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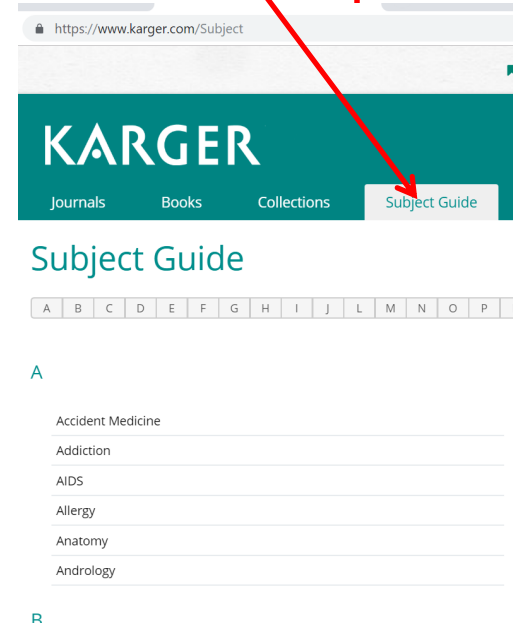
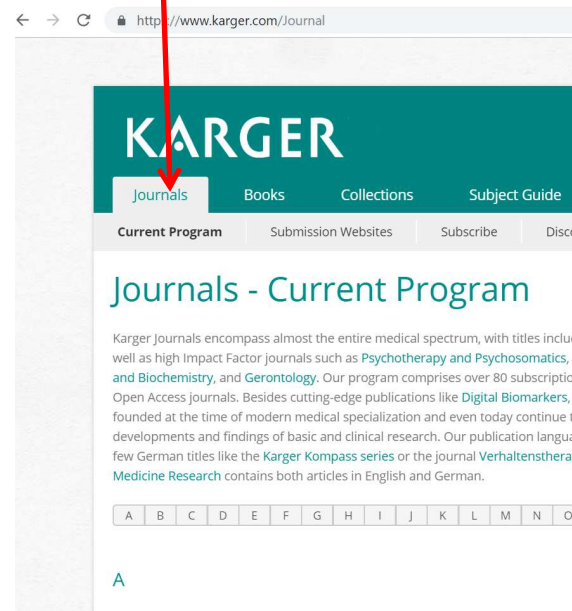
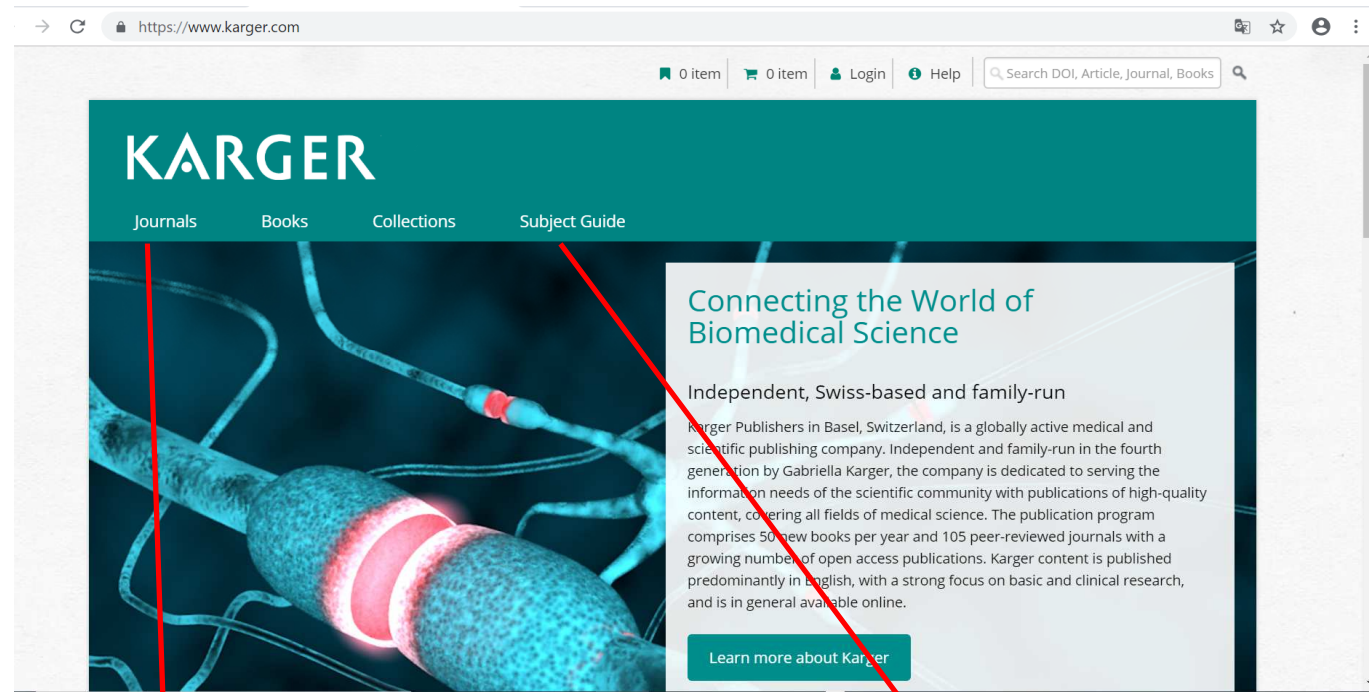
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A Three-Year Randomized Controlled Trial in 6-Year-Old Children on Caries-Preventive Strategies in a General Dental Practice in the Netherlands.

