using gas and liquid chromatography coupled to high-resolution mass spectrometry (HRMS) to measure the levels of polychlorinated biphenyls (PCBs), organochlorinated pesticides (OCPs) and per-/polyfluoroalkyl substances (PFAS). A comprehensive metabolomic profiling was conducted using targeted HRMS and 1H nuclear magnetic resonance (1H NMR) to cover polar and non-polar fractions. A "meet-in-the-middle" statistical framework was applied to identify the metabolites related to endometriosis and POP levels, using multivariate linear and logistic regressions adjusting for confounding variables. Results: Fourteen PCBs, six OCPs and six PFAS were widely found in almost all serum samples. The pesticide trans-nonachlor was the POP most strongly and positively associated with deep endometriosis risk, with odds ratio (95 % confidence interval) of 2.42 (1.49; 4.12), followed by PCB180 and 167. Women with endometriosis exhibited a distinctive metabolic profile, with elevated serum levels of lactate, ketone bodies and multiple amino acids and lower levels of bile acids, phosphatidylcholines (PCs), cortisol and hippuric acid. The metabolite 2-hydroxybutyrate was simultaneously associated

to endometriosis risk and exposure to trans-nonachlor. Conclusions: To the best of our knowledge, this is the first comprehensive metabolome-wide association study of endometriosis, integrating ultra-trace profiling of POPs. The results confirmed a metabolic alteration among women with deep endometriosis that could be also associated to the exposure to POPs. Further observational and experimental studies will be required to delineate the causal ordering of those associations and gain insight on the underlying mechanisms.

Indexat a: Pubmed/WoS **Factor Impacte:** 9.8 **Quartil:** 1 **Categoria:** Environmental sciences **Posició:** 26/275

Morillo E, Prat A, Sánchez-Prieto M, García S, Baulies S, Fàbregas R, Ara C, Tresserra F. **Selective sentinel lymph node biopsy technique in multifocal breast tumors**. Revista de senología y patología mamaria. 2024 Apr -Jun 37 (2). doi: 10.1016/j.senol.2024.100573.

Introduction: Multifocal (MF) breast cancer challenges the diagnostic strategy due to the controversy about selective sentinel node biopsy (SSNB) in these cases. The aim was to evaluate the feasibility of SSNB and associated tumor characteristics in patients with MF breast cancer. Material and methods: A longitudinal retrospective study of patients diagnosed with MF carcinoma between 1999 and 2022 was performed. A total of 254 cases were included, of which SSNB was performed in 124. Relevant clinical and tumor variables were analyzed using data from anonymized medical records and corresponding ethical approval. Results: The mean age of the patients was 53.9 +/- 11.6 years. The predominant histological type was ductal (71.8%). The mean size of the major focus was 14.8 +/- 9.5. SSNB showed negative results in most cases (70.9%), while in others isolated tumor cells (0.8%), micrometastases (6.5%), and macrometastases (21.8%) were detected. Prevalence of estrogen receptor -positive (94.4%), progesterone-positive (82.3%), and HER2-negative (62.9%) tumors was observed. Conclusion: SSNB in MF tumors was performed in most cases in which multifocality did not contraindicate the technique. In those cases where SSNB was performed, ductal carcinomas were predominant, same as hormone receptor positive and HER2 negative carcinomas.

Indexat a: WoS **Factor Impacte:** **Quartil:** **Categoria:** Posició:

Prats P, Izquierdo MT, **Rodríguez MÁ**, **Rodríguez I**, **Rodríguez-Melcón A**, **Serra B**, **Albaiges G**. **Assessment of fetal cardiac function in early fetal life: feasibility, reproducibility, and early fetal nomograms**. AJOG Glob Rep. 2024 Feb 23;4(1):100325. doi: 10.1016/j.xagr.2024.100325. PMID: 38586615; PMCID: PMC10994973.

Background: Fetal cardiology has shown a rapid development in the past decades. Fetal echocardiography is not only used for the detection of structural anomalies but also to assess fetal cardiac function. Assessment of the fetal cardiac function is performed mostly in the second and third trimesters. The study of fetal cardiac function at the end of first trimester has not been investigated properly, and there is a lack of reference values at early gestational weeks. Objective: This study aimed to assess if the measurement of time-related parameters of cardiac function in the left ventricle of the fetal heart is feasible and reproducible at the end of the first trimester. If possible, we provide nomograms of these parameters from 11 to 13+6 gestational weeks. Study design: We conducted a prospective observational study from March to September 2022. The study was carried out

in 2 hospitals (Hospital Universitari Dexeus, Barcelona, and Hospital VITAHS 9 Octubre, Valencia, Spain). The scans were performed by 3 specialists in fetal medicine. The exclusion criteria were fetal cardiac rhythm abnormalities, abnormal nuchal translucency, abnormal ductus venosus, fetal malformations, stillbirth, estimated fetal weight <10 percentile, diabetes, and gestational hypertensive disorders. The cardiac function parameters studied in the left ventricle were isovolumetric contraction time, isovolumetric relaxation time, ejection time, filling time, cycle time, myocardial performance index, ejection time fraction, and filling time fraction. We study the feasibility and intra- and interobserver reproducibility of these parameters using the interclass correlation coefficient. Nomograms were created and the percentiles of the values of the different parameters were calculated. Results: A total of 409 cases were recruited but only 296 could be included in the statistical analysis once the exclusion criteria were applied. The intraobserver reproducibility study was excellent (interclass correlation coefficient >0.900), and the interobserver reproducibility study was good (interclass correlation coefficient >0.700). The data regression analysis showed that cycle time, filling time, isovolumetric contraction time, and filling time fraction increased with gestational age, whereas ejection time fraction decreased with gestational age and myocardial performance index (mean, 0.43±0.08), isovolumetric relaxation time (mean, 0.04±0.01), and ejection time (mean, 0.16±0.01) remained constant from 11 to 13 weeks.Conclusion: The study of fetal cardiac function is feasible and reproducible at 11 to 13+6 gestational weeks. Nomograms of the studied parameters are provided.

Indexat a: Pubmed **Factor Impacte: Quartil: Categoria: Posició:**

Pascual MA, Vancraeynest L, Timmerman S, Ceusters J, Ledger A, Graupera B, Rodriguez I, Valero B, Landolfo C, Testa AC, Bourne T, Timmerman D, Valentin L, Van Calster B, Froyman W. **Validation of ADNEX and IOTA two-step strategy and estimation of risk of complications during follow-up of adnexal masses in low-risk population**. Ultrasound Obstet Gynecol. 2024 Mar 13. doi: 10.1002/uog.27642. Epub ahead of print. PMID: 38477179.

Objectives: The aim is to evaluate the ability of the Assessment of Different NEoplasias in the adneXa model (ADNEX) and the International Ovarian Tumour Analysis (IOTA) two-step strategy to predict malignancy in adnexal masses detected in an outpatient low-risk setting, and to estimate the risk of complications in masses with benign ultrasound morphology managed with clinical and ultrasound follow-up.Methods: This single center (Hospital Universitari Dexeus Barcelona) study was performed using interim data of the ongoing prospective observational IOTA phase 5 study. The primary aim of the IOTA 5 study is to describe the cumulative incidence of complications during follow-up of adnexal masses classified as benign on ultrasound. Consecutive patients with adnexal masses detected between June 2012 and September 2016 in a private center offering screening for gynecological cancers were included and followed-up until February 2020. Tumors were classified as benign or malignant based on histology (if patients underwent surgery) or outcome of clinical and ultrasound follow-up at 12 (±2) months. Multiple imputation was used when follow-up information was uncertain. The ability of the ADNEX model without CA125 and of the IOTA two-step strategy to distinguish benign from malignant masses was evaluated retrospectively using the prospectively collected data. We describe performance as discrimination (area under the receiver operating characteristic curve, AUC), calibration, classification (sensitivity and specificity) and clinical utility (Net Benefit). In the group of patients with a benign looking mass selected for conservative management we evaluated the occurrence of spontaneous resolution or any mass complication during the first 5 years of follow-up by assessing the cumulative incidence for malignancy, torsion, cyst rupture, or

minor mass complications (inflammation, infection, or adhesions) and the time to occurrence of an event.Results: A total of 2654 patients were recruited to the study. After application of exclusion criteria, 2039 patients with a newly detected mass were included for the model validation. 1684 (82.6%) masses were benign, 49 (2.4%) masses were malignant and for 306 (15.0%) masses the outcome was uncertain and imputed. The AUC was 0.95 (95% CI 0.89-0.98) for ADNEX and 0.94 (95% CI 0.88-0.97) for the two-step strategy. Calibration performance could not be meaningfully interpreted due to few malignancies resulting in very wide confidence intervals. The two-step strategy had better clinical utility than ADNEX at malignancy risk thresholds < 3%. 1472 (72%) patients had a mass judged to be benign based on pattern recognition by an experienced ultrasound examiner and were managed with clinical and ultrasound follow-up. In this group, the 5-year cumulative incidence was 66% for spontaneous resolution of the mass (95% CI 63-69), 0% for torsion (95%CI 0-0.002), 0.1% for cyst rupture (<0.1-0.6), 0.2% for a borderline tumor (<0.1-0.6), and 0.2% (0.1-0.6) for invasive malignancy.Conclusions: The ADNEX model and IOTA two-step strategy performed well to distinguish benign from malignant adnexal masses detected in a low-risk population. Conservative management is safe for masses with benign ultrasound appearance in such a population.

