



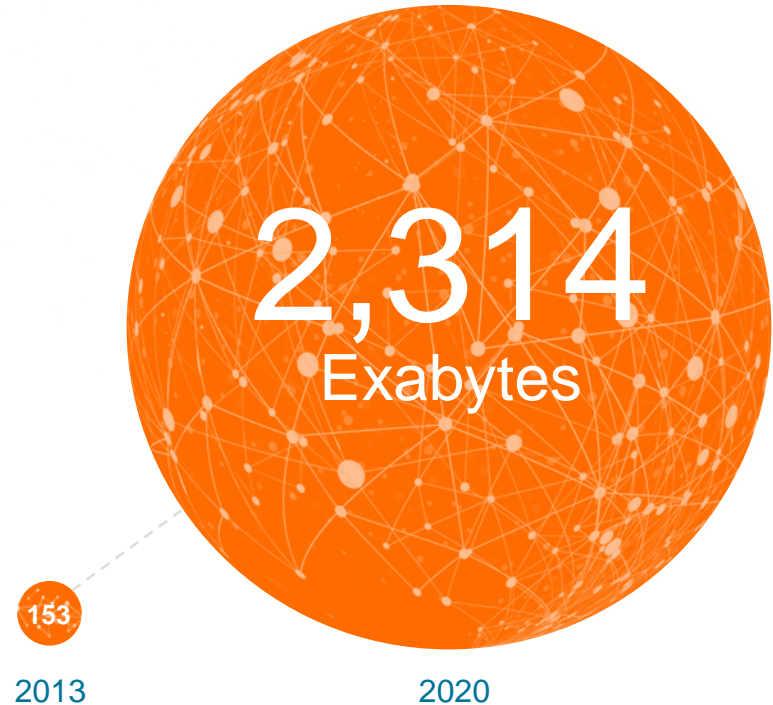
Harnessing AI and real world evidence to revolutionise clinical outcomes

July 2018



Exponential growth of healthcare data

It is predicted by IDC that health care data will grow from **153 Exabytes** in 2013 to **2,314 Exabytes** in 2020.



What drives healthcare data increase?



48% annual growth of data in healthcare – fastest growing segment*



Growth of EMR adoption and digitization of records



Complex and high-frequency data in patient care



Increase in adoption of wearables and remote monitoring devices

**Big Data: A Survey; Mobile Networks and Applications 2014*

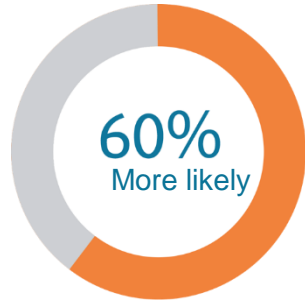


Harnessing AI to revolutionise clinical outcomes
22-11-2018

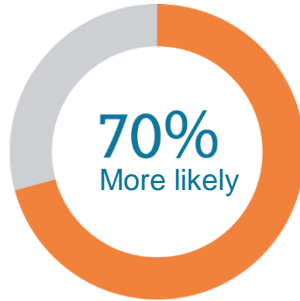
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Common Goal: Reducing care variability

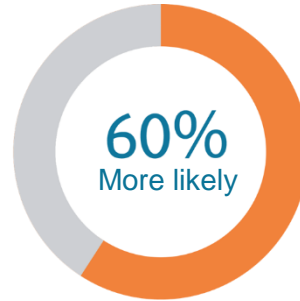
It's been proven CDS can **positively reduce** care variability



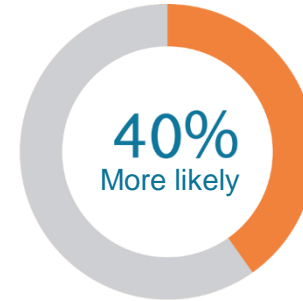
To **prescribe** the correct medicines or other therapies



To **order** the required diagnostic tests



To **monitor** drug effects in line with evidence



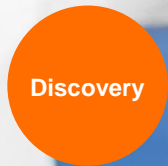
To take appropriate **preventative** measures

8 systematic reviews – Implementation Science, AHRQ, Annals of Internal Medicine



Harnessing AI to revolutionise clinical outcomes
22-11-2018

Yet it takes **17 years** for only **14%** of new scientific discoveries to find their way to daily practice.



17 years





Can we use
advanced technology
to shorten route
from evidence to practice?

Harnessing AI to improve clinical outcome



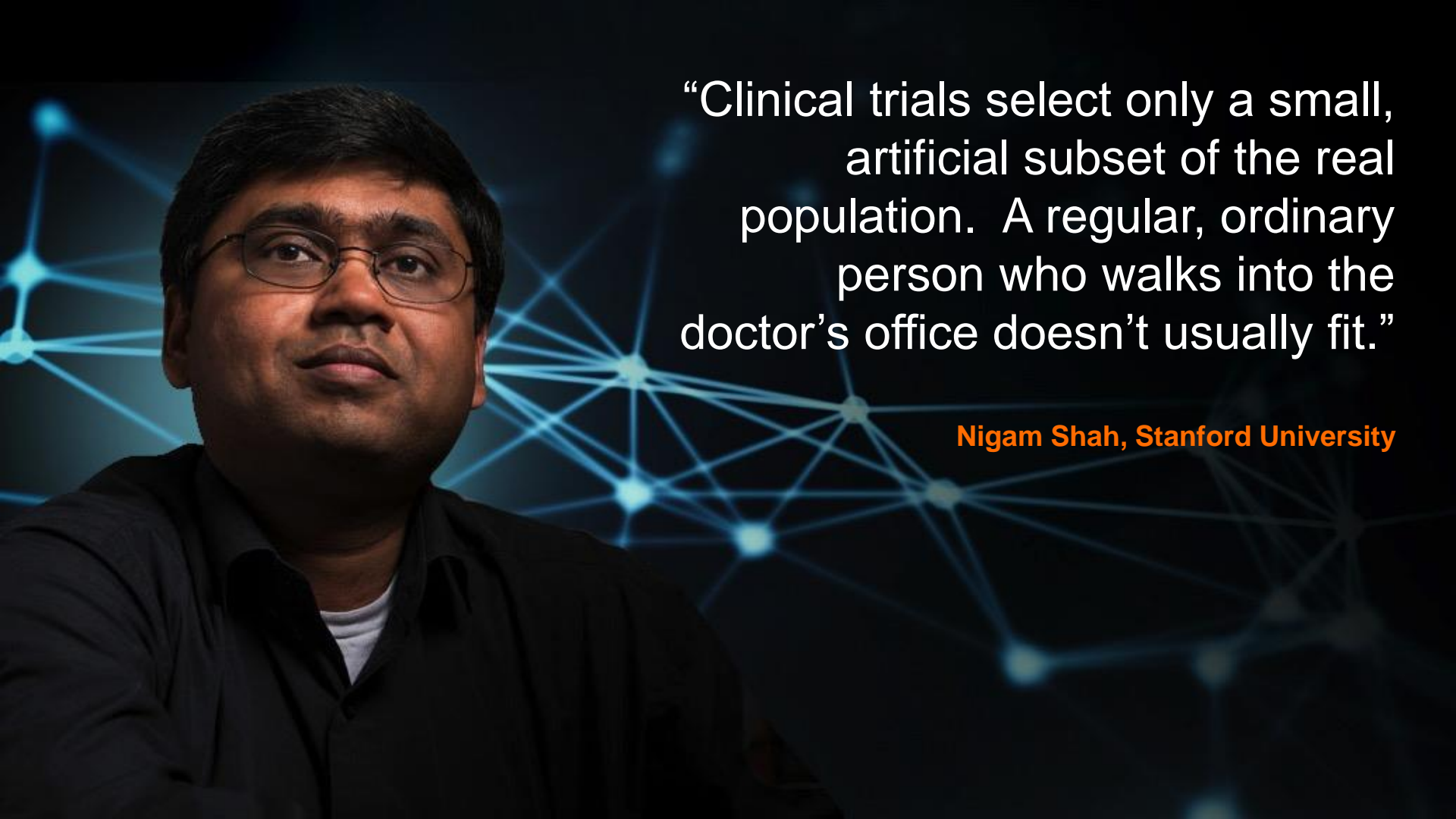
AI and machine learning can analyze existing patient data to study clinical data to draw new findings



