Bir Makalenin Anatomisi

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İnfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı

Neden Yazarız?

Anonim Görüşler…

- Fikir paylaşımı…
- Bir konuyu sahiplenmek…
- Yazma beyni stimüle eder
  - Demansı geciktirir
  - Analitik düşünmeyi teşvik eder
- Yazmak eğlencelidir...
- Makale: Uluslararası tek para birimi…
- Ün ve şöhret
  - Ölümsüzleşmek…

Akademik İlerleme

- "1888'de Johns Hopkins'te akademik promosyon alanların almayanlara kıyasla 2 kat daha fazla yayını vardı"
- O günden bu yana değişen bir şey yok
  - "*Publish or perish*" (*Yayınla veya yok ol)* özdeyişi çoğu akademik merkez için geçerli

Batshaw ML, et al. N Engl J Med 1988;318:741

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Ig® Nobel Prize Winners

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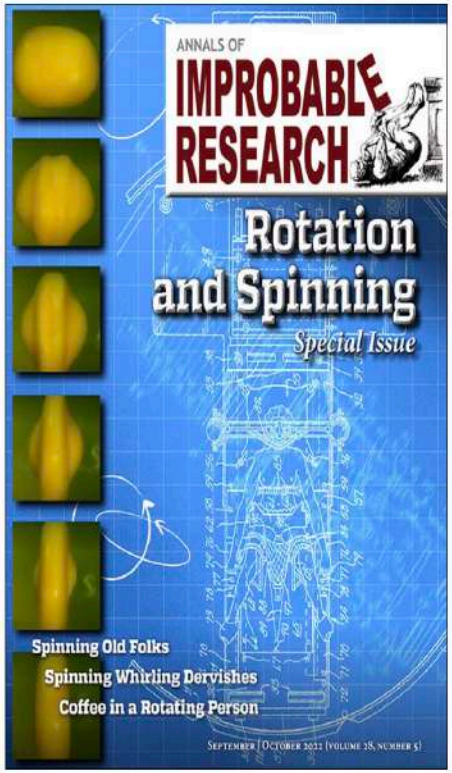
Winners by year:

2022 : 2021
2020 : 2019 : 2018 : 2017 : 2016
2015 : 2014 : 2013 : 2012 : 2011
2010 : 2009 : 2008 : 2007 : 2006
2005 : 2004 : 2003 : 2002 : 2001
2000 : 1999 : 1998 : 1997 : 1996
1995 : 1994 : 1993 : 1992 : 1991

"The Ig Nobel awards are arguably the highlight of the scientific calendar." — *Nature*

Ig Nobel Prize Winner Dr. Elena Bodnar demonstrates her invention (a brassiere that can quickly convert into a pair of protective face masks) assisted by Nobel laureates Wolfgang Ketterle (left), Orhan Pamuk, and Paul Krugman (right). Photo credit: Alexey Eliseev, 2009 Ig Nobel Ceremony



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The 2022 Ig Nobel Prize Winners

The 2022 Ig Nobel Prizes will be awarded at the 32nd First Annual Ig Nobel Prize ceremony, on Thursday, September 15, 2022. The ceremony was webcast.

APPLIED CARDIOLOGY PRIZE [CZECH REPUBLIC, THE NETHERLANDS, UK, SWEDEN, ARUBA]
Eliska Prochazkova, Elio Sjak-Shie, Friederike Behrens, Daniel Lindh, and Mariska Kret, for seeking and finding evidence that when new romantic partners meet for the first time, and feel attracted to each other, their heart rates synchronize.
REFERENCE: "Physiological Synchrony is Associated with Attraction in a Blind Date Setting," Eliska Prochazkova, Elio Sjak-Shie, Friederike Behrens, Daniel Lindh, and Mariska E. Kret, Nature Human Behaviour, vol. 6, no. 2, 2022, pp. 269-278.
<https://doi.org/10.1038/s41562-021-01197-3>
WHO TOOK PART IN THE CEREMONY: Eliska Prochazkova, Mariska Kret

