Disruptive technology: Streamlined Access to Papers (SAP)

Amanda Burl
9th International Conference for EBHC Teachers and Developers, Taormina, Sicily November 2019
Yesterday Gordon Guyatt told us:

- Be realistic
- Clinician’s won’t read methods and results

No time
What is the doubling time of medical knowledge?

- In 2020 projected to be 73 days!
- What you learnt in your first 3 years of medical school will be just 6% of what is known at the end 2020.
Alessandro Liberati – Could a second transplant improve results?

“... as a patient I felt even more strongly about what I’ve been fighting for throughout my career. Research results should be easily accessible to people who need to make decisions about their own health. The delay in the combined analysis of the four randomised controlled trials struck me as a case in point. Why was I forced to make my decision knowing that information was somewhere but not available?”
An unfinished trip through uncertainties

BMJ 2004;328 doi: https://doi.org/10.1136/bmj.328.7438.531 (Published 26 February 2004)
Cite this as: BMJ 2004;328:531

Alessandro Liberati, associate professor of medical biostatistics (alessandro@tin.it)

Author affiliations

In mid-1997 I went for blood and other tests after an episode of back pain. A monoclonal electrophoretic peak and a spinal lesion of uncertain origin were found. After a few months of further tests I was given a diagnosis of monoclonal gammopathy of uncertain significance (MGUS). I was no longer a subjectively healthy man but a potentially ill person, with considerable anxiety. MGUS is one of those strange nosological entities of modern medicine—which is so good at creating "new diseases" without necessarily knowing how to cure them. The medical literature didn't help much. Several small studies reported a cumulative risk of malignant transformation of MGUS of between 7% and 19%, with the likeliest estimate of annual risk of transformation around 1%, but without clear predictors.

Could a second transplant improve results?

I was prescribed blood tests every six months to monitor any such transformation. The years went by, during which my levels of anxiety varied, increasing at times of testing and whenever any personal or work ...

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International journal of cardiology 2016

20. Differential Response to Low-Dose Dopamine or Low-Dose Nesiritide in Acute Heart Failure With Reduced or Preserved Ejection Fraction: Results From the ROSE AHF Trial (Renal Optimization Strategies Evaluation in Acute Heart Failure).
Circulation. Heart failure 2016

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