The future of clinical decision-making based on real world evidence through use of AI



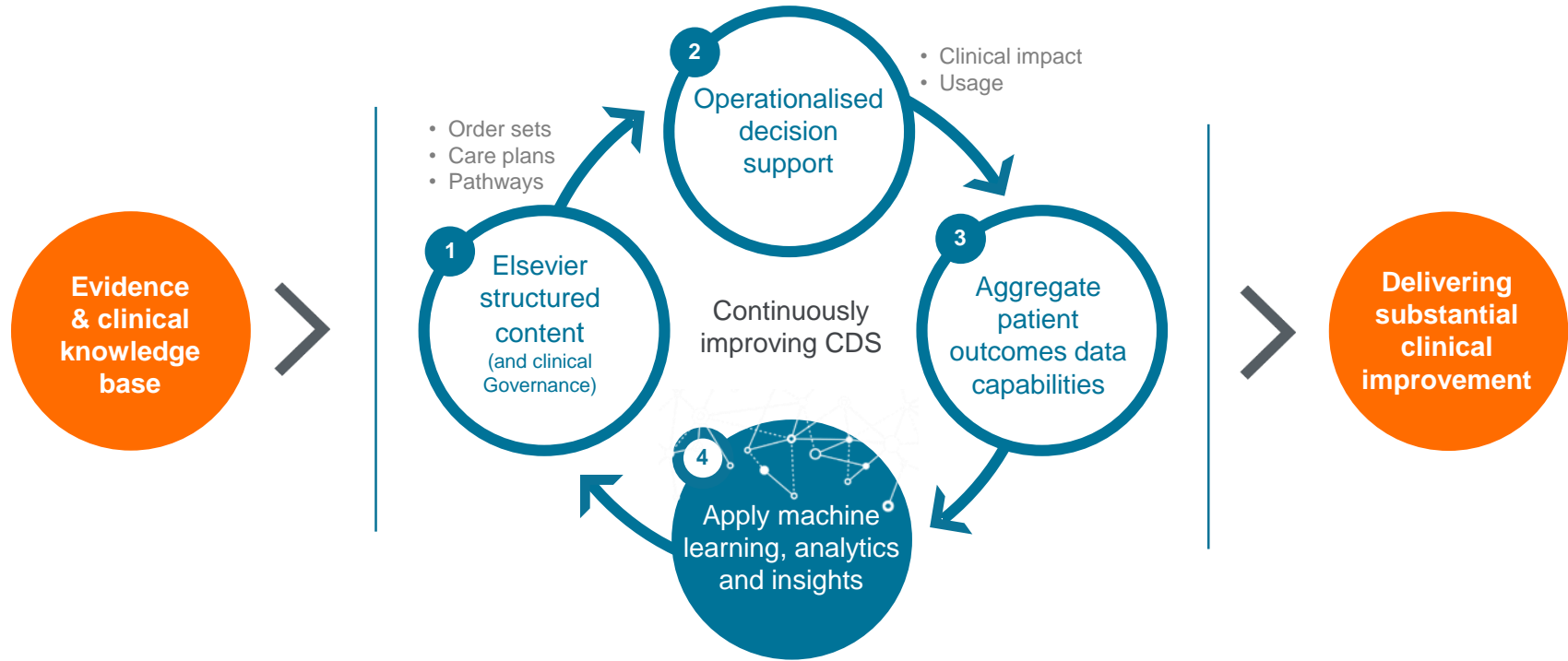
Thought leaders in clinical research suggest that EHRs should be used to lower the cost of real world evidence and data capture into the clinical process




“Clinical trials select only a small, artificial subset of the real population. A regular, ordinary person who walks into the doctor’s office doesn’t usually fit.”

Nigam Shah, Stanford University

Harnessing the phenomenal power of AI





Our vision is to deliver better patient outcomes through the use of AI deep data analytics to develop real world evidence.

We invite you to share our vision.

Share our vision

What you **can achieve**:

- Optimize population health
- Best care through machine learning/AI
- Risk adjusted comparison
- Continuous benchmarking
- Greater decision support



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Headquarters in LONDON and AMSTERDAM



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and the future of better healthcare.



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Thank you.





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ClinicalKey

Hungary

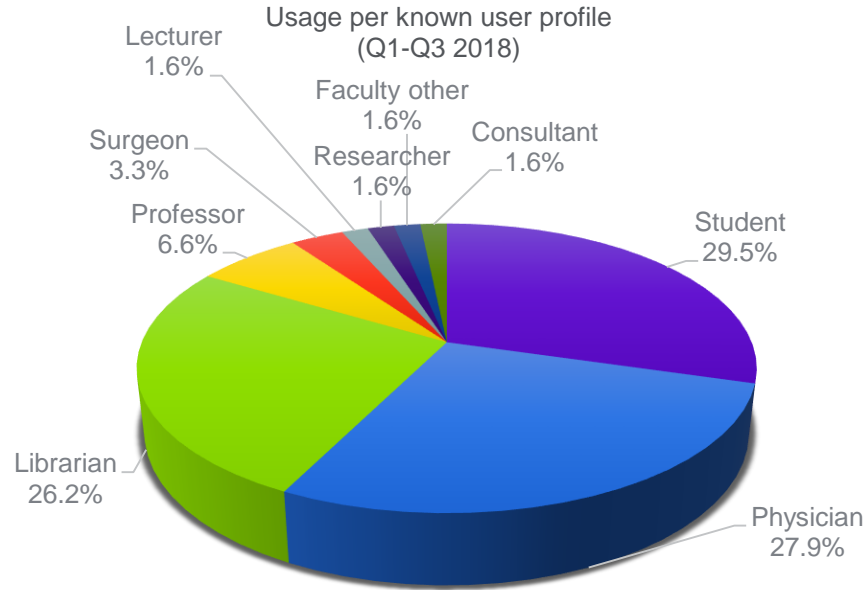
November 2018

Chantal Hamelinck | Account Manager



Who uses ClinicalKey?

In 2018, ClinicalKey was used by a wide range of professionals from Hungary.