LITERATURE PRIZE [CANADA, USA, UK, AUSTRALIA]
Eric Martínez, Francis Mollica, and Edward Gibson, for analyzing what makes legal documents unnecessarily difficult to understand.
REFERENCE: "Poor Writing, Not Specialized Concepts, Drives Processing Difficulty in Legal Language," Eric Martínez, Francis Mollica, and Edward Gibson, Cognition, vol. 224, July 2022, 105070.
<https://doi.org/10.1016/j.cognition.2022.105070>
WHO TOOK PART IN THE CEREMONY: Eric Martínez, Francis Mollica, Edward Gibson

BIOLOGY PRIZE [BRAZIL, COLOMBIA]
Solimary García-Hernández and Glauco Machado, for studying whether and how constipation affects the mating prospects of scorpions.
REFERENCE: "Short- and Long-Term Effects of an Extreme Case of Autotomy: Does 'Tail' Loss and Subsequent Constipation Decrease the Locomotor Performance of Male and Female Scorpions?" Solimary García-Hernández and Glauco Machado, Integrative Zoology, epub 2021.
<https://doi.org/10.1111/1749-4877.12604>
REFERENCE: "Fitness Implications of Nonlethal Injuries in Scorpions: Females, but Not Males, Pay Reproductive Costs," Solimary García-Hernández and Glauco Machado, American Naturalist, vol. 197, no. 3, March 2021, pp. 379-389.

DOI: 10.1111/ecot.12259

ORIGINAL ARTICLE

ECONOMICS of TRANSITION AND INSTITUTIONAL CHANGE WILEY

Obesity of politicians and corruption in post-Soviet countries

IgNobel 2021 Ekonomi Ödülü

Pavlo Blavatskyy

Montpellier Business School, Montpellier, France

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Abstract

We collected 299 frontal face images of 2017 cabinet ministers from 15 post-Soviet states (Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine and Uzbekistan). For each image, the minister's body-mass index is estimated using a computer vision algorithm. The median estimated body-mass index of cabinet ministers is highly correlated with conventional measures of corruption (Transparency International Corruption Perceptions Index, World Bank worldwide governance indicator Control of Corruption, Index of Public Integrity). This result suggests that physical characteristics of politicians such as their body-mass index can be used as proxy variables for political corruption when the latter are not available, for instance at a very local level.

KEYWORDS

body-mass index, computer vision, corruption, government, post-Soviet states

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How To Write A Scientific Paper

by E. Robert Schulman
Charlottesville, Virginia

Abstract
We (meaning I) present observations on the scientific publishing process which (meaning that) are important and timely in that unless I have more published papers soon, I will never get another job. These observations are consistent with the theory that it is difficult to do good science, write good scientific papers, and have enough publications to get future jobs.

1. Introduction

Scientific papers (e.g. Schulman 1988; Schulman & Fomalont 1992; Schulman, Bregman, & Roberts 1994; Schulman & Bregman 1995; Schulman 1996) are an important, though poorly understood, method of publication. They are important because without them scientists cannot get money from the government or from universities. They are poorly understood because they are not written very well (see, for example, Schulman 1995 and selected references therein). An excellent example of the latter phenomenon occurs in most introductions, which are supposed to introduce the reader to the subject so that the paper will be comprehensible even if the reader has not done any work in the field. The real purpose of introductions, of course, is to cite your own work (e.g. Schulman et al. 1993a), the work of your advisor (e.g. Bregman, Schulman, & Tomisaka 1995), the work of your spouse (e.g. Cox, Schulman, & Bregman 1993), the work of a friend from college (e.g. Taylor, Morris, & Schulman 1993), or even the work of someone you have never met, as long as your name happens to be on the paper (e.g. Richmond et al. 1994). Note that these citations should not be limited to refereed journal articles (e.g. Collura et al. 1994), but should also include conference proceedings (e.g. Schulman et al. 1993b), and other published or unpublished work (e.g. Schulman 1990). At the end of the introduction you must summarize the paper by reciting the section headings. In this paper, we discuss scientific research (section 2), scientific writing (section 3) and scientific publication (section 4), and draw some conclusions (section 5).