Indexat a: Pubmed/WoS **Factor Impacte:** 7.1 **Quartil:** 1 **Categoria:** Acoustics ; Obstetrics & Gynecology **Posició:** Acoustics 2/31 ; Obstetrics & Gynecology 5/85

Feferkorn I, Santos-Ribeiro S, Ubaldi FM, Velasco JG, Ata B, Blockeel C, Conforti A, Esteves SC, Fatemi HM, Gianaroli L, Grynberg M, Humaidan P, Lainas GT, La Marca A, Craig LB, Lathi R, Norman RJ, Orvieto R, Paulson R, Pellicer A, **Polyzos NP**, Roque M, Sunkara SK, Tan SL, Urman B, Venetis C, Weissman A, Yarali H, Dahan MH. **Correction to: The HERA (Hyper-response Risk Assessment) Delphi consensus for the management of hyper-responders in in vitro fertilization**. J Assist Reprod Genet. 2024 Feb;41(2):519-520. doi: 10.1007/s10815-023-03003-7. Erratum for: J Assist Reprod Genet. 2023 Nov;40(11):2681-2695. PMID: 38079078; PMCID: PMC10894774.

(no abstract)

Indexat a: Pubmed/WoS **Factor Impacte:** 3.1 **Quartil:** 2 **Categoria:** Genetic & Heredity ; Obstetrics & Gynecology **Posició:** Genetic & Heredity 80/171 ; Obstetrics & Gynecology 32/85

Pérez-López FR, Blümel JE, Vallejo MS, **Rodríguez I**, Tserotas K, Salinas C, Rodrigues MA, Rey C, Ojeda E, Ñañez M, Miranda C, López M, Díaz K, Dextre M, Calle A, Bencosme A. **Anxiety but not menopausal status influences the risk of long-COVID-19 syndrome in women living in Latin America**. Maturitas. 2024 Feb;180:107873. doi: 10.1016/j.maturitas.2023.107873. Epub 2023 Nov 2. PMID: 37995422.

Objective: To study sociodemographic and clinical factors associated with the long-COVID-19 syndrome among women living in Latin American countries using undirected and directed methods.
Method: We studied 347 patients with COVID-19 (confirmed by polymerase chain reaction) living in nine Latin American countries between May 2021 and July 2022, including 70 premenopausal, 48 perimenopausal, and 229 postmenopausal women. We compared the sociodemographic and general health information of women with (n = 164) and without (n = 183) the long-COVID-19 syndrome. They also completed the Connor-Davidson Resilience Scale, the Fear of COVID-19 Scale, the Jenkins Sleep Scale, and the Menopause Rating Scale

to define the minimum set of variables for adjustment. We designed a directed acyclic graph (DAG) to identify factors related to the long-COVID-19 syndrome. Data were submitted to categorical logistic regression analyses. Results are reported as means and standard deviations or β-coefficients and 95 % confidence intervals.
Results: Women with long-COVID-19 syndrome had a poor lifestyle, severe menopause symptoms, hypertension, insomnia, depression, anxiety, chronic diseases/conditions, risk of hospitalization, sleep disturbance, and low menopause-related quality of life compared to women without the syndrome. The DAG identified the following long-COVID-19 covariates: age, obesity, anxiety, depression, cancer, lifestyle, smoking, and menstrual status. A multivariable logistic model with these covariates indicated that anxiety is the only factor to be significantly associated with long-COVID-19 syndrome, whereas other covariates were confounding factors. There was no significant influence of menopausal status on the long-COVID-19 syndrome.
Conclusion: Among factors selected by the DAG, only anxiety was significantly associated with the long-COVID-19. There was no significant influence of the menopause status on the long-COVID-19 syndrome in the studied population.

Indexat a: Pubmed/WoS/SCIE/JCR **Factor Impacte:** 4.9 **Quartil:** 2 **Categoria:** Geriatrics & Geriontology ; Obstetrics & Gynecology **Posició:** Geriatrics & Geriontology 19/54 ; Obstetrics & Gynecology 12/85

FARMÀCIA

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

ENDOCRINOLOGIA I NUTRICIÓ

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

APARELL DIGESTIU I ENDOSCÒPIA

Núm. Articles indexats: 1 **Journal Impact Factor ™ –2023:** 1.9 **Factor Impacte mitjà x article: 1.9**

Domènech E, Ciudin A, Balibrea JM, **Espinet-Coll E**, Cañete F, Flores L, Ferrer-Márquez M, Turró R, Hernández-Camba A, Zabana Y, Gutiérrez A; en nombre del Grupo de Consenso GETECCU-SEEDO-AEC-SEED. **Recommendations on the management of severe obesity in patients with inflammatory bowel disease of the Spanish Group on Crohn's Disease and Ulcerative Colitis (GETECCU), Spanish Society of Obesity (SEEDO), Spanish Association of Surgery (AEC) and Spanish Society of Digestive Endoscopy (SEED)**. Gastroenterol Hepatol. 2024 Jan 28:S0210-5705(23)00502-2. English, Spanish. doi: 10.1016/j.gastrohep.2023.12.008. Epub ahead of print. PMID: 38290648.

Obesity is a multifactorial, chronic, progressive and recurrent disease considered a public health issue worldwide and an important determinant of disability and death. In Spain, its current prevalence in the adult population is about 24% and an estimated prevalence in 2035 of 37%. Obesity increases the probability of several diseases linked to higher mortality such as diabetes, cardiovascular disease, hyperlipidemia, arterial hypertension, non-alcoholic fatty liver disease, several types of cancer, or obstructive sleep apnea. On the other hand, although the incidence of inflammatory bowel disease (IBD) is stabilizing in Western countries, its prevalence already exceeds 0.3%. Paralleling to general population, the current prevalence of obesity in adult patients with IBD is estimated at 15-40%. Obesity in patients with IBD could entail, in addition to its already known impact on disability and mortality, a worse evolution of the IBD itself and a worse response to treatments. The aim of this document, performed in collaboration by four scientific societies involved in the clinical care of severe obesity and IBD, is to establish clear and concise recommendations on the therapeutic possibilities of severe or typeIII obesity in patients with IBD. The document establishes general recommendations on dietary, pharmacological, endoscopic, and surgical treatment of severe obesity in patients with IBD, as well as pre- and post-treatment evaluation.

Indexat a: Pubmed/WoS **Factor Impacte:** 1.9 **Quartil:** 1 **Categoria:** Gastroenterology & Hepatology **Posició:** 84/93

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

ANESTESIOLOGIA

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

OFTALMOLOGIA

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL

Núm. Articles indexats: 2 **Journal Impact Factor ™ –2023: 4.2** **Factor Impacte mitjà x article: 2.1**

Vega Puyal L, Llurba E, Ferrer Q, Dolader Codina P, Sánchez García O, Montoliu Ruiz A, Sanchez-de-Toledo J. **Neurodevelopmental outcomes in congenital heart disease: Usefulness of biomarkers of brain injury**. An Pediatr (Engl Ed). 2024 Jan;100(1):13-24. doi: 10.1016/j.anpede.2023.12.007. Epub 2024 Jan 6. PMID: 38185573.

Introduction: At present, neurodevelopmental abnormalities are the most frequent type of complication in school-aged children with congenital heart disease (CHD). We analysed the incidence of acute neurologic events (ANEs) in patients with operated CHD and the usefulness of neuromarkers for the prediction of neurodevelopment outcomes. Methods: Prospective observational study in infants with a prenatal diagnosis of CHD who underwent cardiac surgery in the first year of life. We assessed the following variables: (1) serum biomarkers of brain injury (S100B, neuron-specific enolase) in cord blood and preoperative blood samples; (2) clinical and laboratory data from the immediate postnatal and perioperative periods; (3) treatments and complications; (4) neurodevelopment (Bayley-III scale) at age 2 years. Results: the study included 84 infants with a prenatal diagnosis of CHD who underwent cardiac surgery in the first year of life. Seventeen had univentricular heart, 20 left ventricular outflow obstruction and 10 genetic syndromes. The postoperative mortality was 5.9% (5/84) and 10.7% (9/84) patients experienced ANEs. The mean overall Bayley-III scores were within the normal range, but 31% of patients had abnormal scores in the cognitive, motor or language domains. Patients with genetic syndromes, ANEs and univentricular heart had poorer neurodevelopmental outcomes. Elevation of S100B in the immediate postoperative period was associated with poorer scores. Conclusions: children with a history of cardiac surgery for CHD in the first year of life are at risk of adverse neurodevelopmental outcomes. Patients with genetic syndromes, ANEs or univentricular heart had poorer outcomes. Postoperative ANEs may contribute to poorer outcomes. Elevation of S100B levels in the postoperative period was associated with poorer neurodevelopmental outcomes at 2 years. Studies with larger samples and longer follow-ups are needed to define the role of these biomarkers of brain injury in the prediction of neurodevelopmental outcomes in patients who undergo surgery for management of CHD.

Indexat a: Pubmed/WoS/JCR/SCIE **Factor Impacte:** 2.1 **Quartil:** 3 **Categoria:** Pediatrics (Q3) **Posició:** 100/187

Pérez-Bertólez S, Godoy-Lenz J, Alonso V. **Traumatic rupture of testicle and epididymis**. An Pediatr (Engl Ed). 2024 Apr;100(4):305-306. doi: 10.1016/j.anpede.2024.03.043. Epub 2024 Apr 4. PMID: 38580591.
(no abstract)

Indexat a: Pubmed **Factor Impacte:** 2.1 **Quartil:** 3 **Categoria:** Pediatrics **Posició:** 66/130

PSIQUIATRIA I PSICOLOGIA[2] (PSICODEX SL)

Núm. Articles indexats: Journal Impact Factor ™–2023: Factor Impacte mitjà x article:

El Servei de Psiquiatria i Psicologia (Psicodex SL) de l'Hospital Universitari Dexeus compta amb una revista de publicació pròpia: "Psicosomàtica i Psiquiatria" (ISSN electrònic: 2565-0564). És l'òrgan oficial de la Societat Espanyola de Medicina Psicosomàtica (SEMP) i de la Societat Espanyola de Salut Mental Perinatal (MARES). El seu editor científic és el Dr. Josep Mª Farré, i diversos membres de Psicodex formen part també dels seus dinamitzadors i del Consell de Redacció.