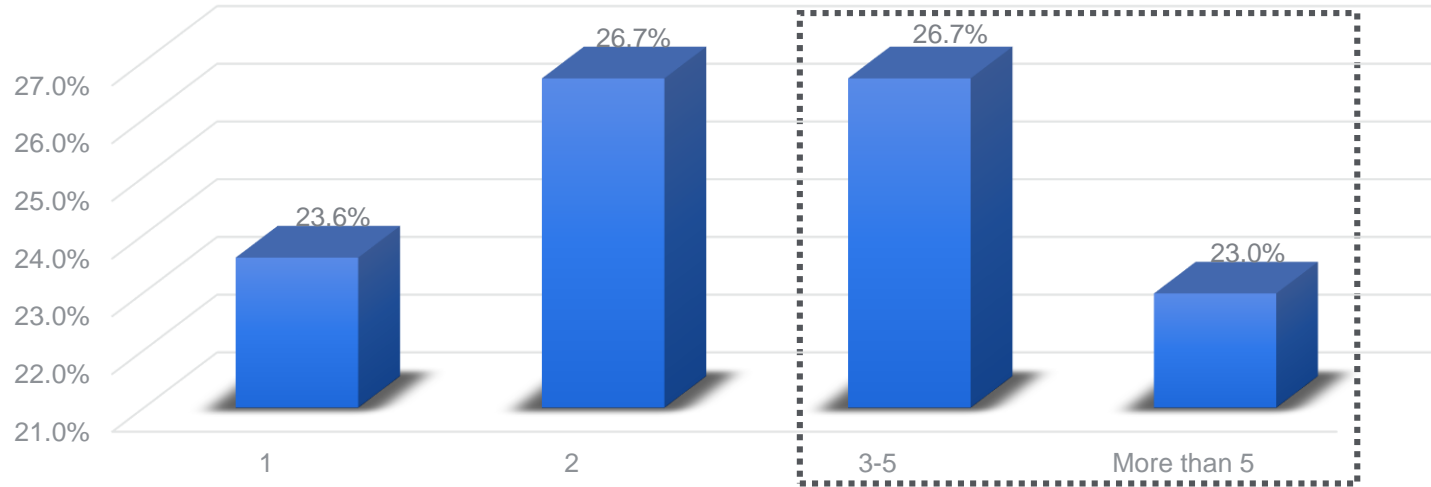
ClinicalKey covers >30 specialties and therefore benefits many healthcare professionals



Source: ClinicalKey User Data Provided by Elsevier Marketing Analytics Team | 11. October 2018

Users search across several specialties besides their own. In fact the half of the users from Hungary accessed 3 or more specialties

Number of specialties accessed by a single registered user
(Q1-Q3 2018)



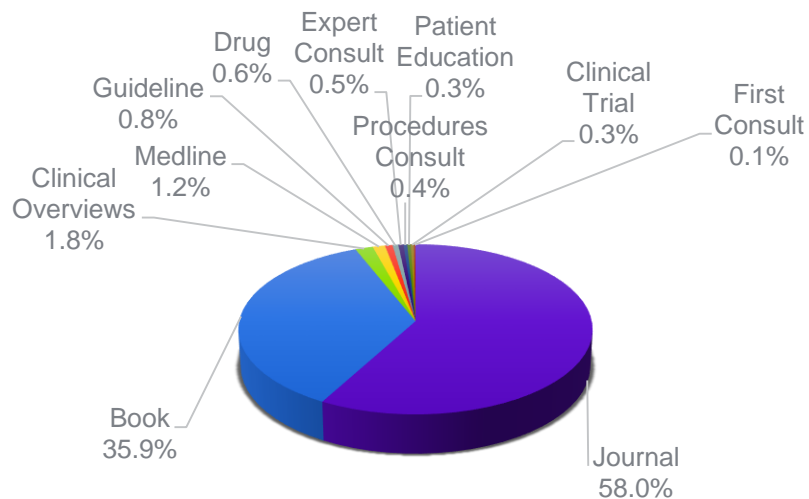
No other platform allows users to search across so many specialties and so many types of content through one single access point.





How did the users use ClinicalKey?

Usage breakdown 2018 of all accessed contents available in ClinicalKey

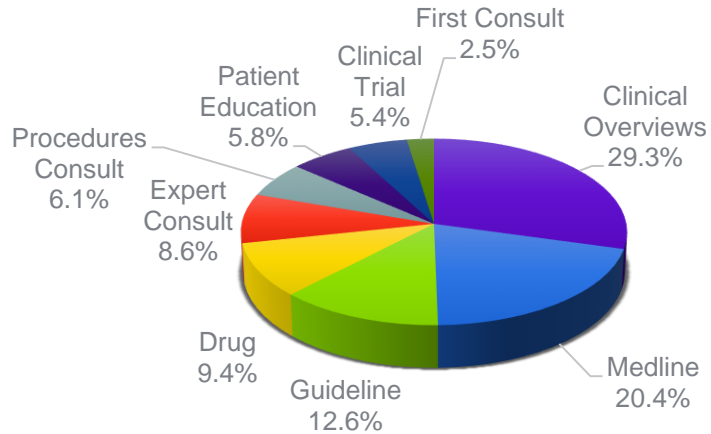


Content Type	Total
Journal	38107
Book	23571
Clinical Overviews	1163
Medline	811
Guideline	500
Drug	374
Expert Consult	340
Procedures Consult	242
Patient Education	229
Clinical Trial	215
First Consult	98

The possibility to access almost **700 full text journals** and **more than 1000 books** covering **all specialties** is greatly valued by the users, as shown by the high usage of journals and books



Aside from books and journals, users also explored other types of contents included in ClinicalKey



Content Type	Total
Clinical Overviews	1163
Medline	811
Guideline	500
Drug	374
Expert Consult	340
Procedures Consult	242
Patient Education	229
Clinical Trial	215
First Consult	98

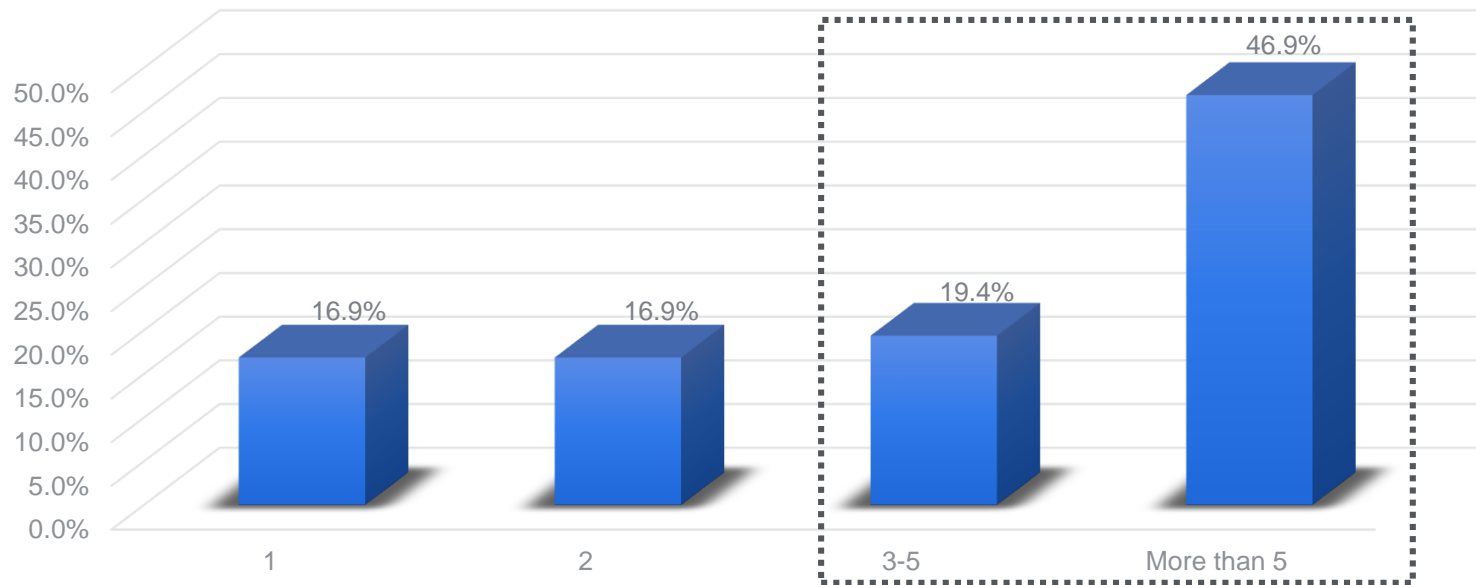
And everything searchable through a single access point!