2. Scientific Research

The purpose of science is to get paid for doing fun stuff if you're not a good enough programmer to write computer games for a living (Schulman et al. 1991). Nominally, science involves discovering something new about the universe, but this is not really necessary. What is really necessary is a grant. In order to obtain a grant, your application must state that the research will discover something incredibly fundamental. The grant agency must also believe that you are the best person to do this particular research, so you should cite yourself both early (Schulman 1994) and often (Schulman et al. 1993c). Feel free to cite other papers as well (e.g. Blakeslee et al. 1993; Levine et al. 1993), so long as you are on the author list. Once you get the grant, your university, company, or government agency will immediately take 30 to 70% of it so that they can heat the building, pay for Internet connections, and purchase large yachts. Now it's time for the actual research. You will quickly find out that (a) your project is not as simple as you thought it would be and (b) you can't actually solve the problem. However -- and this is very important -- you must publish anyway (Schulman & Bregman 1994).

3. Scientific Writing

You have spent years on a project and have finally discovered that you cannot solve the problem you set out to solve. Nonetheless, you have a responsibility to present your research to the scientific community (Schulman et al. 1993d). Be aware that negative results can be just as important as positive results, and

Temel Amaç…

- Makalenizi okuyanlara:
  - Yaptığınız gözlemleri değerlendirebilecekleri
  - İsterlerse yaptığınız deneyleri tekrar edebilecekleri
  - Çalışma verilerine dayanan sonuçlarınızı gösterir bir döküman sunmak

Genel Öneriler

- Kendinize bir "*hoca*" (mentor, danışman) bulun
- Bir öykü anlatın
  - Başta bir soru sorun ve neden önemli olduğunu açıklayın
    - Varolan inanışı değiştirecek mi?
    - Yeni deneylerin yapılmasını sağlayacak mı?

˝Gereksiz Ayrıntıları Elimine Edin˝

"Entia non sunt multiplicanda praeter necessitatem."

~ William Of Occam (1300-1349)