Vermaire JH¹, Poorterman JH, van Herwijnen L, van Loveren C.

Author information

Abstract

A parallel-randomized controlled trial on caries-preventive strategies was conducted in a general dental practice with a mixed socioeconomic background patient population. The aim of this study was to test the hypothesis that, compared to regular care consisting of check-ups twice a year with professional fluoride applications and pit and fissure sealants in all permanent molars, a larger caries-preventive effect can be achieved by following a non-operative caries treatment and prevention (NOCTP) strategy or by following, in addition to regular care, an increased number of professional topical fluoride applications (IPFA). A total of 230 children (6.0 years ± 3 months of age) were randomly assigned to the two experimental groups or the control group. After 3 years, 179 participants remained in the study (54 NOCTP, 62 IPFA and 63 control). The children were examined at baseline and at 3 years by the same experienced examiner, who was blinded for the allocation of the children. Caries was scored clinically at the D₃ level. Per protocol analysis revealed a mean DMFS increment after 3 years of 0.15 (95% CI -0.05 to 0.35) for NOCTP, 0.34 (95% CI 0.11 to 0.54) for IPFA and 0.47 (95% CI 0.26 to 0.68) for the control group. To account for missing data, multiple imputation was used, after which the mean DMFS increment was 0.11 (95% CI -0.05 to 0.27) for NOCTP, 0.29 (95% CI 0.11 to 0.46) for IPFA and 0.40 (95% CI 0.21 to 0.55) for the control group. Testing the differences with independent samples t test revealed a lower caries increment in the NOCTP group compared to the control group. ANCOVA was used to correct for differences in baseline dmfs, socioeconomic status and perceived dental hygiene burden. The ΔDMFS effect size between the NOCTP and the control group dropped, losing statistical significance (p = 0.06). Although the results in this study are promising, it has yet to be established in a larger study whether NOCTP has the ability to be effective in regular dental practice with a mixed socioeconomic status population. © 2014 S. Karger AG, Basel.

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J Innate Immun 2013;5:555-564 (DOI:10.1159/000347172) Fulltext PDF (166 Kb)

Prognostic Value of Endotoxemia in Patients with Gram-Negative Bacteremia Is Bacterial Species Dependent
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▾ Abstract

Molecular imaging modalities exploit aspects of neuroendocrine tumors (NET) pathophysiology for both diagnostic imaging and therapeutic purposes. The characteristic metabolic pathways of NET determine which tracers are useful for their visualization. In this review, we summarize the diagnostic value of all available molecular imaging studies, present data about their use in daily practice in NET centers globally, and finally make recommendations about the appropriate use of those modalities in specific clinical scenarios. Somatostatin receptor scintigraphy (SRS) continues to have a central role in the diagnostic workup of patients with NET, as it is also widely available. However, and despite the lack of prospective randomized studies, many NET experts predict that Gallium-68 (⁶⁸Ga)-DOTA positron emission tomography (PET) techniques may replace SRS in the future, not only because of their