Source: ClinicalKey User Data Provided by Elsevier Marketing Analytics Team | 11. October 2018

In 2018, two third of the users accessed 3 or more types of contents

Number of contents accessed by a single registered user
(Q1-Q3 2018)



And all the content accessible through a single search!

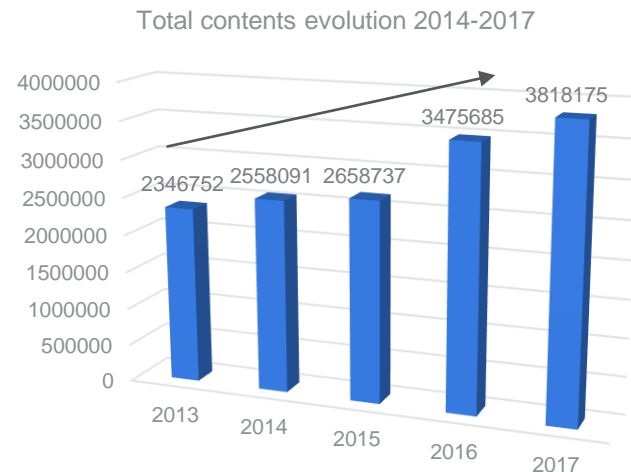


Source: ClinicalKey User Data Provided by Elsevier Marketing Analytics Team | 11. October 2018

We continue to invest in product improvement and additional content sources

Updates in ClinicalKey

- Keyword searchbar within journals and books
- ClinicalKey Mobile App
- Integration with healthcare records (EHR)
- Clinical Overviews



The contents in ClinicalKey are regularly updated to provide you with the latest information in your specialty



Source: ClinicalKey Product Team



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A clinical case in Cardiology

With ClinicalKey

November, 2018
Lais Junqueira



The case

Male patient – 67 years old

Family history suggestive of coronary artery disease (mother died of probable infarction before age 60)

Admitted to the emergency room for investigation of chest pain during walk on the beach

2 sets of myocardial necrosis markers and electrocardiograms without alterations.

Discomfort did not resolve with sublingual isosorbide nitrate.

Coronary angiogram was performed, showing a significantly increased calcium score (1040) and areas suggestive of stenosing lesions in the proximal segments of the diagonal artery, anterior descending and left coronary artery.



The case

Admitted in the cardiac intensive unit for invasive stratification.

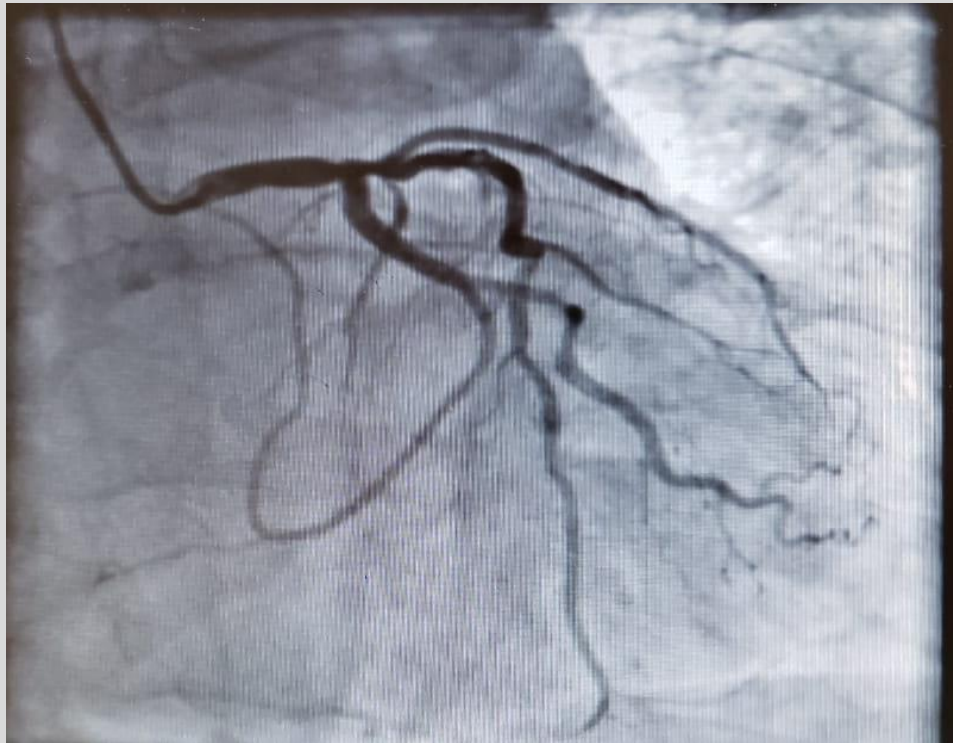
Coronary angiography confirmed lesions on the diagonalis ostium (80% light reduction), anterior descending (80%) and left coronary trunk (50%).

Distal coronary artery beds free of major lesions.

Thus, it was decided by myocardial revascularization with 2 bridges of mammary arteries and 1 saphenous bridge.

Left mammary to anterior descending; right mammary to diagonalis; saphenous to marginal.

No evidence of myocardial ischemia or ventricular dysfunction at any time.



Information support

- Cardiac catheterization – overview and procedure
- Coronary artery bypass graft surgery – guidelines and quality measure
- Constipation opioids - overview
- Pneumonia – diagnosis and treatment
- Physical therapy – rehabilitation
- Patient education – bypass surgery

www.clinicalkey.com

ClinicalKey gives clinicians the trusted clinical answers they need to deliver high-quality, low-cost care.

Using ClinicalKey, clinicians can:

- ▶ Quickly confirm diagnosis, treatment plans or medication dosages for best practices using easy-to-scan, clinically focused medical topic summaries.
- ▶ Plan care and surgeries more effectively.
- ▶ Research unusual, rare or complex conditions.
- ▶ Begin treatment earlier and care for patients in a much more cost-efficient manner.



Here's what physicians are saying about ClinicalKey:

“ I used ClinicalKey to find a video for a case

I was doing and to find an important article for an operation. The ability to access videos is very important to me. With ClinicalKey, the information I need is in one place.”

— SURGEON FROM A NONPROFIT HEALTH CARE ORGANIZATION

“ I use ClinicalKey to refresh my memory

on a rare illness that I encounter. ClinicalKey gets right to the point and makes it easy to get to my topic search result. This clinical information is more streamlined than on other sites, and the search engine is better—allowing you to search within books.”

— ANESTHESIOLOGIST FROM A PRIVATE RESEARCH UNIVERSITY

“ ClinicalKey gives me nice reviews that help

me with differential diagnosis. It lets me carry lots of information in a very portable manner. I use it via my mobile app quite a bit.”