Occam’ın Usturası: Bir Basitlik İlkesi

Recommendations

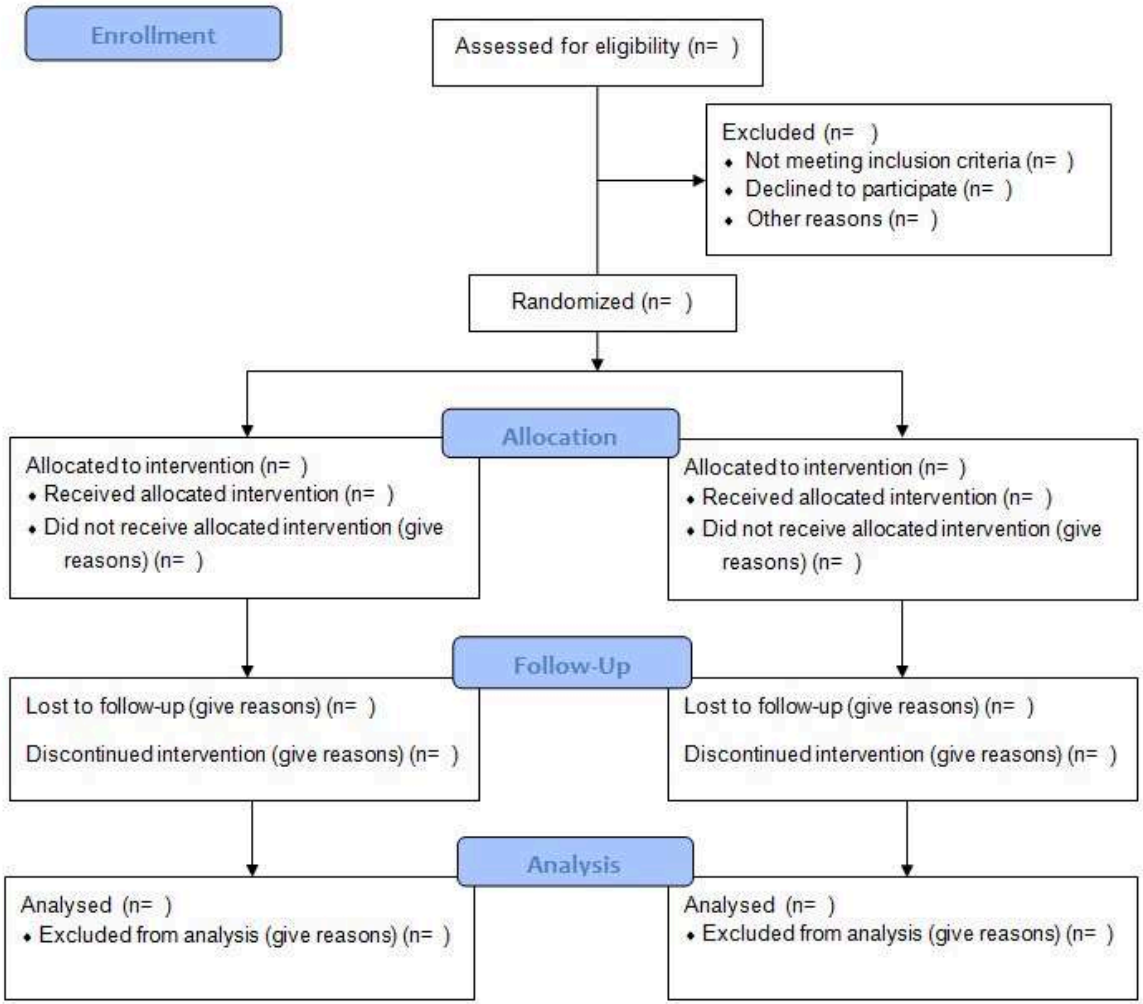
Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals

Updated December 2017

CONSORT

TRANSPARENT REPORTING of TRIALS

CONSORT 2010 Flow Diagram



http://www.consort-statement.org

CONSORT 2010 checklist of information to include when reporting a randomised trial*

http://www.consort-statement.org

Section/Topic	Item No	Checklist item
Title and abstract		
	1a	Identification as a randomised trial in the title
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts21 31)
Introduction		
Background and objectives	2a	Scientific background and explanation of rationale
	2b	Specific objectives or hypotheses
Methods		
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons
Participants	4a	Eligibility criteria for participants
	4b	Settings and locations where the data were collected
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed
	6b	Any changes to trial outcomes after the trial commenced, with reasons
Sample size	7a	How sample size was determined
	7b	When applicable, explanation of any interim analyses and stopping guidelines
Randomisation:		
Sequence generation	8a	Method used to generate the random allocation sequence
	8b	Type of randomisation; details of any restriction (such as blocking and block size)
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how
	11b	If relevant, description of the similarity of interventions
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses
Results		
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome
	13b	For each group, losses and exclusions after randomisation, together with reasons
Recruitment	14a	Dates defining the periods of recruitment and follow-up
	14b	Why the trial ended or was stopped
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms28)

STROBE Statement

Strengthening the reporting of observational studies in epidemiology

Observational Studies: Getting clear about transparency

01.09.2014

New guidelines for observational studies in PLOS Medicine

In an recently published editorial , the PLOS Medicine editors present four new measures to strengthen transparency in the analysis and reporting of observational studies published in their journal.

You can download the editorial here

You can download the checklist here

https://www.strobe-statement.org

Welcome to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) website!

PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. PRISMA focuses on the reporting of reviews evaluating randomized trials, but can also be used as a basis for reporting systematic reviews of other types of research, particularly evaluations of interventions.