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⁶⁸Ga-DOTA-TATE PET (fig. 1) seems to be superior to ¹⁸F-FDG PET in the detection of G1- and G2-grade NET, with median SUV_{max} values for ⁶⁸Ga-DOTA-TATE PET of 29 and 15.5, respectively, compared with values for ¹⁸F-FDG PET of 2.9 and 10.5. In contrast, there is a much higher uptake of ¹⁸F-FDG than ⁶⁸Ga-DOTA-TATE in high-grade (G3) NET (SUV_{max} of 11.7 for FDG vs. 4.4 for DOTA-TATE) [26]. Only one small study has compared ⁶⁸Ga-DOTA-NOC with ¹⁸F-DOPA directly; in this study, ⁶⁸Ga-DOTA-NOC revealed more lesions and more occult primary tumors [27]. Compared with CT, ⁶⁸Ga-DOTA-NOC PET has demonstrated a higher sensitivity (80 vs. 100%, respectively) and specificity (98 vs. 100%) in the detection of NET bone metastases [30]. Finally, Kabasakal et al. [31] compared ⁶⁸Ga-DOTA-TATE and ⁶⁸Ga-DOTA-NOC in the same NET patient group. Both tracers demonstrated physiologic uptake in SSTR-2-expressing organs (e.g. pituitary, salivary, thyroid, and prostate glands), but the physiologic uptake in pituitary and salivary glands was much higher for ⁶⁸Ga-DOTA-TATE than ⁶⁸Ga-DOTA-NOC. Although the tracers seem to have similar diagnostic accuracy, ⁶⁸Ga-DOTA-TATE seems to provide a significantly higher lesion uptake than ⁶⁸Ga-DOTA-NOC [31].

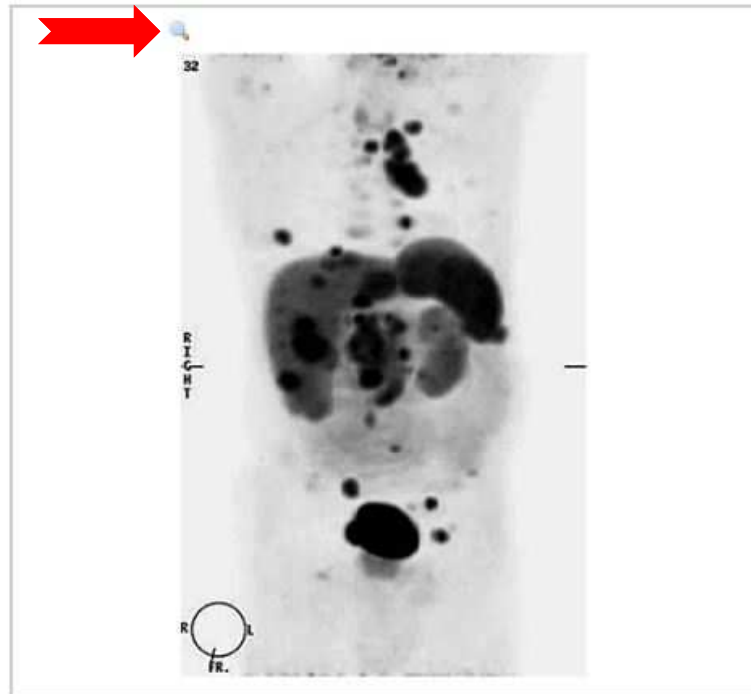


Fig. 1. ⁶⁸Ga-DOTA-TATE PET scan of a patient with a metastatic pNET, demonstrating the pancreatic primary tumor, multiple hepatic, lung, and bone metastases, and intra-abdominal and mediastinal lymphadenopathy.