— VASCULAR SURGEON FROM A MULTISPECIALTY ACADEMIC HOSPITAL





84%

of surveyed clinicians rate **ClinicalKey's ability to provide trusted, current content** as better than other clinical reference solutions they have used.¹



92%

of surveyed clinicians find **ClinicalKey to be effective** for obtaining comprehensive, complete clinical information.²



80%

of surveyed clinicians rate **ClinicalKey's ability to meet diverse content needs** as better than other clinical reference solutions they have used.³

Q&A



Projects with ClinicalKey Improving Quality of Care



Nile Moss

At 15 years of age, Nile entered the top Children's hospital in Orange Country California for an annual series of tests.

He returned home.

He began to have flu like symptoms, within 48 hours, his life on earth came to end.

We later learned that the cause was a **MRSA infection** and the lack of appropriate treatment and antibiotics from the professionals enabled sepsis to take over and end his life.



https://patientsafetymovement.org/pdf-print/?post_id=664

Nile's Project was launched to help bring awareness to other families www.nilesproject.com

Investigation, review and improvement plan

- Analyze the event
- Learn causes and lessons
- Adjust system to prevent future occurrences
- Educate staff and patients



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 CHAPTER EXCERPT

Multidisciplinary Process Improvement: Root Cause Analysis, “Never Events,” and Failure Mode Effects...

Quality and Patient Safety in Anesthesia Care > Tools for Improving Local Outcomes

Root cause analysis (RCA) was developed by manufacturers in the 1950s to better understand industrial events. The goal is, as the title suggests, to identify the primary, or “root,” cause of the problem under analysis. One of the first users of th...

[Basics of Anesthesia.](#)

Tung, Avery.. Published January 1, 2018. © 2018.

[See more results from this chapter](#)

 CHAPTER EXCERPT

Root Cause Analysis, Failure Mode and Effects Analysis, and the Swiss Cheese Model

Patient Safety

To some extent, errors are an inherent feature of the extremely complex system in which radiologists operate, yet there are tools for evaluating risk and adverse events that may be useful. Failure mode and effects analysis (FMEAacrn1) is a proces...

[Radiology Noninterpretive Skills: The Requisites.](#)

Berlanstein, Bruce.. Published January 1, 2018. © 2018.

[See more results from this chapter](#)



- ^
- rom Safety to Quality: Making Anesthesia Both Safer and Better
- Process Measures
- Structural Measures
- Outcome Measures
- Tools for Improving Local Outcomes
- Structured Quality Improvement Programs: FADE, PDSA, and DMAIC**
- Multidisciplinary Process Improvement: Root Cause Analysis, “Never Events,” and Failure Mode Effects Analysis
- Summary
- Questions of The Day
- References

implemented, for example, but no improvement in handoff errors results, one possibility is that compliance with the tool is poor. Attention to such details will help optimize the results of any quality improvement project.

Multidisciplinary Process Improvement: Root Cause Analysis, “Never Events,” and Failure Mode Effects Analysis

Root cause analysis (RCA) was developed by manufacturers in the 1950s to better understand industrial events. The goal is, as the title suggests, to identify the primary, or “root,” cause of the problem under analysis. One of the first users of this technique was Toyota, who famously used the “5 whys” technique. By asking “why” at least five times during the investigation of a breakdown or undesired event, quality personnel are forced to drill down layer by layer to understand progressively more fundamental causes.

When applied in medicine, the root cause process begins with a multidisciplinary group assembled to evaluate every step of the process that resulted in the event in question. Attention is focused strictly on system processes and not on individual provider behavior. A causal factor chart is often created in skeleton form, with details added as each specialty adds their expertise. Fig. 48.1 depicts a sample factor chart for an intraoperative transfusion reaction³⁹ (also see Chapter 24).

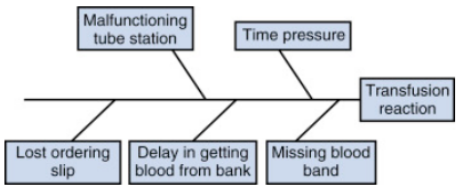


Fig. 48.1
Sample causal factor chart.

From Tung A. Sentinel events and how to learn from them. *Int Anesthesiol Clin.* 2014;52:53-68.

Although such charts are usually read from left to right, they are often created from right to left, starting with the event and using logic and time information to add relevant causal factors. Note also that the blood bank, hospital engineering, preoperative nursing, anesthesia, and surgery are all involved in this particular event, underscoring



MRSA infection

“The official cause of death was recorded as sepsis,...
...But later identified as MRSA bacteria that Nile had acquired from
simply lying down on a contaminated MRI bed.”

Adjust system to support professionals and patients on:

- Prevention
- Diagnosis
- Treatment

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CHAPTER EXCERPT

MRSA

Incision and Drainage

First acknowledged in the 1960s as a cause of infection in patients in health care settings, MRSA has now become the most common identifiable cause of community-acquired skin and soft tissue infections in many metropolitan areas in the United Stat...

Roberts and Hedges' *Clinical Procedures in Emergency Medicine and Acute Care*.

Ambrose, Gina; Berlin, Donald.. Published January 1, 2019. © 2019.

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CHAPTER EXCERPT

Epidemiology

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus is one of the most frequently encountered bacteria causing human infections and may be considered as either methicillin-sensitive S. aureus (MSSA) or methicillin-resistant S. aureus (MRSAacrm1). * Staphylococcus aureus * was...

Conn's *Current Therapy 2018*.

Conly, John M., MD.. Published January 1, 2018. © 2018.

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CHAPTER EXCERPT

Methicillin-Resistant Staphylococcus Aureus

Dermatologic Presentations > Infectious Disorders > Bacterial Infections

The incidence of community-associated MRSA has soared since the first report in 1993. In many major cities in the United States, MRSA is now the most common pathogen cultured from ED patients presenting with skin and soft tissue infections. Concer...

Rosen's *Emergency Medicine: Concepts and Clinical Practice*.

Marco, Catherine A... Published January 1, 2018. © 2018.



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 CHAPTER EXCERPT

Diagnosis

Methicillin-Resistant Staphylococcus aureus (MRSA)

Feri's Clinical Advisor 2018.

Fort, Glenn G., M.D., M.P.H... Published January 1, 2018. © 2018.

 CHAPTER EXCERPT

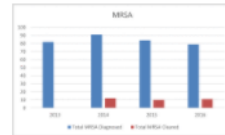
Diagnosis

Methicillin-Resistant Staphylococcus Aureus (MRSA)

The diagnosis of MRSA infections is based on the clinical presentation and the isolation of the causative organism from purulent discharge, sputum, or urine or from specimens obtained from normally sterile body fluids (joint fluid, abscess or tiss...

Conn's Current Therapy 2018.

Conly, John M., MD.. Published January 1, 2018. © 2018.

[See more results from this chapter](#) IMAGE

Successfully clearing discharged patients of methicillin-resistant Staphylococcus aureus : Opportunities for...

Figure 1:MRSA diagnosis and clearance rates Jan 2014 to Dec 2016.

[More](#)

Infection, Disease & Health.

Werner, Curt; Shaban, Ramon Z... Published March 1, 2018. Volume 23, Issue 1. Pages 57-62. © 2017.



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Specialties

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 CHAPTER EXCERPT

Treatment

Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

MRSA strains harbor resistance to the beta-lactam antimicrobials, including oxacillin, dicloxacillin, cloxacillin, nafcillin, methicillin, and first-, second-, and third-generation cephalosporins. The new advanced-generation cephalosporin antimicr...