Who should use PRISMA?

- Authors: PRISMA aims to help authors improve the reporting of systematic reviews and meta-analyses.
- Journal Peer reviewers and editors: PRISMA may also be useful for critical appraisal of published systematic reviews, although it is not a quality assessment instrument to gauge the quality of a systematic review.

News Feed

PRISMA Website re-design

The PRISMA website underwent a much-needed update in October 2015 to update the content of the website. We have updated the look of the site and added the PRISMA extensions, translations, and information about review protocols.

PRISMA Extensions!

Several PRISMA extensions have been published in 2015 so far.

- PRISMA-P for developing review protocols was published in January 2015 in *Systematic Reviews* and the *BMJ*.
- PRISMA-IPD (individual patient data) was published in *JAMA* in April
- PRISMA-NMA (Network Meta-Analyses) was published in *Annals of Internal Medicine* in June

These are in addition to the PRISMA Abstract and Equity extensions, all found on the PRISMA website, here.

Read more...

Key Documents

- PRISMA Checklist
- PRISMA flow diagram
- PRISMA Statement
- PRISMA E&E

PROSPERO
International prospective register of systematic reviews

equator network

Tweets by @PRISMAStatement

PRISMA Statement Retweeted

Noah Haber
@NoahHaber

@dmoher and @PRISMAStatement folks: just wanted to give a huge thank you for the EXCELLENT PRISMA guidance for writing systematic review protocols.

Standardizing this has made my life SO much easier, and will hopefully help improve the protocol and make it easier to critique.

Makale Yazarlığı için Temel Kurallar

- İlk isim
  - Makaleyi yazan kişi
- Son isim
  - Çalışma fikrini bulan kişi
- Tüm yazarların onayını almadan makaleyi göndermeyin
- "*Hediye*" yazarlık vermeyin

"TA"- IMRAD

- *Title-Başlık*
- *Abstract-Özet*
- Introduction-Giriş
- Methods-Yöntemler
- Results-Bulgular
- And
- Discussion (Tartışma)

Gerçek Hayatta Yazım Sırası…

- Yöntemler
- Bulgular
- Tartışma
- Giriş
- Özet
- Başlık

Yöntemler

- Temel amaç:
  - Araştırmanın nasıl planlandığını tanımlamak
  - Diğer araştırmacılara aynı çalışmayı tekrarlayabilmeleri için yeterli kanıtları sunmak

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Three Months of Rifapentine and Isoniazid for Latent Tuberculosis Infection

Timothy R. Sterling, M.D., M. Elsa Villarino, M.D., M.P.H., Andrey S. Borisov, M.D., M.P.H., Nong Shang, Ph.D., Fred Gordin, M.D., Erin Bliven-Sizemore, M.P.H., Judith Hackman, R.N., Carol Dukes Hamilton, M.D., Dick Menzies, M.D., Amy Kerrigan, R.N., M.S.N., Stephen E. Weis, D.O., Marc Weiner, M.D., Diane Wing, R.N., Marcus B. Conde, M.D., Lorna Bozeman, M.S., C. Robert Horsburgh, Jr., M.D., and Richard E. Chaisson, M.D. for the TB Trials Consortium PREVENT TB Study Team

N Engl J Med 2011; 365:2155-2166 | December 8, 2011

METHODS

Study Treatment

We conducted a prospective, open-label, randomized trial of 3 months of once-weekly rifapentine (at a dose of 900 mg, with incremental adjustment for subjects weighing ≤50 kg) plus isoniazid (at a dose of 15 to 25 mg per kilogram of body weight, rounded up to the nearest 50 mg, with a maximum dose of 900 mg) given under direct observation (combination-therapy group), as compared with 9 months of daily self-administered isoniazid (at a dose of 5 to 15 mg per kilogram, rounded up to the nearest 50 mg, with a maximum dose of 300 mg) (isoniazid-only group). Details are provided in the