Està indexada a DOAJ, Latindex, Psicodoc, Ibecs, MIAR, Dialnet i Scielo Espanya. Encara està en procés de ser incorporada al WoS, SCIE i al PubMed, per tant, els seus articles encara no figuren al JCR ni al WoS i no tenim encara els indicadors: Factor d'Impacte, Quartil, Categoria i Posició.

>URL de la revista: https://raco.cat/index.php/PsicosomPsiquiatr

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NEUROLOGIA

Núm. Articles indexats: Journal Impact Factor ™–2023: Factor Impacte mitjà x article:

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[2] Només articles a la seva pròpia revista ("Psicosomàtica i psiquiatria") que està en procés de ser incorporada al WoS i el JCR. Per tant, de moment no disposen de FI, ni de la resta d'indicadors que generen aquestes bases de dades.

REUMATOLOGIA

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

CARDIOLOGIA

Núm. Articles indexats: **Journal Impact Factor ™ –2023:** **Factor Impacte mitjà x article:**

PNEUMOLOGIA

Núm. Articles indexats: 2 **Journal Impact Factor ™ –2023: 20.9** **Factor Impacte mitjà x article: 10.45**

Mullol J, Sastre J, Domínguez-Ortega J, Blanco-Aparicio M, **Castillo Vizuete JA**, Alobid I, García-Vitoria M, Palomo-Jiménez PI. **Prevalence of chronic rhinosinusitis without/with nasal polyps according to severity in Spain**. Rhinology. 2024 Jun 3. doi: 10.4193/Rhin23.341. Epub ahead of print. PMID: 38830185.

Background: The worldwide prevalence range of chronic rhinosinusitis (CRS) is 5-12%; from this, 20 % have nasal polyps. Due to the little epidemiological data about CRS in the Spanish population, this study analyses the prevalence and severity of CRS with (CRSwNP) or without (CRSsNP) nasal polyps, and their connection with other coexisting type 2 inflammatory diseases in Spain. Methodology: This is a retrospective, large-scale, nationwide, epidemiological study based on the electronic medical records from the BIG-PAC® database. Patients diagnosed of CRSsNP and CRSwNP were identified using specific disease codes. The severe form of the disease was defined as patients who received at least a long course of antibiotics in CRSsNP or ≥2 short courses of systemic corticosteroids in CRSwNP in ≤12 months during the last 2 years, and/or had previous sinus surgery. Physician-diagnosed prevalence, sociodemographic and clinical characteristics, and disease severity were assessed. Results: Out of a cohort of 1,012,257 patients (≥18 years old), 42,863 and 7,550 patients with diagnosed CRSsNP and CRSwNP, respectively, were analysed. The overall prevalence of diagnosed CRS was 5.1%, being 4.3% and 0.8% for CRSsNP and CRSwNP, respectively. Patients with CRSwNP and severe forms of the disease were older and had higher levels of type 2 inflammatory biomarkers than CRSsNP patients and non-severe disease. Conclusions: Although CRSsNP was more prevalent than CRSwNP, the severe forms of CRS were more frequent in patients with CRSwNP. In addition, CRSwNP patients had a higher incidence of coexisting type 2 inflammatory diseases.

Indexat a: Pubmed **Factor Impacte:** 6.7 **Quartil:** 1 **Categoria:** Otorhinolaryngology **Posició:** 2/43

Domínguez-Ortega J, Mullol J, Álvarez Gutiérrez FJ, Miguel-Blanco C, **Castillo JA**, Olaguibel JM, Blanco-Aparicio M. **The effect of biologics in lung function and quality of life of patients with united airways disease: A systematic review**. J Allergy Clin Immunol Glob. 2023 Sep 28;3(1):100174. doi: 10.1016/j.jacig.2023.100174. PMID: 37915724; PMCID: PMC10616425.

Background: Increasing evidence supports the united airway disease concept for the management of upper and lower respiratory tract diseases, particularly in patients with asthma and chronic rhinosinusitis with nasal polyps (CRSwNP). However, evidence for a combined approach in asthma and CRSwNP is scarce. Objective: In this systematic review, we focused on the role of biologics in the lung function and quality of life in patients with severe asthma and CRSwNP. Methods: We conducted a systematic search of 3 electronic databases using 2 search strategies to identify studies published from January 2010 to March 2022. Quality assessment was performed with the Critical Appraisal Skills Programme. Results: Of 1030 studies identified, 48 original studies reporting data of benralizumab (12), dupilumab (14), mepolizumab (10), omalizumab (13), and reslizumab (2) were analyzed. Primary diagnosis was mostly asthma or CRSwNP, with only 15 studies, mainly observational, performed in populations with united airway disease. In total, 18 studies reported data on quality of life (mostly 22-item Sino-Nasal Outcome Test score), 8 on lung function (mostly FEV1), and 22 on both outcomes. Significant FEV1 and 22-item Sino-Nasal Outcome Test score improvements were consistently observed after 24-week treatment, and thereafter, mostly in real-world studies that included variable proportions of patients with asthma/CRSwNP. Conclusions: The use of biologics in patients with severe asthma and CRSwNP was overall associated with significant improvements in lung function and quality of life. However, we observed a high heterogeneity of populations and outcome measurements across studies. Notwithstanding the need of larger studies, our results reinforce the joint management of asthma and CRSwNP as united airway disease in clinical practice.

Indexat a: Pubmed **Factor Impacte:** 14.2 **Quartil:** 1 **Categoria:** Allergy ; Immunology **Posició:** Allergy 1/28 ; Immunology 11/161

- **Recull indicadors bibliomètrics per departaments/especialitats de l'HUQD**

Relació de totes les especialitats de l'Hospital amb la suma total dels indicadors bibliomètrics. Ordenat de major factor d'impacte a menys.

Clica a l'enllaç del nom de cada especialitat/departament per anar al llistat exhaustiu d'articles amb els indicadors respectius.

INSTITUT ONCOLÒGIC DR. ROSELL – DEXEUS
Núm. Articles indexats: 13 **Journal Impact Factor ™ –2023: 104.2**
Factor Impacte mitjà x article: 8

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)
Núm. Articles indexats: 14 Journal Impact Factor ™ –2023: 68.2
Factor Impacte mitjà x article: 5.24

ICATME (Institut Català de Traumatologia i Medicina de l'Esport)

Núm. Articles indexats: 6 **Journal Impact Factor ™–2023:** 15.4 **Factor Impacte mitjà x article:** 2.56

REUMATOLOGIA
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

PSIQUIATRIA I PSICOLOGIA (PSICODEX SL)[3]
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

ENDOCRINOLOGIA I NUTRICIÓ
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

FARMÀCIA
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

ANESTESIOLOGIA
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

OFTALMOLOGIA
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

PEDIATRIA DEXEUS – PAIDO SALUT INFANTIL
Núm. Articles indexats: 2 **Journal Impact Factor ™–2023:** 4.2 **Factor Impacte mitjà x article: 2.1**

CARDIOLOGIA
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

APARELL DIGESTIU I ENDOCÒPIA
Núm. Articles indexats: 1 **Journal Impact Factor ™–2023:** 1.9 **Factor Impacte mitjà x article: 1.9**

ANATOMIA PATOLOGICA
Núm. Articles indexats: 1 **Journal Impact Factor ™–2023: 8** **Factor Impacte mitjà x article:** 8

NEUROLOGIA
Núm. Articles indexats: **Journal Impact Factor ™–2023:** **Factor Impacte mitjà x article:**

PNEUMOLOGIA
Núm. Articles indexats: 2 **Journal Impact Factor ™–2023:** 20.9 **Factor Impacte mitjà x article: 10.45**

- **Impact Factor (IF) total**

Suma de tots els valors d'IF de totes les especialitats de l'HUQD: 222.8

[3] Només articles a la seva pròpia revista ("Psicosomàtica i psiquiatria") que està en procés de ser incorporada al WoS i el JCR. Per tant, de moment no disposen de FI, ni de la resta d'indicadors que generen aquestes bases de dades.

IF total: 222.8

INDICADORS BIBLIOMÈTRICS GLOBALS

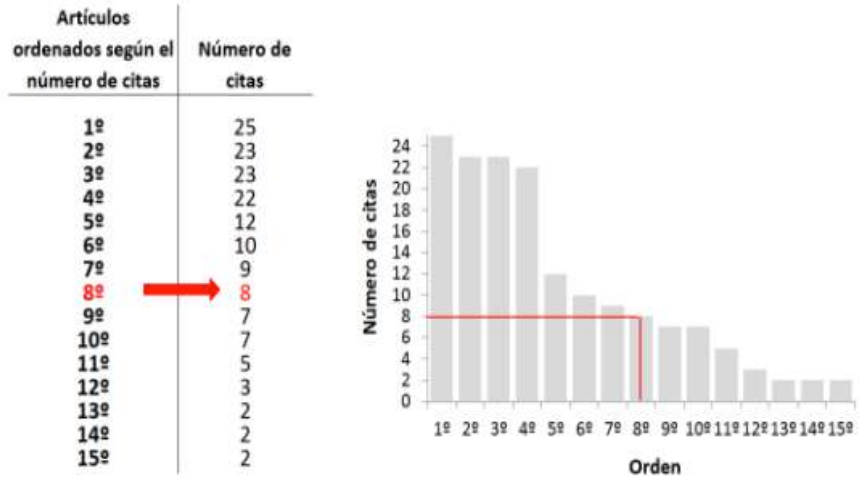
ÍNDEX H (WEB OF SCIENCE CITATION REPORT 2023)

L'índex h (H-Index o Factor H) és un sistema de mesura de la qualitat professional dels científics basat en la rellevància de la seva producció científica, tenint en compte el conjunt dels treballs més citats d'un investigador i el nombre de cites de cadascun d'aquests treballs. És un nombre que representa el pes que tenen les publicacions d'autors afiliats a l'Hospital Universitari Dexeus a la comunitat científica global.