Conn's Current Therapy 2018.

Conly, John M., MD.. Published January 1, 2018. © 2018.

[See more results from this chapter](#) CHAPTER EXCERPT

Treatment

Methicillin-Resistant *Staphylococcus aureus* (MRSA)

CA-MRSA: oral antibiotics that may be effective include trimethoprim-sulfamethoxazole, doxycycline, minocycline, or clindamycin; linezolid and tedizolid are other options but are very expensive. HA-MRSA: intravenous antibiotics, vancomycin, linezo...

Ferri's Clinical Advisor 2018.

Fort, Glenn G., M.D., M.P.H... Published January 1, 2018. © 2018.

[See more results from this chapter](#) DRUG MONOGRAPH

Ozenoxacin

Gold Standard. Published December 19, 2017.

 IMAGE

Community-Acquired Methicillin-Resistant *Staphylococcus aureus* Infections of the

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Prevention

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Controlling the spread of either HA-, CA- or LA-MRSA, from an infected or colonized person to others in the hospital, family, or community is a key goal of prevention. In the hospital setting, strict adherence to hand hygiene, application of barri...

[Conn's Current Therapy 2018.](#)

Conly, John M., MD.. Published January 1, 2018. © 2018.

[See more results from this chapter](#) FULL TEXT ARTICLE

Methicillin-resistant Staphylococcus aureus prevention practices in hospitals throughout a rural state

[AJIC: American Journal of Infection Control.](#)

McDanel, Jennifer S., PhD; Ward, Melissa A.,... Show all. Published August 1, 2014. Volume 42, Issue 8. Pages 868-873. © 2014.

 FULL TEXT ARTICLE

MRSA Prevention Partnership

[AJIC: American Journal of Infection Control.](#)

Published June 1, 2010. Volume 38, Issue 5. Pages e68-e68. © 2010.

 FULL TEXT ARTICLE

Veterans Affairs methicillin-resistant Staphylococcus aureus prevention initiative associated with a...

[AJIC: American Journal of Infection Control.](#)

MRSA infection

Once adjustments are made, it is time to educate staff and patients to actively involve them in safe care practices.

- Ensure all have received education
- Encourage adherence to best practices
- Continuing education

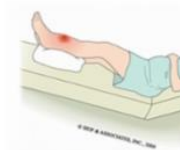


Patients

- Easy
- Support to patient education process

Infecção por SARM, adultos (MRSA Infection, Adult)

SARM significa *Staphylococcus aureus* resistente à meticilina. Este tipo de infecção é causada por bactérias *Staphylococcus aureus* que não são mais afetadas pelos medicamentos usados para matá-las (*resistente a medicamentos*). As bactérias *Staphylococcus aureus* (*estafilococos*) normalmente são encontradas na pele ou no nariz de pessoas saudáveis. Na maioria dos casos, essas bactérias não causam infecção. Mas se as bactérias resistentes entrarem em seu corpo através de um corte ou ferida, elas podem causar uma infecção séria na pele ou em outras partes do corpo. Existe uma pequena chance de os estafilococos em sua pele ou nariz serem SARM.



Existem dois tipos de infecção por SARM:

- A infecção por SARM adquirida em hospital é provocada por bactérias que você pega no hospital.
- A infecção por SARM adquirida na comunidade é provocada por bactérias que você pega em outros locais que não sejam o hospital.

FATORES DE RISCO

A infecção por SARM adquirida em hospital é mais comum. Você corre risco de contrair essa infecção se estiver no hospital e se:

- Tiver sido submetido a uma cirurgia ou procedimento.
- Tiver um acesso ou cateter intravenoso (IV) colocado em seu corpo.
- Tiver uma baixa resistência a germes (*sistema imune debilitado*).
- For idoso.
- Estiver fazendo diálise renal.

Você pode correr risco de contrair uma infecção por SARM adquirida na comunidade se tiver um lesão na pele e entrar em contato com um SARM. Isso pode ocorrer se você:

- Praticar esportes nos quais haja contato de pele.
- Viver em um ambiente superlotado, como um dormitório ou alojamentos militares.
- Compartilhar toalhas, barbeadores ou equipamentos esportivos com outras pessoas.

SINTOMAS

Os sintomas da infecção por SARM adquirida em hospital dependem de onde o SARM se disseminou. Os sintomas podem incluir:

- Infecção da ferida.
- Infecção da pele.
- Erupções cutâneas.
- Pneumonia.

Hospital Staff

- Images that can be added to presentations
- Videos
- E-mails with relevant content – shared among peers for continuing education. CME included.