Subjects

From June 2001 through February 2008, we recruited persons at high risk for progression from latent *M. tuberculosis* infection to active disease (Fig. 1 in the Supplementary Appendix). Formal assessment for eligibility, including reasons for declining to participate, started in March 2005. All subjects were required to be at least 12 years of age and to be a close contact of a patient with culture-confirmed tuberculosis (within 2 years before enrollment) and have had a positive result on a tuberculin skin test, have conversion to positive results on a tuberculin skin test, have HIV infection with a

Randomization and Follow-up

Subjects were assigned to study groups according to simple unrestricted randomization. In group settings (e.g., households), subjects could be placed on the same regimen as the first person in the group (cluster). Therefore, only the first person in the cluster underwent randomization but all received treatment.

Subjects were followed for 33 months after enrollment and were evaluated monthly during treatment. Adverse events were reported up to 60 days after the administration of the last

The study was approved by the institutional review boards at the CDC and all study sites. Written informed consent was obtained from all study subjects.

End Points

The primary study end point was culture-confirmed tuberculosis in subjects 18 years of age or older and culture-confirmed or clinical tuberculosis in children under the age of 18 years. Secondary end points included culture-confirmed or clinical tuberculosis regardless of age among all subjects and among subjects who completed study therapy. All suspected tuberculosis cases were reviewed by the three members of an external expert committee who were unaware of the study-group assignment, with final diagnoses made by consensus.

Statistical Analysis

We assumed that most study subjects would have positive results on a tuberculin skin test, and have close contact with a patient with tuberculosis or have a recent conversion to a positive tuberculin skin test. Without treatment, the risk of tuberculosis in the first 2 years after *M. tuberculosis* infection is estimated to be 5% in these groups.[22-24] A 12-month regimen of isoniazid is 55 to 83% effective; 68% is the estimated effectiveness for a regimen of 9 to 12 months.[25] On the basis of an assumed effectiveness of 70% for isoniazid, we calculated that the rate of tuberculosis in the isoniazid-only group at 2 years would be 1.5%. The study was designed to assess for equivalence of the two regimens, with an equivalence margin of ±50% of the expected case rate in the isoniazid-only group (50%×1.5%=0.75%). This corresponded to a rate of tuberculosis in the combination-therapy group of 0.75 to 2.25 cases per 100 person-years. Thus, assuming a 15% loss to follow-up, we determined that a sample size of 4000 subjects per study group would provide a power of 80% to determine equivalence on the basis of an alpha level of 0.05 and a two-sided test.

Sonuçlar

- **Mutlaka yapın!**
  - Tablo ve şekil kullanın
  - İstatististik analiz sonuçlarını tartışın
  - Yöntemin işe yaradığını gösterin
  - Yöntemin sınırlılıklarını belirtin
- **Sakın yapmayın!**
  - Tablo ve şekillerde verdiğiniz verileri metin içine yazmayın
  - Metinde kolayca özetlenebilecek verileri şekil haline dönüştürmeyin

Tartışma

- Ana bulguları ortaya koymak
  - Yani dememiz o ki…. (*“so what?”*)
- Bulguları yayınlanmış diğer verilerle karşılaştırmak
- Bulguların ne anlama geldiğini tartışmak
- Yöntemlerdeki eksikliklerin altını çizmek

Ana Bulgular

DISCUSSION

Our study showed that directly observed, once-weekly therapy with rifapentine plus isoniazid for 3 months was as effective as self-administered daily isoniazid for 9 months, with the rate of tuberculosis in the combination-therapy group approximately half that in the isoniazid-only group. The combination-therapy group had higher treatment-completion rates and a toxicity profile similar to that of the isoniazid-only group, with lower rates of adverse events, severe adverse events, and hepatotoxicity attributable to the study drug. This simple, effective new regimen has a potential public-health benefit.