L'índex h és un sistema proposat per Jorge Hirsch, de la Universitat de Califòrnia, el 2005 per mesurar la qualitat professional de físics i altres científics, en funció de la quantitat de cites que han rebut els seus articles científics.

Es calcula ordenant de major o menor els articles científics segons el nombre de cites rebudes, i l'índex h és el nombre en què coincideixen el número d'ordre amb el nombre de cites. Un exemple de càlcul es pot veure a la figura següent.

Exemple: un científic o institució/universitat té índex h si ha publicat h treballs amb almenys h cites cadascun.



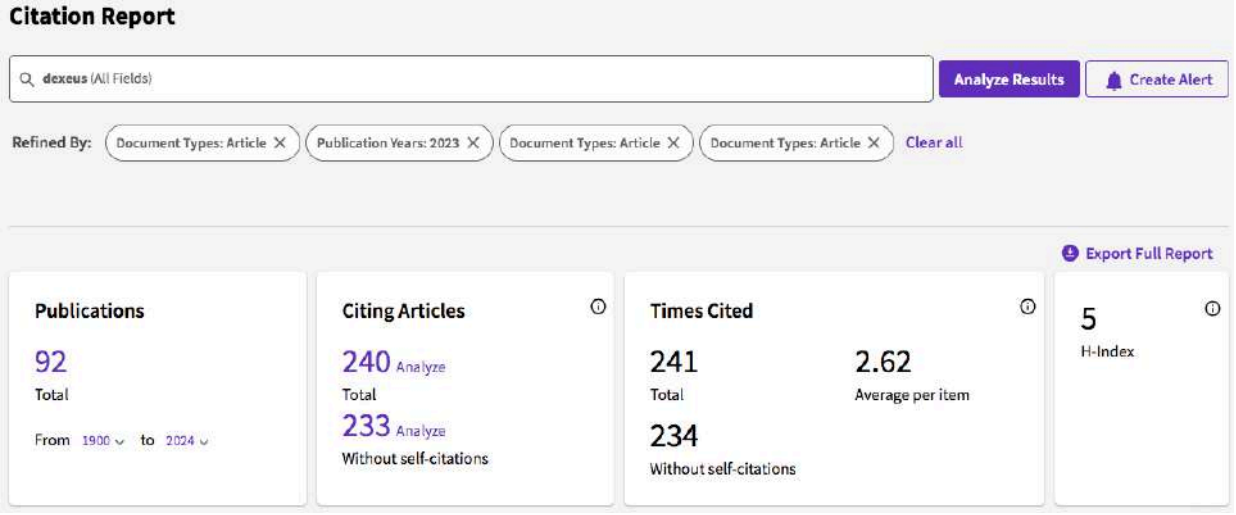
Segons Jorge Hirsch, un índex h de 20, després de 20 anys d'activitat científica, és característic d'un científic exitós. Un índex de 40 després de 20 anys caracteritza científics excel·lents, com ara aquells que es troben a les universitats i instituts de recerca més importants del món.

Tots els indicadors de continuació són obtinguts a través de l'informe del Web of Science (WoS), per tant, són basats en els articles de títols de revista indexats en aquesta base de dades.

- **Nombre d'articles i Índex H (2023)**

Índex H d'articles científics en revistes indexades al Journal Citation Reports (any 2023): 5

Nombre d'articles científics totals publicats el 2003 a revistes indexades al JCR: 97

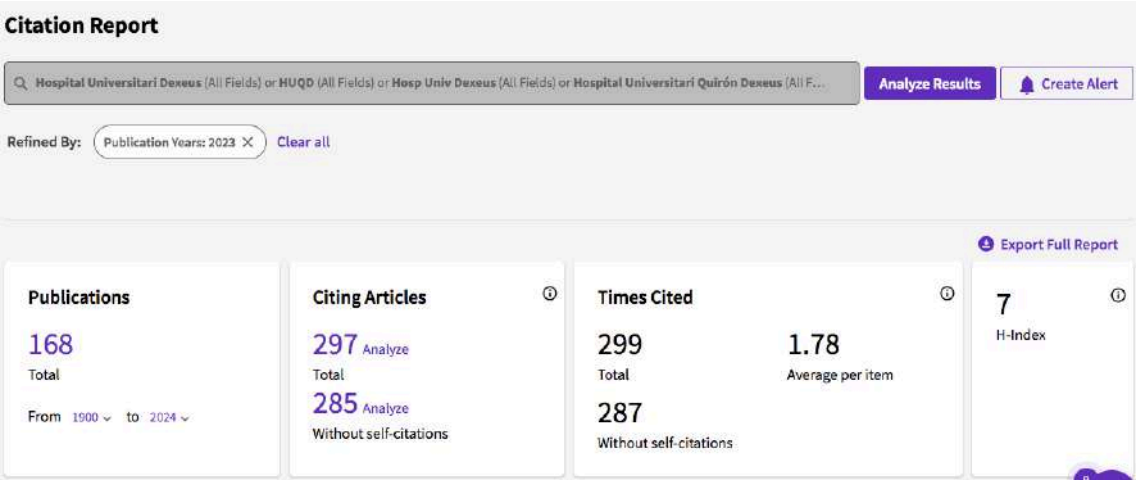


-Índex H de tota tipologia de publicació (articles, resum de trobades, revisions d'articles,...) (2023)

Índex H de tota mena de publicació en revistes indexades al Web of Sciences (any 2023): 7

Nombre de publicacions de tota tipologia publicades el 2003 a revistes indexades al Web of Science: 168

Total de cites rebudes: 299 , Mitjana de cites per publicació: 1'78

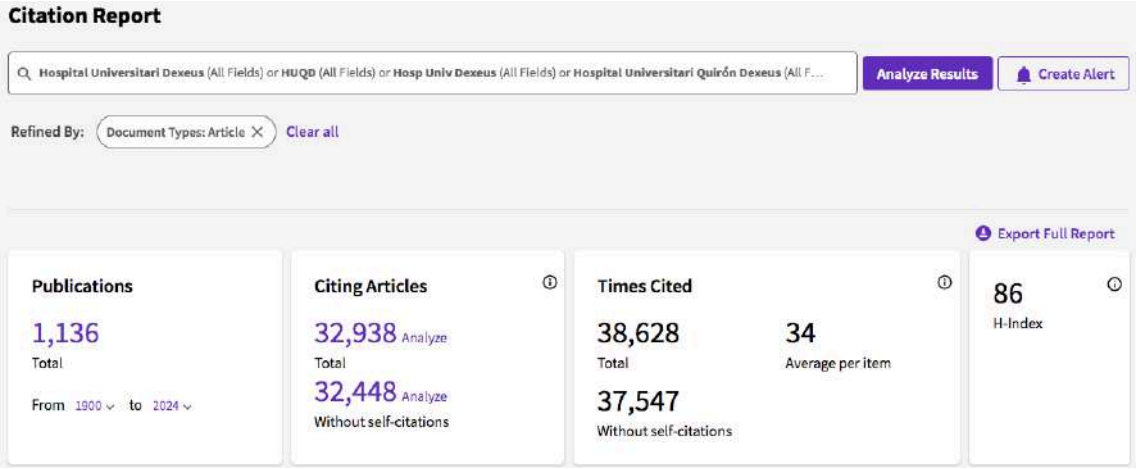


- **Número d'articles i Índex H (tots els anys: 1900-2004)**

Índex H de totes les publicacions de tipologia article científic (anys 1900-2004): 86

Nombre d'articles científics totals publicats del 1900 al 2004 en revistes indexades al JCR: 1136

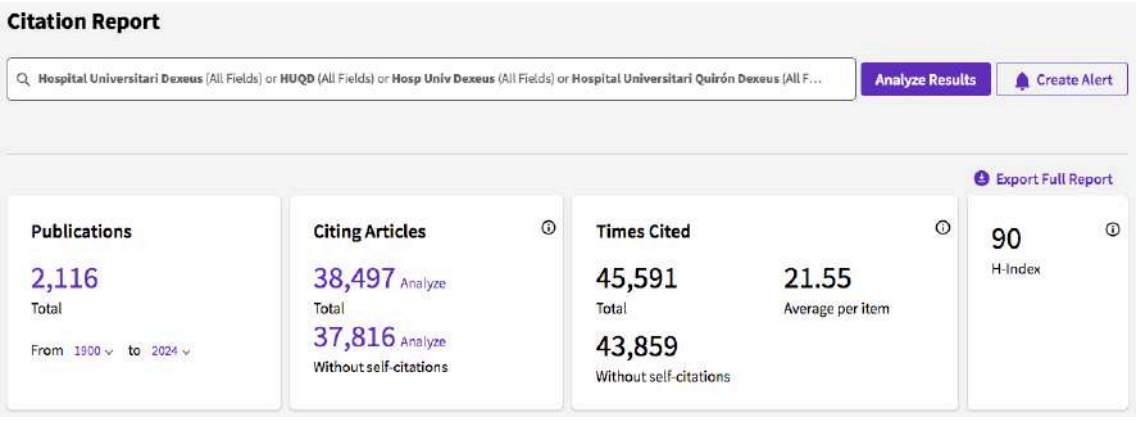
Total de cites rebudes: 38628 , Mitjana de cites per publicació: 34