Information

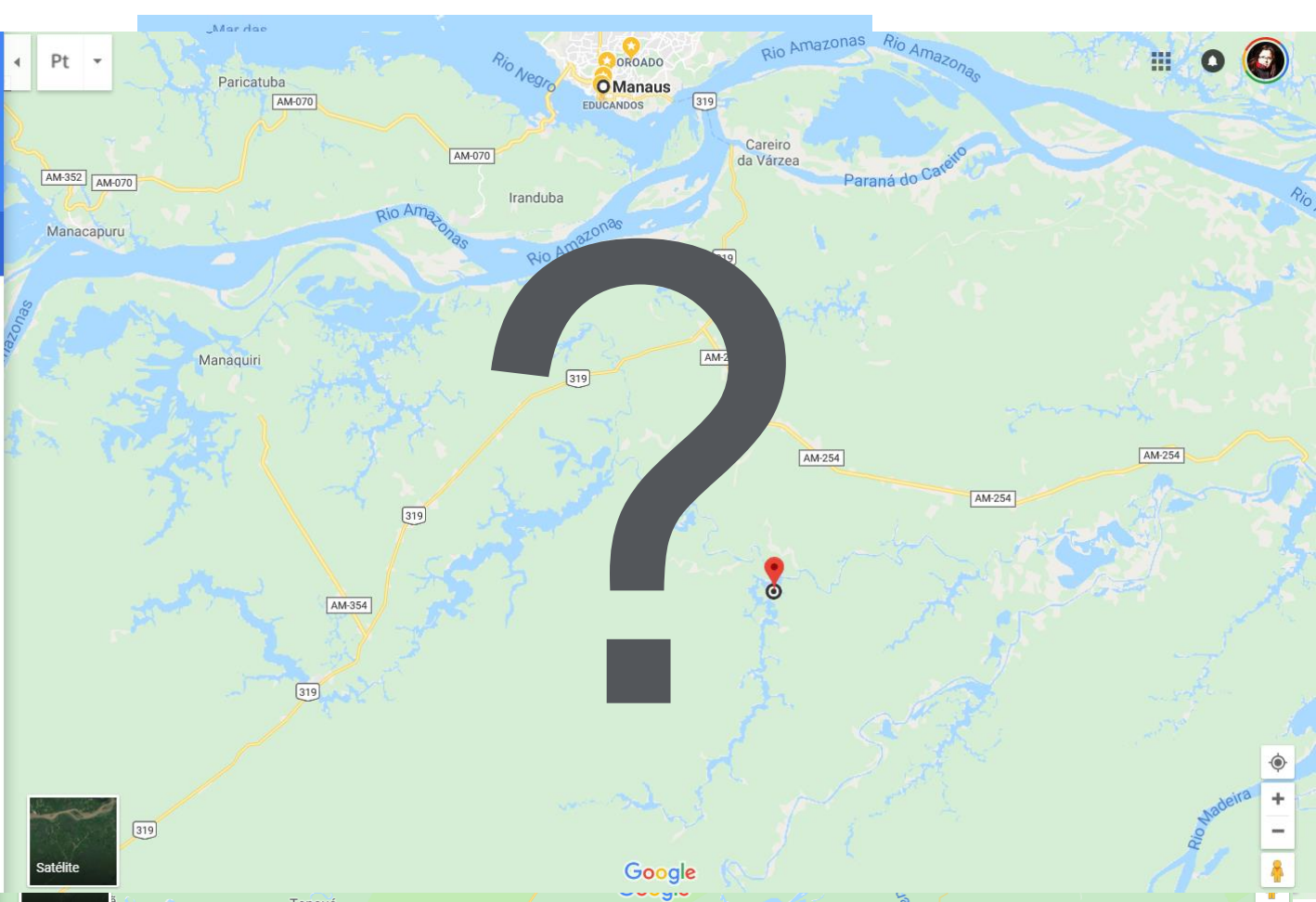




Saving lives in the Amazon

Lais Junqueira

Navigation menu with icons for home, car, bus, walking, bicycle, and airplane. Search results for "Manaus, AM, Brasil" and "Amazonas, Brasil". A button labeled "OPÇÕES" is visible at the bottom right of the menu.

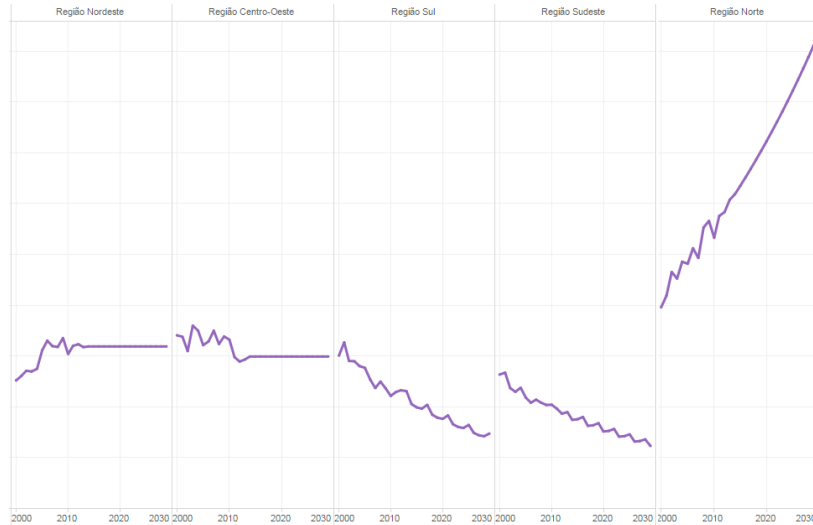


Não foi possível calcular as rotas de "Manaus, AM, Brasil" até "Amazonas, Brasil"

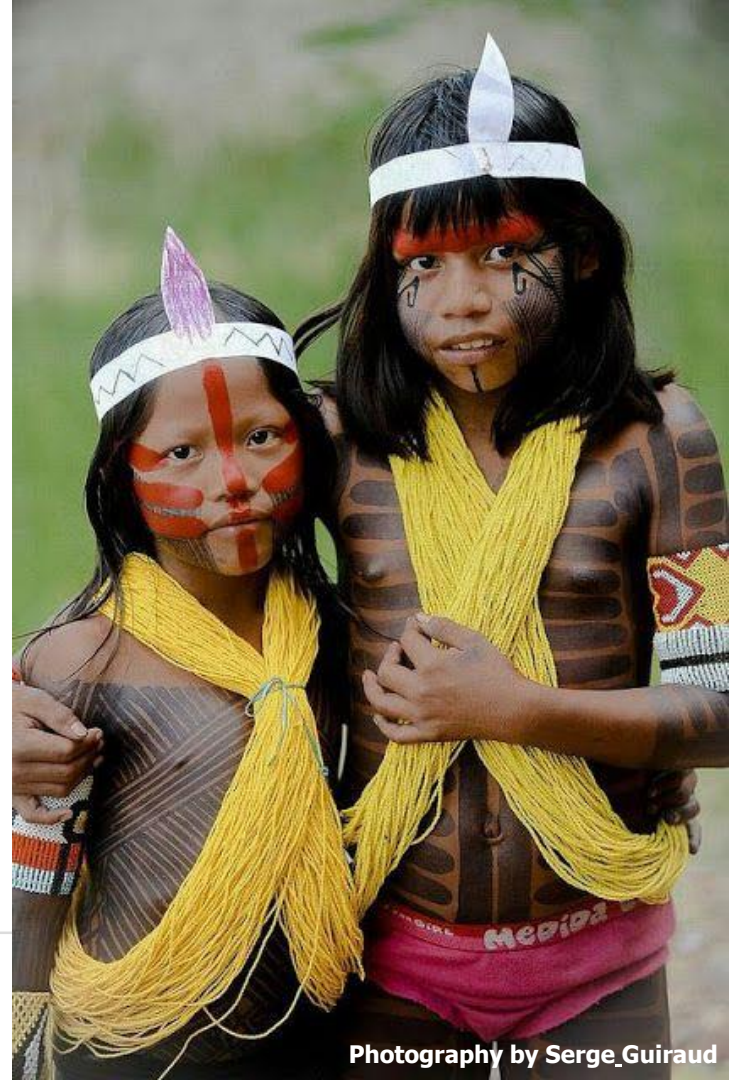


Cervical Cancer in Amazonas

Incidence rate of **47,28 / 100.000** women compared to **15,43 / 100.000** national incidence *



*National Institute of Cancer - <http://www.inca.gov.br/estimativa/2018/sintese-de-resultados-comentarios.asp>
<http://observatoriodeoncologia.com.br/dos-dados-de-hoje-as-mortes-por-cancer-em-2029/>



Photography by Serge Guiraud

Regional challenges

- Variety of initiatives
- Uncoordinated efforts
- Variability of knowledge and practice among professionals
- Healthcare system rupture



The approach

- Prevention
- Early Detection
- Timely Correct Treatment

Information



Prevention

- Information to engage patients in Prevention
- The science behind the vaccine and implementation success
- Educating future healthcare professionals

HPV (Human Papillomavirus) Vaccine: What You Need to Know

Elsevier Interactive Patient Education © 2017 Elsevier Inc

1. Why get vaccinated?

HPV vaccine prevents infection with human papillomavirus (HPV) with many cancers, including :

- **cervical cancer** in females,
- **vaginal and vulvar cancers** in females,
- **anal cancer** in females and males,
- **throat cancer** in females and males, and
- **penile cancer** in males.

In addition, HPV vaccine prevents infection with both females and males.

In the U.S., about 12,000 women get cervical cancer from it. HPV vaccine can prevent most of these cancers.

FULL TEXT ARTICLE

Cost-effectiveness analysis of a five Latin American countries

Lisandro Colantonio, Jorge A. Gómez, Nadia Demarteau, Bárbara Augustovski
Vaccine, 2009-09-04, Volume 27, Issue 40, Pages 5519-5529. Copyright © 2009 Elsevier B.V.