Small studies of combination therapy with rifapentine plus isoniazid suggested that the regimen was effective for latent tuberculosis in 206 HIV-uninfected household contacts of patients with tuberculosis in Brazil[27] and in 328 HIV-infected adults in South Africa.[28] Neither study had sufficient statistical power because of the small numbers of subjects. Our study extended those findings with a sample size that was adequate to evaluate both effectiveness and side-effect profiles. In addition, our study was conducted in countries with low and medium rates of tuberculosis incidence, predominantly among close contacts of patients with tuberculosis and those with conversion to positive results on tuberculin skin tests. Our results indicate that the combination-therapy regimen can be used effectively in such settings. In areas with higher tuberculosis incidence, the risk of reinfection with *M. tuberculosis* is higher, particularly among HIV-infected persons, and these factors might reduce the effectiveness of tuberculosis-

Literatürdeki diğer bulgular

Our study has some limitations. First, the non-inferiority margin (0.75%) was high in comparison with the event rate in the two study groups. This margin was based on evidenced-based estimates that were available at the time of the study design. However, even if the relative margin (50% of the rate in the isoniazid-only group) were applied to the observed rate (0.43%) in the isoniazid-only group rather than the expected rate (1.5%), non-inferiority would still be shown (Fig. 5 in the Supplementary Appendix). Second, only 3% of our study population was infected with HIV. Although there is evidence that combination therapy is effective in HIV-infected adults,[28] enrollment in our study has been extended among HIV-infected subjects to obtain additional data on side-effect profiles. The enrollment of children under the age of 12 years has also been extended to assess side effects in this important subgroup.

Çalışmadaki kısıtlılıklar

Ve Hızlı Okuyucu İçin Son Paragraf…

In conclusion, 3 months of directly observed, once-weekly therapy with rifapentine plus isoniazid was as effective as self-administered daily isoniazid for 9 months. A 3-month course of once-weekly rifapentine plus isoniazid represents an advance in our ability to treat persons with latent *M. tuberculosis* infection.

Kaynaklar

- Atıfta bulunduğunuz tüm makaleleri okuyun
- Çalışmanıza en uygun olanları seçin
  - İlk ve en son basılmışları seçin
  - Ve de en iyi derlemeyi…
- Kongre bildirilerini kullanmayın
- Yerel dilde yazılmış yayınları kullanmayın
- DOI numarası olan her makale eklenebilir

Özet

- Makalenin *"en son"* yazılacak kısmı
- IMRAD yapısında yazılmalı
  - Her bölüm bir ya da iki cümle ile özetlenebilir:
    1) Çalışmanın amacı
    2) Temel yöntemler
    3) Ana bulgular
    4) Yorum

Özet

BACKGROUND

Treatment of latent *Mycobacterium tuberculosis* infection is an essential component of tuberculosis control and elimination. The current standard regimen of isoniazid for 9 months is efficacious but is limited by toxicity and low rates of treatment completion.

METHODS

We conducted an open-label, randomized noninferiority trial comparing 3 months of directly observed once-weekly therapy with rifapentine (900 mg) plus isoniazid (900 mg) (combination-therapy group) with 9 months of self-administered daily isoniazid (300 mg) (isoniazid-only group) in subjects at high risk for tuberculosis. Subjects were enrolled from the United States, Canada, Brazil, and Spain and followed for 33 months. The primary end point was confirmed tuberculosis, and the noninferiority margin was 0.75%.

RESULTS

In the modified intention-to-treat analysis, tuberculosis developed in 7 of 3986 subjects in the combination-therapy group (cumulative rate, 0.19%) and in 15 of 3745 subjects in the isoniazid-only group (cumulative rate, 0.43%), for a difference of 0.24 percentage points. Rates of treatment completion were 82.1% in the combination-therapy group and 69.0% in the isoniazid-only group ($P<0.001$). Rates of permanent drug discontinuation owing to an adverse event were 4.9% in the combination-therapy group and 3.7% in the isoniazid-only group ($P=0.009$). Rates of investigator-assessed drug-related hepatotoxicity were 0.4% and 2.7%, respectively ($P<0.001$).