- **Nombre total tot tipus de publicacions (resum de conferències, revisions d'articles,...) i Índex H (tots els anys: 1900-2004)**

Índice H de todas la publicaciones de todas las tipologias (artículos, actas, revisiones,etc.) (años: 1900-2004): 90

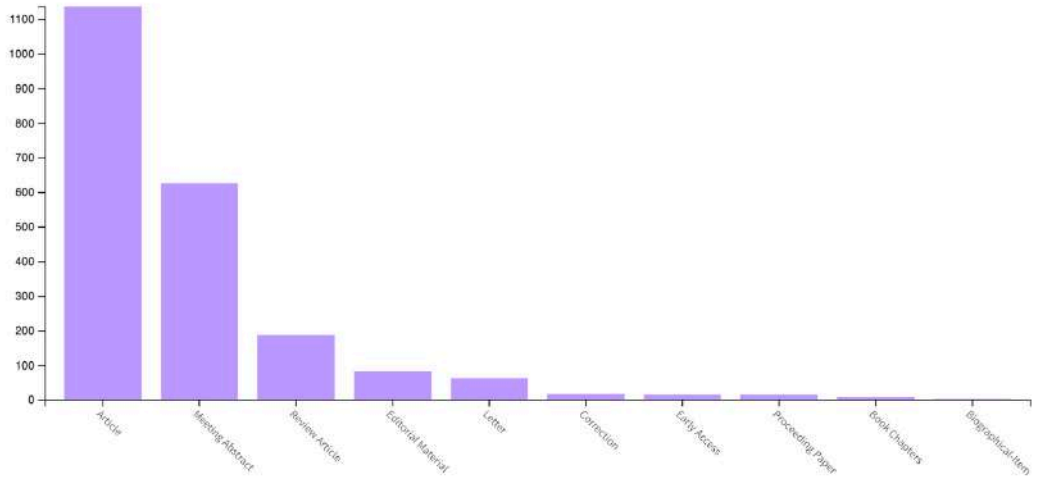
Número de publicaciones de todas las tipologias totales publicadas de 1900 a 2004 en revistas indexadas al JCR: 2116



- **Tipus de publicació (tots els anys, 1900-2004)**

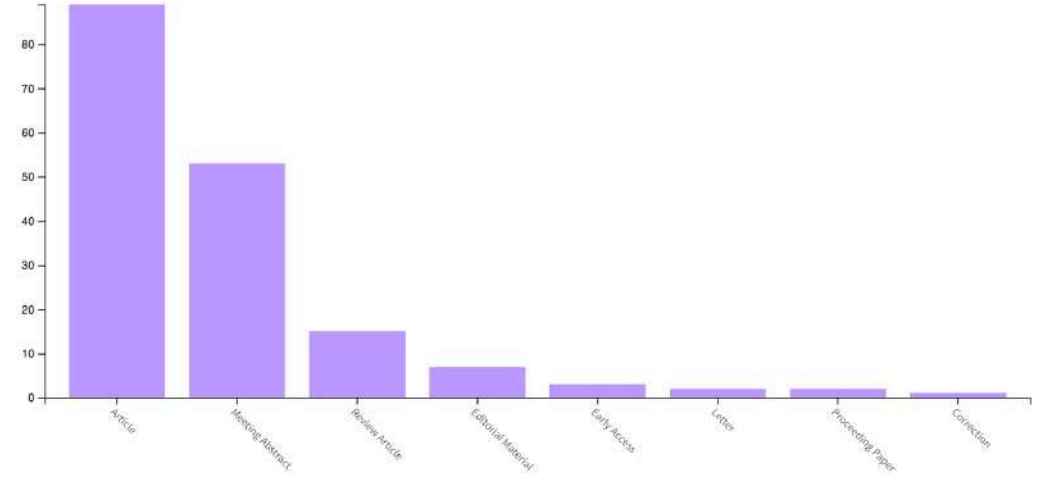
Article	1,136	Correction	16	Discussion	1
Meeting Abstract	625	Early Access	14	Note	1
Review Article	187	Proceeding Paper	14	Retraction	1
Editorial Material	82	Book Chapters	8		
Letter	62	Biographical-Item	2		

Article: 1136, Meeting Abstract: 625, Review Article: 187, Editorial Material: 82



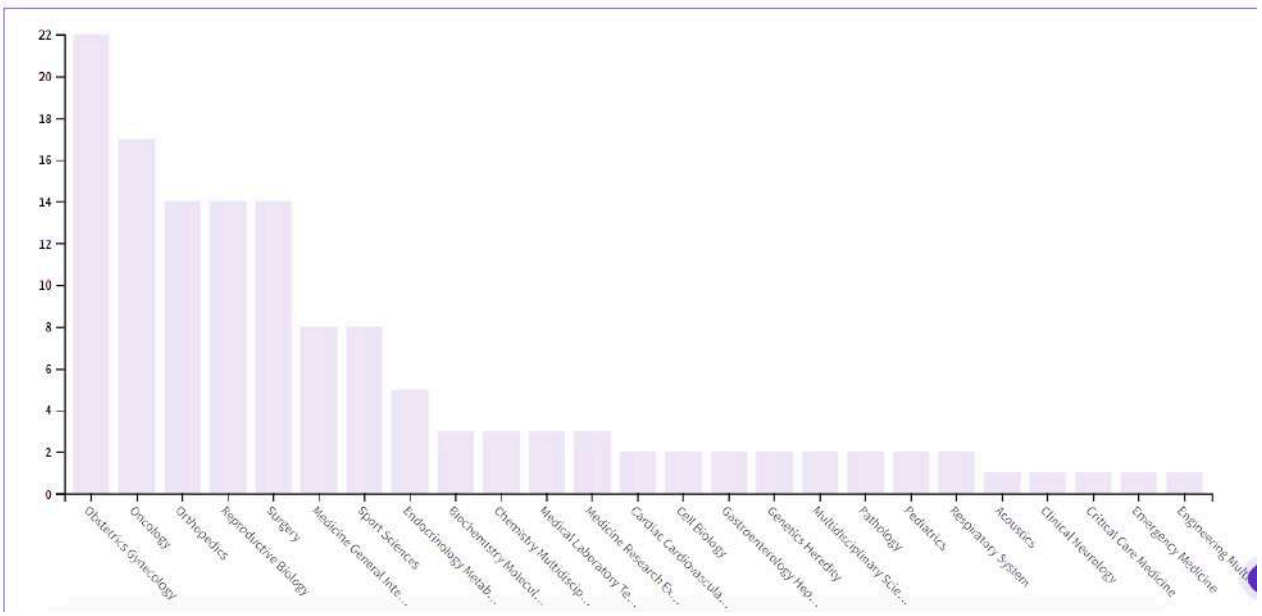
1-Article, 2-Meeting Abstract, 3-Review Article, 4-Editorial Material

- **Tipus de publicació (2023)**



1-Article, 2-Meeting Abstract, 3-Review Article, 4-Editorial Material

WEB OF SCIENCE CATEGORIES 2023

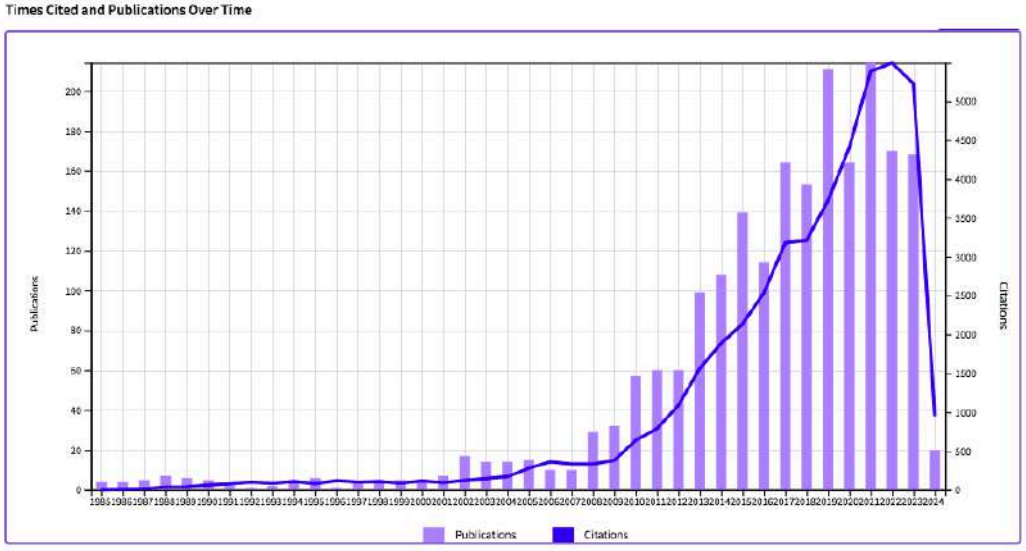


1-Obstetrics&Gynecology, 2-Oncology, 3-Orthopedics, 4-Reproductive biology, 5-Surgery,6-Medicine General, 7-Sport Sciences, 8-Endocrinology

COPS CITADA I PUBLICACIONS AL LLARG DEL TEMPS (TIMES CITED AND PUBLICATIONS OVER TIME)[4]