Novel Imaging Techniques

A number of new agents are currently under investigation. In a study by Gotthardt et

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This article was developed independently by members of a working group of the Knowledge Network. This program involved meetings and collaboration between clinicians working in the field of NET around the world, which was organized and funded by Ipsen. Editing assistance was provided by Watermeadow Medical and funded by Ipsen. The authors were fully responsible for the concept and all content, for all editorial decisions, and for approval of the final version.

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Abstract **PDF** References

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Molecular imaging modalities exploit aspects of neuroendocrine tumors (NET) pathophysiology for both diagnostic imaging and therapeutic purposes. The characteristic metabolic pathways of NET determine which tracers are useful for their visualization. In this review, we summarize the diagnostic value of all available molecular imaging studies, present data about their use in daily practice in NET centers globally, and finally make recommendations about the appropriate use of those modalities in specific clinical scenarios. Somatostatin receptor scintigraphy (SRS) continues to have a central role in the diagnostic workup of patients with NET, as it is also widely available. However, and despite the lack of prospective randomized studies, many NET experts predict that Gallium-68 (⁶⁸Ga)-DOTA positron emission tomography (PET) techniques may replace SRS in the future, not only because of their

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Christina Thirlwell^a Mohid S. Khan^a Ramon Salazar^e Kjell Oberg^f

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Key Words

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Abstract

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HTP) PET and ¹⁸F-dihydroxyphenylalanine (¹⁸F-DOPA) PET are new molecular imaging techniques of limited availability, and based on retrospective data, their sensitivities seem to be inferior to that of ⁶⁸Ga-DOTA PET. Glucagon-like-peptide-1 (GLP-1) receptor imaging seems promising for localization of the primary in benign insulinomas, but is currently available only in a few centers. Fluorine-18 (¹⁸F)-fluorodeoxyglucose (¹⁸F-FDG) PET was initially thought to be of limited value in NET, due to their usually slow-growing nature. However, according to subsequent data, ¹⁸F-FDG PET is particularly helpful for visualizing the more aggressive NET, such as poorly differentiated neuroendocrine carcinomas, and well-differentiated tumors with Ki67 values >10%. According to limited data, ¹⁸F-FDG-avid tumor lesions, even in slow-growing NET, may indicate a more aggressive disease course. When a secondary malignancy has already been established or is strongly suspected, combining molecular imaging techniques (e.g. ¹⁸F-FDG PET and ⁶⁸Ga-DOTA PET) takes advantage of the diverse avidities of different tumor types to differentiate lesions of different origins. All the above-mentioned molecular imaging studies should always be reviewed and interpreted in a multidisciplinary (tumor board) meeting in combination with the conventional cross-sectional imaging, as the latter remains the imaging of choice for the evaluation of treatment response and disease follow-up.

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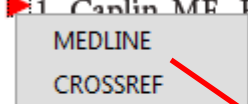
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The screenshot shows the Karger website interface for the journal 'HORMONE RESEARCH IN PÆDIATRICS'. The page includes a navigation bar with links for Journals, Books, Collections, Subject Guide, Services, Resources, and Company. A yellow box highlights the 'Nom de votre bibliothèque' (Library Name) field. The article title is 'Pathology or Normal Variant: What Constitutes a Delay in Puberty?' by Villanueva C.ª and Argente J.ª. The article is available for free access, and a 'Fulltext PDF (174 Kb)' button is visible. A 'Recommend this' section is highlighted with a red box, containing social media icons for Facebook, Twitter, LinkedIn, Google+, and Email. Below this, there are tabs for 'Abstract', 'FullText', 'PDF', and 'References'. The abstract text describes the process of puberty and its delay. The right sidebar features a search bar, 'Article Tools' (Get Permission, PubMed ID, Citation Download, Add to my selection), 'Related articles' (De novo Frameshift Mutation in Fibroblast Growth Factor 8 in a Male Patient with Gonadotropin Deficiency, Complex Genetics in Idiopathic Hypogonadotropic Hypogonadism, Human GnRH Deficiency: A Unique Disease Model to Unravel the Ontogeny of GnRH Neurons, A Novel Mutation in SOX2 Causes Hypogonadotropic Hypogonadism with Mild Ocular Malformation), and a 'Title Page / Table of Contents / Foreword / Preface' link.