CONCLUSIONS

The use of rifapentine plus isoniazid for 3 months was as effective as 9 months of isoniazid alone in preventing tuberculosis and had a higher treatment-completion rate. Long-term safety monitoring will be important. (Funded by the Centers for Disease Control and Prevention; PREVENT TB ClinicalTrials.gov number, NCT00023452.)

Giriş

1) Neden bu araştırmaya gerek var?
2) Konu ile ilgili önceden yapılan çalışmalar nelerdir?
3) Siz neden bu çalışmayı yaptınız?

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Three Months of Rifapentine and Isoniazid for Latent Tuberculosis Infection

Timothy R. Sterling, M.D., M. Elsa Villarino, M.D., M.P.H., Andrey S. Borisov, M.D., M.P.H., Nong Shang, Ph.D., Fred Gordin, M.D., Erin Bliven-Sizemore, M.P.H., Judith Hackman, R.N., Carol Dukes Hamilton, M.D., Dick Menzies, M.D., Amy Kerrigan, R.N., M.S.N., Stephen E. Weis, D.O., Marc Weiner, M.D., Diane Wing, R.N., Marcus B. Conde, M.D., Lorna Bozeman, M.S., C. Robert Horsburgh, Jr., M.D., and Richard E. Chaisson, M.D. for the TB Trials Consortium PREVENT TB Study Team

N Engl J Med 2011; 365:2155-2166 | December 8, 2011

Tuberculosis results in nearly 2 million deaths annually worldwide.[1] More than 2 billion persons are infected with *Mycobacterium tuberculosis*,[2] and from this reservoir active tuberculosis will develop in millions of persons in coming decades. Treatment of latent *M. tuberculosis* infection among the persons at highest risk for progression to active disease is an important strategy for tuberculosis control and elimination.[3-6]

The current standard regimen for the treatment of latent *M. tuberculosis* infection is 9 months of daily isoniazid.[3] The efficacy for isoniazid was found to be 69 to 93% in a study that was published in 1982 (before the era of widespread infection with the human immunodeficiency virus [HIV]).[7] However, the effectiveness of isoniazid is limited by treatment completion rates of 30 to 64%, owing in part to the long duration of the regimen.[3,8-11] Toxic effects of the drug, especially hepatic, are also a concern.[3] A 2-month regimen of rifampin and pyrazinamide was shown to be as effective as isoniazid[12-14] but has not been recommended owing to increased rates of severe hepatotoxicity.[15]

Rifapentine, a rifamycin derivative with a long half-life and greater potency against *M. tuberculosis* than rifampin, has shown promise for treating latent tuberculosis in animal models.[16-18] Since weekly rifapentine and isoniazid are effective in the continuation phase of tuberculosis treatment in patients with a low bacillary burden,[19] we reasoned that a 3-month course of these agents would be effective for treating latent *M. tuberculosis*. A shortened course of intermittent treatment would also be more convenient for both patients and public-health programs responsible for ensuring treatment completion.

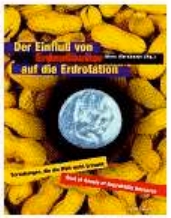
Başlık

- Çalışmanın *“etiketi”*
- Hedef kitlenin çoğunun makalede okuyacağı “tek” kısım
- Çalışmada neyin çalışıldığını söylemeli
- *“Çekici”* olmalı

The Effects of Peanut Butter on the Rotation of the Earth

The Effects of Peanut Butter on the Rotation of the Earth

EDITOR'S NOTE: With publication of this paper we are hereby amending our longstanding policy regarding co-authors. Previously we rejected any research paper that had more than ten co-authors. Many of our contributors, especially high-energy physicists, have pointed out that in some fields, especially high energy physics, research journals routinely publish papers that have one hundred or more co-authors. Accordingly, we are removing the restriction.



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So far as we can determine, peanut butter has no effect on the rotation of the earth.

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Three Months of Rifapentine and Isoniazid for Latent Tuberculosis Infection

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