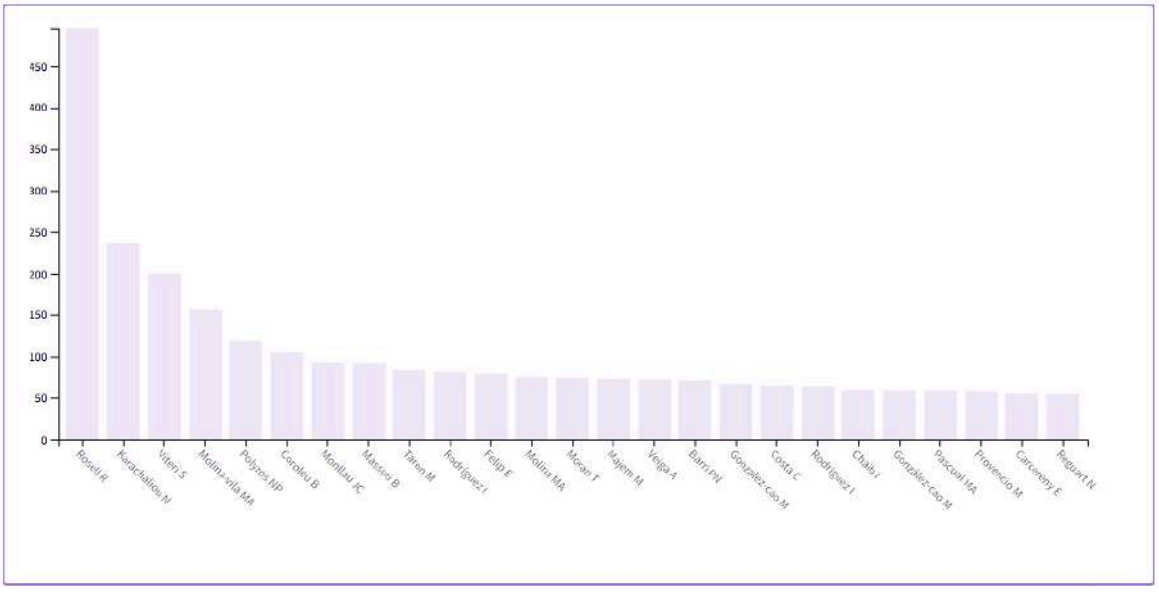
Gràfic de les vegades que es van citar publicacions de l'Hospital Universitari Quirón Dexeus (línia blava) i quantitat de publicacions (barres de color lila).

Com s'observa, un gran descens de les publicacions i les citacions des dels anys de la pandèmia del COVID-19.



[4]Informe de Web of Science (WoS), basat en els títols de revista indexats en aquesta base de dades.

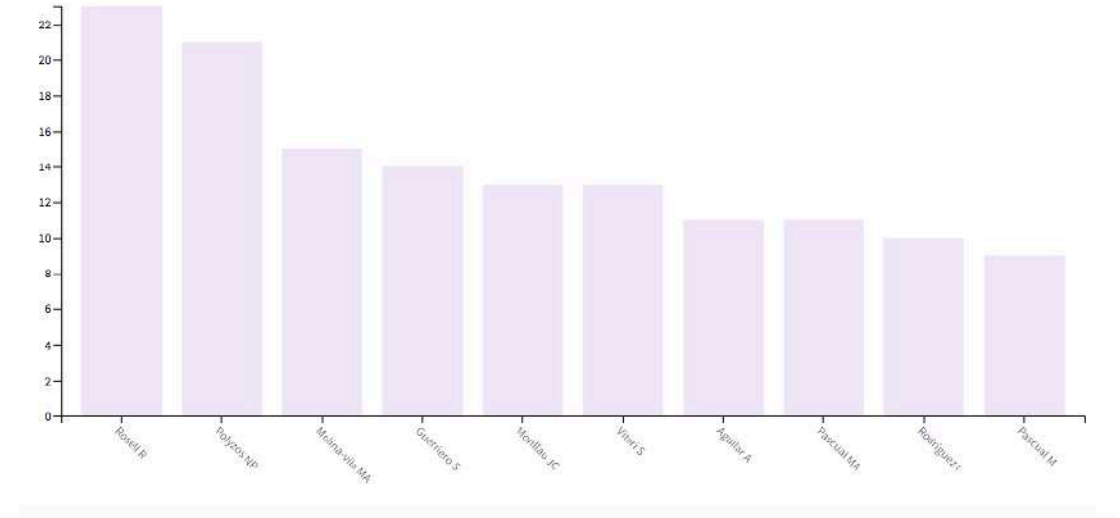
AUTORS (tots els anys, 1900-2024)[5]



1-Rosell, 2-Karachaliou, 3-Viteri, 4-Molina-vila, 5-Polyzos, 6-Coroleu, 7-Monllau, 8-Massuti

AUTORS (2023)[3]

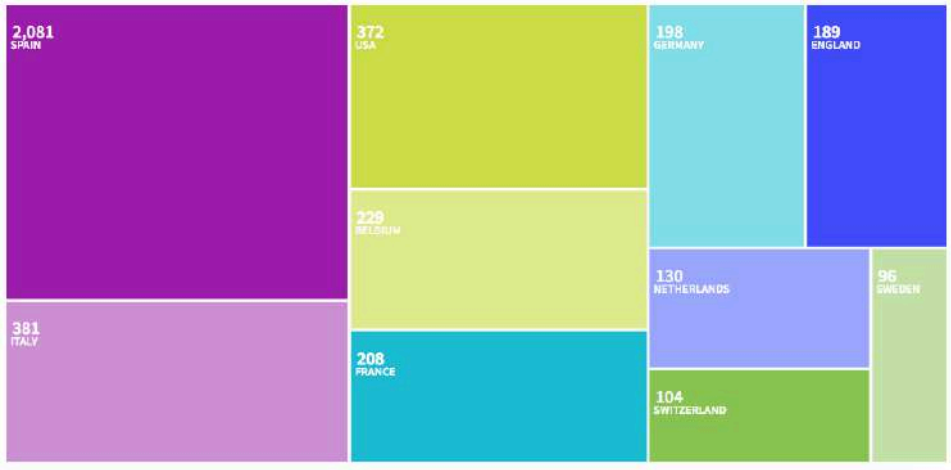
Autors amb més publicacions:



1-Rosell, 2-Polyzos, 3-Molina-vila, 4-Guerriero, 5-Monllau, 6-Viteri, 7-Aguilar, 8-Pascual

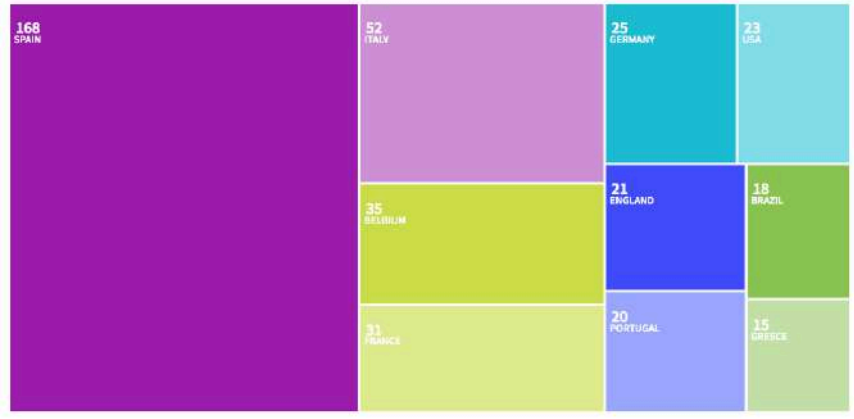
[5] Informe de Web of Science (WoS), basat en les publicacions d'aquesta base de dades.

PAÏSOS (tots els anys, 1900-2004)[6]



1-Espanya, 2-Itàlia, 3-Estats Units, 4-Bèlgica, 5-França, 6-Alemanya, 7-Holanda, 8-Suïssa

PAÏSOS (2023)[4]



1-Espanya, 2-Itàlia, 3-Bèlgica, 4-França, 5-Alemanya, 6-Anglaterra, 7-Portugal, 8-Estats Units

[6] Informe de Web of Science (WoS), basat en els títols de revista indexats en aquesta base de dades.

TÍTOLS DE REVISTA (tots els anys)[7]

1-Human Reproduction, 2-Journal of Clinical Oncology, 3-Journal of Thoracic Oncology, 4-Annals of oncology, 5-Ultrasound in obstetrics gynecology, 6-Translational Lung Cancer Research, 7-Reproductive Biomedicine Online, 8-Cancer Research

TÍTOLS DE REVISTA (2023)[5]

1-Human Reproduction, 2-Ultrasound in obstetrics gynecology, 3-Journal of thoracic oncology, 4-Diagnostics, 5-Journal of clinical oncology

[7] Informe de Web of Science (WoS), basat en els títols de revista indexats en aquesta base de dades.

NOMBRE TOTAL D'ARTICLES

Nombre d'articles comptabilitzant tots els recuperats de les principals bases de dades utilitzades en aquesta Memòria: Pubmed, Web of Science, Ciències Citació Index Expanded, Current Contents Connect, Medline i Journal Citation Reports.

- **Nombre total d'articles publicats el 2021 per investigadors HUQD: 123**
- **Nombre total d'articles publicats el 2023 per investigadors HUQD: 113**
- **Nombre total d'articles publicats de gener a juny de 2024 per investigadors HUQD: 38**

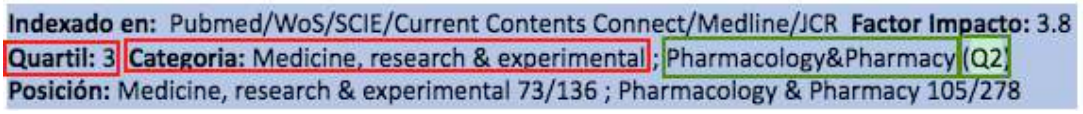
ARTICLES EN RELACIÓ AL QUARTIL (2024)

El quartil és un indicador, ofert pel JCR[8], que serveix per avaluar la importància relativa duna revista dins del total de revistes de la seva àrea. És una mesura de posició duna revista en relació amb totes les de la seva àrea.