Abstract

Implementation of cervical cancer (CC) vaccination in Latin America is expected to reduce the high CC burden in those countries. But the efficiency of such vaccination programs in the region still remains unknown. This study assesses the cost-effectiveness and cost-utility of introducing vaccination into the current CC disease management of five Latin American countries (Argentina, Brazil, Chile, Mexico, and Peru). The modelling results indicate that universal mass vaccination is cost-effective in the current health care setting of each country (<3× gross domestic product per capita, per country) with a substantial number of CC cases and deaths avoided in addition to an increase of quality-adjusted life years. This study will help guide the design of future clinical programmes and health-related policies. It will assist early and effective decision-making processes related to vaccine implementation in Latin America.

[+] Avaliar Resultados

MONOGRAFIA SOBRE DROGAS

Human Papillomavirus Quadrivalent Vaccine

Gold Standard. Publicado September 13, 2016.

MONOGRAFIA SOBRE DROGAS

Human Papillomavirus Bivalent Vaccine

Gold Standard. Publicado September 13, 2016.

MONOGRAFIA SOBRE DROGAS

Human Papillomavirus 9-Valent Vaccine

Gold Standard. Publicado September 13, 2016.

Searches related to hpv

Human Papillomavirus Typing	human Papillomavirus 9-valent vaccine
human papilloma virus infection	HPV - Human papillomavirus test
human papillomavirus vaccine	negative
human papillomavirus DNA detection	

MONOGRAFIA SOBRE DROGAS

Podofilox

Gold Standard. Publicado September 13, 2016.



ELSEVIER

Early detection

- Empowering professionals to detect HPV infections
- Empowering professionals to diagnose pre-cancerous lesions and cancerous lesions with standardized protocols
- Educating patients on HPV, Genital Warts and other related conditions

Papilomavírus humano (Human Papillomavirus)

O papilomavírus humano (HPV) é a doença sexualmente transmissível (DST) mais comum. A transmissão dele de pessoa para pessoa (*contágio*) é fácil. O HPV pode causar câncer do colo do útero, câncer do ânus e verrugas genitais. As verrugas genitais podem ser vistas e sentidas. Também pode haver áreas semelhantes a verrugas na garganta. O HPV pode não apresentar nenhum sintoma. É possível ser portador do HPV por um longo tempo sem saber disso. Você pode transmitir o HPV para outras pessoas sem saber.

Verrugas do HPV



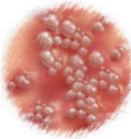
TRATAMENTO DOMICILIAR

- Tome medicamentos conforme orientado
- Use cremes para coceira vendidos sem receita
- Compareça a todas as consultas de acompanhamento
- Papanicolau conforme as orientações de seu médico
- Não toque nem coce as verrugas.
- Não trate verrugas genitais com medicamentos
- Não tenha relações sexuais enquanto estiver sendo tratado
- Não faça ducha vaginal nem use absorvedores
- Informe seu parceiro sexual sobre a doença
- Em caso de gravidez, informe seu médico
- Em caso de gravidez, informe seu médico com cuidado
- Em caso de gravidez, informe seu médico com cuidado
- Em caso de gravidez, informe seu médico com cuidado
- Após o tratamento, use preservativos durante as relações sexuais
- Tenha relações somente com um parceiro
- Não tenha um parceiro ou parceira que não tenha sido tratado

Verrugas genitais (Genital Warts)

Verrugas genitais são uma infecção transmitida sexualmente. Elas podem aparecer como pequenas bolhas nos tecidos da área genital.

Verrugas do HPV



CAUSAS

As verrugas genitais são causadas por um vírus chamado Human Papilloma Virus (HPV). O HPV é a doença sexualmente transmissível (DST) e infecção dos órgãos sexuais mais comum. Essa infecção pode ser disseminada por sexo sem proteção com uma pessoa infectada. Pode ser disseminada por sexo vaginal, anal e oral. Muitas pessoas não sabem que estão infectadas. Elas podem estar infectadas por anos apresentando pouco ou nenhum problema (*sintomas*). Eles ainda podem passar a infecção a seus parceiros sexuais sem saber.

SINTOMAS

- Coceira e irritação na área genital.
- Verrugas que sangram.
- Relação sexual dolorida devido a verrugas.

DIAGNÓSTICO

As verrugas geralmente podem ser vistas a olho nu na vagina, vulva, perineo, ânus e no reto. Certos exames podem também diagnosticar verrugas genitais, tais como:

ClinicalKey

Todos Pesquisa

Skin Lesion

Multiple warts are colored papules.

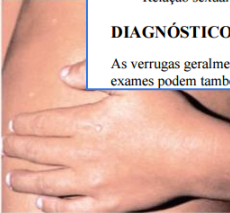


Figure 266-1
Common warts of the left hand and the chest wall.
(From Meneghini CL, Bonfazi E: An atlas of pediatric dermatology, Chicago, 1986, Year Book Medical Publishers, p. 45.)

Genital Warts

Genital warts may be found throughout the perineum around the anus, vagina, and urethra, as well as in the cervical, intravaginal, and intraanal areas (Fig. 266-2). Intraanal warts occur predominantly in patients who have

- Etiology
- Epidemiology
- Pathogenesis
- Clinical Manifestations
- Skin Lesions
 - Genital Warts
 - Squamous Intraepithelial Lesions and Cancers
 - Laryngeal Papillomatosis
- Diagnosis
- Differential Diagnosis
- Treatment
- Complications
- Prognosis
- Prevention
- References

Treatment

- Empowering professionals to provide right treatment on a timely manner
- Standardize the protocols for high quality oncological treatment for all women
- Educating patients on cervical cancer treatment

Cancer of the Uterine Cervix Top of Book Chapter

Treatment

Treatment

Multiple factors including tumor stage, size, histologic features (lymphovascular space invasion [LVSI], nonsquamous components, and depth of cervical stromal invasion), and evidence of lymph node metastasis influence the choice of treatment for cervical cancer. Patients with stage IA1 cervical cancer have undergone a cone biopsy and pathology demonstrates 3 mm of invasion or less, less than 7 mm width, no LVSI, and negative margins. Patients with this extent of disease can safely be treated with a less-radical hysterectomy, an extrafascial hysterectomy. Pelvic lymphadenectomy is not recommended owing to the low risk of pelvic node metastasis (<1%). In patients who desire to retain fertility, a cone biopsy may be considered. Wright and colleagues reported on 1409 women from the SEER database who were younger than 40 years and had stage IA1 cancer. The 5-year survival was 98% among 568 who underwent cone biopsy alone versus 99% among 841 who underwent hysterectomy.

Patients with stage IA2 to IB1 are generally treated with surgery owing to comorbidities, radiation therapy, or a positive surgical margin, parametrial involvement, and lymph node metastasis.

¹ Not FDA approved for this indication.

chemoradiation, based on a positive randomized trial including tumor size, cervical stromal invasion, and lymph node metastasis with adjuvant radiation.



PATIENT EDUCATION

Cervical Cancer

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Uterus

Tumor

Cervix

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The cervix is the opening and bottom part of the uterus between the vagina and the uterus. Cervical cancer is a fairly common cancer. It occurs most often in women between the ages of 40 years and 55 years. Cells of the cervix act very much like skin cells. These cells are exposed to toxins, viruses, and bacteria that may cause abnormal changes.

There are two kinds of cancers of the cervix:

The approach

- Prevention
- Early Detection
- Timely Correct Treatment

**Empowering people
with information**



Partnership to support more women

Elsevier is proud to be a content provider for the Latin America Initiative to Eradicate Cervical Cancer.



Together we can change the future