Els quartils ordenen les revistes de més gran a més petit quant a l'índex o factor d'impacte: Q1, grup conformat pel primer 25% de les revistes del llistat. Q2, grup que ocupa del 25% al 50% Q3, grup que es posiciona entre el 50% i el 75%.

Què passa amb les revistes indexades a més d'una categoria? Una mateixa revista pot estar indexada en més duna categoria, per tant, tindrà un quartil diferent en cadascuna de les categories que hagi estat indexada.

Exemple de barra informativa d'article a revista indexada en dues categories(*Medicine, research & experimental i Pharmacology&Pharmacy*):



(En vermell quartil de la primera categoria on és indexada la revista, en verd l'altra categoria amb el quartil corresponent que ocupa en aquesta.)

[8]Journal Citation Reports. És una eina objectiva i sistemàtica per avaluar de manera crítica les principals publicacions del món. Brinda informació estadística basada en les dades de cites. Només s'informa del quartil, per tant, en els articles publicats en revistes incloses en aquesta base de dades.

- **Nombre d'articles a revistes pertanyents al Quartil 1: 21**
- **Nombre d'articles a revistes pertanyents al Quartil 2: 7**
- **Nombre d'articles a revistes pertanyents al Quartil 3: 9**
- **Nombre d'articles a revistes pertanyents al Quartil 4: 1**

- **Articles en revistes pertanyents al Quartil 1:**

(Agrupats per especialitats i ordenats alfabèticament per cognom del primer autor de la cita)

ONCOLOGIA

TRAUMATOLOGIA (ICATME)

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS)

FARMÀCIA

ENDOCRINOLOGIA I NUTRICIÓ

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL

OFTALMOLOGIA

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL)

CARDIOLOGIA

REUMATOLOGIA

PSIQUIATRIA I PSICOLOGIA

- **Total articles de cada unitat de l'HUQD en revistes pertanyents al Q1, Q2, Q3, Q4**

[Articles en revistes pertanyents al Quartil 1]

➢ Total articles en revistes pertanyents al Q1: 21

ONCOLOGIA [Total articles Q1: 8]

ANATOMIA PATOLÒGICA [Total articles Q2: 1]

TRAUMATOLOGIA (ICATME) [Total articles Q1: 2]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q1: 7]

FARMÀCIA [Total articles Q1:]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q1:]

APARELL DIGESTIU [Total articles Q1: 1]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q1:]

OFTALMOLOGIA [Total articles Q1:]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q1:]

CARDIOLOGIA [Total articles Q1:]

REUMATOLOGIA [Total articles Q1:]

PSIQUIATRIA I PSICOLOGIA [Total articles Q1:]

PNEUMOLOGIA [Total articles Q1: 2]

[Articles en revistes pertanyents al Quartil 2]

- Total articles en revistes pertanyents al Q2: 7

ONCOLOGIA [Total articles Q2: 1]

ANATOMIA PATOLÒGICA [Total articles Q2:]

TRAUMATOLOGIA (ICATME) [Total articles Q2: 1]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q2: 5]

FARMACIA [Total articles Q2: 0]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q2: 0]

APARELL DIGESTIU [Total articles Q2: 0]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q2:]

ANESTESIOLOGIA [Total articles Q2: 0]

OFTALMOLOGIA [Total articles Q2: 0]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q2:]

CARDIOLOGIA [Total articles Q2: 0]

REUMATOLOGIA [Total articles Q2:]

PSIQUIATRIA I PSICOLOGIA [Total articles Q2:]

NEUROLOGIA [Total articles Q2: 0]

PNEUMOLOGIA [Total articles Q2:]

[Articles en revistes pertanyents al Quartil 3]

- > Total articles en revistes pertanyents al Q3: 9

ONCOLOGIA [Total articles Q3: 3]

ANATOMIA PATOLÒGICA [Total articles Q3:]

TRAUMATOLOGIA (ICATME) [Total articles Q3: 3]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q3: 1]

FARMACIA [Total articles Q3: 0]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q3: 0]

APARELL DIGESTIU [Total articles Q3: 0]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q3: 0]

ANESTESIOLOGIA [Total articles Q3:]

OFTALMOLOGIA [Total articles Q3: 0]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q3: 2]

CARDIOLOGIA [Total articles Q3: 0]

REUMATOLOGIA [Total articles Q3: 0]

PSIQUIATRIA I PSICOLOGIA [Total articles Q3:]

NEUROLOGIA [Total articles Q3:]

PNEUMOLOGIA [Total articles Q3:]

[Articles en revistes pertanyents al Quartil 4]

- > Total articles en revistes pertanyents al Q4: 1

ONCOLOGIA [Total articles Q4: 1]

ANATOMIA PATOLÒGICA [Total articles Q4:]

TRAUMATOLOGIA (ICATME) [Total articles Q4:]

OBSTETRÍCIA I GINECOLOGIA (SALUT DE LA DONA DEXEUS) [Total articles Q4:]

FARMACIA [Total articles Q4: 0]

ENDOCRINOLOGIA I NUTRICIÓ [Total articles Q4:]

APARELL DIGESTIU [Total articles Q4:]

CIRUGIA MAXILOFACIAL, IMPLANTOLOGIA I ESTÈTICA FACIAL [Total articles Q4: 0]

ANESTESIOLOGIA [Total articles Q4: 0]

OFTALMOLOGIA [Total articles Q4: 0]

PEDIATRIA DEXEUS (PAIDO SALUT INFANTIL) [Total articles Q4: 0]

CARDIOLOGIA [Total articles Q4: 0]

REUMATOLOGIA [Total articles Q4: 0]

PSIQUIATRIA I PSICOLOGIA [Total articles Q4: 0]

NEUROLOGIA [Total articles Q4: 0]

PNEUMOLOGIA [Total articles Q4:]

ARTICLES 2023 A REVISTES AMB UN FACTOR D'IMPACTE >10

El Factor d'Impacte (FI) és una mesura de la importància d'una publicació científica i és proporcionada per la base de dades Journal Citation Reports (JCR). És un indicador creat per Eugene Garfield de l'Institut per a la Informació Científica per a aquelles publicacions a què es fa aquest seguiment. Els resultats són publicats en un informe anual anomenat Journal Citation Reports.

Quin és un bon factor d'impacte?
En molts camps d"estudi, els factors d"impacte de 10 o més es consideren excepcionals, i en alguns superen el 3. No obstant això, els factors d"impacte de les revistes del Journal Citation Reports (JCR) difereixen significativament d"una disciplina a una altra.

- **Nombre d'articles a publicacions amb un factor d'impacte superior a 10:**
- **Articles d'un FI>10 ordenats de més a menys FI:**
  - **Article amb major FI primer semetre 2024:**

Lara-Mejía L, Cardona AF, Mas L, Martin C, Samtani S, Corrales L, Cruz-Rico G, Remon J, Galvez-Nino M, Ruiz R, Rios-Garcia E, Tejada F, Lozano-Vazquez N, **Rosell R**, Arrieta O. **Impact of Concurrent Genomic Alterations on Clinical Outcomes in Patients With ALK-Rearranged NSCLC**. J Thorac Oncol. 2024 Jan;19(1):119-129. doi: 10.1016/j.jtho.2023.08.007. Epub 2023 Aug 10. PMID: 37572870. [UNITAT HUQD: INSTITUT ONCOLÒGIC DR. ROSELL]

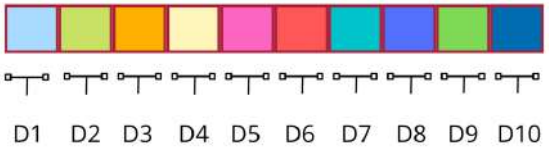
Indexat a: Pubmed/WoS **Factor Impacte:** 20.4 **Quartil:** 1 **Categoria:** Oncology (Q1) ; Respiratory System (Q1) **Posició:** Oncology 13/241 ; Respiratory System 4/66

ARTICLES 2023 AL 1er DECIL

- **Nombre d'articles al 1r Decil l'any 2023:**

Igual que els quartils, els decils tenen la funció d'avaluar la importància de la revista dins del total de revistes de la seva àrea veient la posició en relació amb elles.

En dividir en 10 parts un llistat de revistes ordenades per índex dimpacte, cadascuna daquestes parts serà un decil.



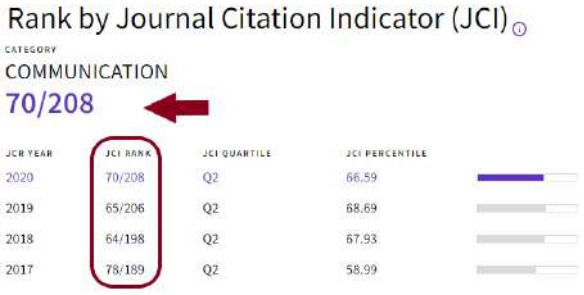
-Como es calcula[9] el decil al que pertany una revista?

Exemple de com calcular el decil a què pertany una revista:

Busquem la revista al Journal Citation Reports (JCR).

1. Consultem la categoria a la que pertany la revista.

[9]Només es pot calcular el decil als articles inclosos a revistes indexades al Journal Citation Reports, ja que es calcula a partir del total de revistes de cada categoria d'aquesta eina.



2. A l'apartat Rank by Journal Impact Factor, trobem el nombre de revistes a cadascuna de les categories.

3. Realitzem el càlcul de forma manual, dividint el nombre total de publicacions d'aquesta categoria entre deu, per poder veure en què decil es troba la revista

♦ Ex: category COMMUNICATION 208 revistes entre 10 = 20,8

(20,8 és per tant el nombre de revistes de cada decil de la categoria "Communication".)

♦ La nostra revista és a la posició 70 és 4t Decil. *truc per a calcular-ho[10]

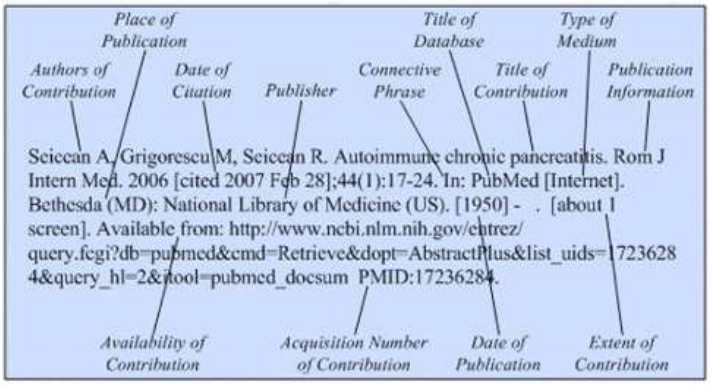
- **Recull dels articles en revistes que es troben al 1er Decil:**

(ordenats alfabèticament en ordre ascendent per inicial cognom primer autor)

[10] dividir posició entre el nombre de revistes de cada decil de la categoria de revistes que analitzem i sumar un dígit, exemple: 70:20,8=3.3, després sumem 1: 3.3+1= 4.3. La revista de l'article de l'exemple, per tant, està al 4t Decil.

ANNEX

ESTIL CITACIÓ BIBLIOGRÀFICA UTILITZAT: NLM VANCOUVER



El format de citació utilitzat en la recopilació de cites bibliogràfiques dels articles científics publicats per la comunitat investigadora del HUQD és el: National Library of Medicine – Vancouver. La referència bibliogràfica, si l'article està a PubMed, la genera automàticament l'aplicatiu d'aquest web.

Les normes Vancouver són l'estil de cita més utilitzat en ciències de la salut. L'estil NLM és un estil de cita internacional utilitzat predominantment en el camp de les ciències mèdiques i biològiques. L'acrònim NLM significa National Library of Medicine, un institut que forma part dels National Institutes of Health dels Estats Units

El seu origen va ser el Comitè Internacional de Directors de Revistes Mèdiques que a la seva reunió a Vancouver (Canadà) el 1978 per establir un estil uniforme respecte al format dels articles enviats a les seves revistes. Es coneix com les "Normes Vancouver".

Els requisits per a manuscrits incloïen formats per a les referències bibliogràfiques desenvolupats per la National Library of Medicine (NLM) dels EUA. El Grup Vancouver va créixer i es va convertir en el Comitè Internacional de Directors de Revistes Mèdiques (CIDRM).

Els títols de les revistes estan abreujats segons l'estil que utilitza la National Library of Medicine (NLM). Per consultar a quin títol correspon cada abreujament:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.
- L'apèndix B del llibre (Patrias, 2007): Additional sources for journal title abbreviations

> Més informació sobre com esmentar en format NLM-Vancouver: Guia sobre com citar segons el model NLM de la Universitat Autònoma de Barcelona

ACRÒNIMS UTILITZATS

- **Acrònims en les referències bibliogràfiques:**

DOI

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

L'identificador d'objecte digital, conegut en anglès com a ***digital object identifier*** i abreujat DOI i DOI, és un enllaç permanent en forma de codi alfanumèric que identifica de manera única un contingut electrònic.

Una forma comuna de fer servir el sistema DOI és donar a les publicacions científiques un número específic que qualsevol pot utilitzar per localitzar a través de la Xarxa l'article esmentat. A diferència del sistema URL, usat a les pàgines web, el sistema DOI no canvia amb el pas del temps, encara que l'article sigui reubicat en una adreça diferent ja que porta la informació incorporada en forma de metadades.

PMID

Le X, Paz-Ares LG, Van Meerbeeck J, **Viteri S**, Galvez CC, Smit EF, Garassino M, Veillon R, Baz DV, Pradera JF, Sereno M, Kozuki T, Kim YC, Yoo SS, Han JY, Kang JH, Son CH, Choi YJ, Stroh C, Juraeva D, Vioix H, Bruns R, Otto G, Johne A, Paik PK. **Tepotinib in patients with non-small cell lung cancer with high-level MET amplification detected by liquid biopsy: VISION Cohort B.** Cell Rep Med. 2023 Nov 21;4(11):101280. doi: 10.1016/j.xcrm.2023.101280. Epub 2023 Nov 8. PMID: 37944528; PMCID: PMC10694660.

A les referències bibliogràfiques del llistat d'articles, als articles indexats a PubMed incorporen l'identificador PMID al final de la citació bibliogràfica.

PMID, acrònim de ***PubMed Identifier*** o PubMed Unique Identifier, és un número únic assignat a cada cita d'un article de revistes biomèdiques i de ciències de la vida que recull PubMed. Aquest registre és de la Biblioteca Nacional de Medicina dels Estats Units (MEDLINE).

PMCID

Algunes de les cites bibliogràfiques indexades a PubMed tenen també, a més del PMID, el PMCID: ***PubMed Cental Identifier***. La Biblioteca Nacional de Medicina dels EUA assigna també un PMCID a cada article de text complet a PubMed Central. Tots els articles que s'ofereixen a PubMed tenen PMID, però només els d'accés lliure tenen PMCID.

- **Acrònims en secció "Indexat a" de la barra informativa de cada article:**

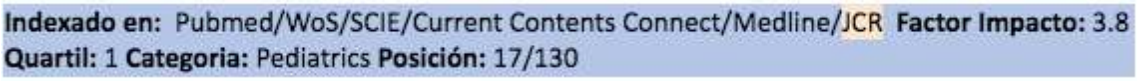
WoS

Acrònim de ***Web of Science***. Plataforma de l'empresa Clarivate Analytics, formada per una àmplia col·lecció de bases de dades bibliogràfiques, cites i referències de publicacions científiques de qualsevol disciplina del coneixement, en ciència, tecnologia, ciències socials, arts i humanitats. Proporciona informació bibliogràfica, que permet avaluar, analitzar el rendiment i la qualitat científica de la investigació.

SCIE

Acrònim de ***Science Citation Index Expanded***. Índex multidisciplinar de la literatura de revistes de ciències inclosa a la Web of Science. Inclou completament més de 8.300 revistes principals de 150 disciplines científiques i inclou totes les referències citades capturades d'articles indexats.

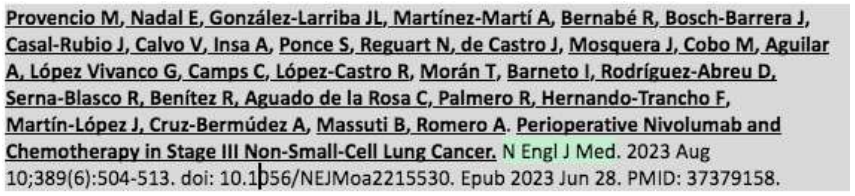
JCR



Acrònim de ***Journal Citation Reports.*** Base de dades multidisciplinària realitzada per l'Institute for Scientific Information (ISI), que permet de manera sistemàtica i objectiva, mitjançant dades estadístiques, determinar la importància relativa de revistes dins de les categories temàtiques. Ofereix un espectre ampli d'aplicacions bibliomètriques pràctiques per als professionals de la informació. La seva cobertura des del 1997 abasta més de 200 disciplines. Inclou, entre altres indicadors, el conegut Factor d'Impacte, el quartil que ocupa la revista i la posició de la revista dins la categoria; que són les dades sol·licitades per les agències davaluació de lactivitat investigadora per a la valoració de les publicacions en articles de revista. Permet identificar la rellevància que té una revista dins la comunitat investigadora mitjançant indicadors.

- **Acrònims títols revistes a les referències bibliogràfiques**

Els títols de les revistes estan abreujats segons l'estil que utilitza la National Library of Medicine (NLM). Exemple:


Provencio M, Nadal E, González-Larriba JL, Martínez-Martí A, Bernabé R, Bosch-Barrera J, Casal-Rubio J, Calvo V, Insa A, Ponce S, Reguart N, de Castro J, Mosquera J, Cobo M, Aguilar A, López Vivanco G, Camps C, López-Castro R, Morán T, Barneto I, Rodríguez-Abreu D, Serna-Blasco R, Benítez R, Aguado de la Rosa C, Palmero R, Hernando-Trancho F, Martín-López J, Cruz-Bermúdez A, Massuti B, Romero A. Perioperative Nivolumab and Chemotherapy in Stage III Non-Small-Cell Lung Cancer. N Engl J Med. 2023 Aug 10;389(6):504-513. doi: 10.1056/NEJMoa2215530. Epub 2023 Jun 28. PMID: 37379158.

N Engl J Med = New England Journal of Medicine

Per consultar a quin títol de revista equival cada abreujament:

- NLM Catalog: Journals referenced in the NCBI Databases de PubMed.
- Apèndix B del llibre (Patrias, 2007): Additional sources for journal title abbreviations

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Pubmed [Internet]. [Betehsda]: National Center for Biotechnology Information (NCBI) ; National Library of Medicine (NLM) ; 2024 [citado 2 abril de 2024]. Disponible en: https://pubmed.ncbi.nlm.nih.gov/

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Science Citation Index Expanded (SCI-EXPANDED) [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.wos-sci.fecyt.es

Web of Science (WoS) [Internet]. Barcelona: Clarivate Analytics; 2024 [citado 2 abril de 2024]. Disponible en: https://www.woscc.fecyt.es

[11] Model de citació bibliogràfica utilitzat: NLM Vancouver,
Citacions bibliogràfiques segons el model NLM [Internet]. Barcelona: UAB; 2024 [citado 2 abril de 2024]. Disponible en: https://ddd.uab.cat/pub/guibib/106929/modelnlm_a2021_cat.pdf