EMBASE

Find quick, relevant answers to your biomedical questions



Piotr Golkiewicz
Solution Sales Manager
Life Sciences
Central and Eastern Europe and Russia



WHAT IS EMBASE?

THE WORLD'S MOST COMPREHENSIVE BIOMEDICAL RESEARCH TOOL

Reliable and authoritative content to help the drug and drug-related research community advance new biomedical and pharmaceutical discoveries.

Confidence

Find all relevant articles that may not otherwise be found by using alternative databases

Deep Biomedical Indexing

All relevant, up-to-date, biomedical information from the research literature

Precise Retrieval

Deep and focused research using the most powerful retrieval tools





HOW EMBASE DELIVERS VALUE

...by including literature and information resources in a timely manner

Conference proceedings



Scientific Journals



In Press (unpublished)



We make sure you don't miss any biomedical literature

...by reading full-text to identify drugs, diseases, adverse affects, clinical trials, drug trade names etc.

Deep indexing using own taxonomy (EMTREE)

The only close alternative is reading all the articles

...by enabling advanced search filters to **drill down** a comprehensive search to a relevant and manageable record set

Very powerful
Search Environment

Good precision and recall balance

...by allowing users to **automate** searching and result management



E-mail Alerting

-



API Interoperability

Automation and documentation

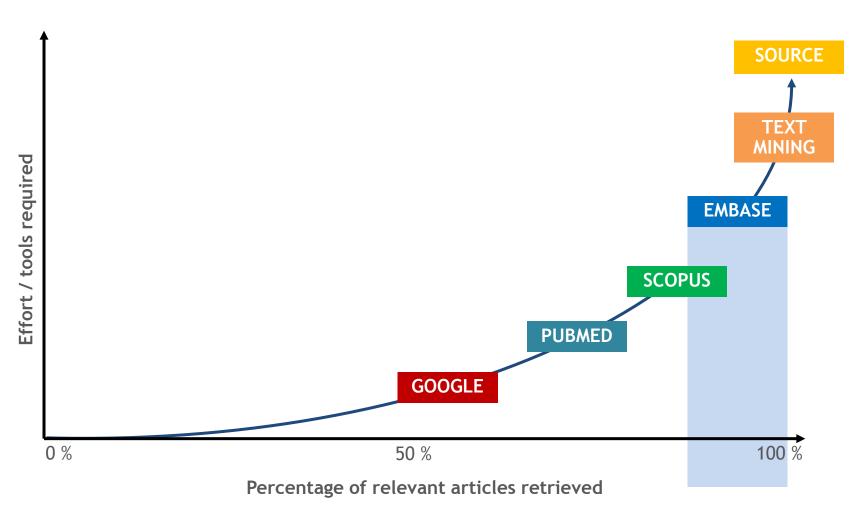








EMBASE IS AS COMPREHENSIVE AS POSSIBLE





COMPREHENSIVE CONTENT COVERAGE

ON AVERAGE >5000 RECORDS ADDED EACH WORKDAY!

Embase: Now covers over 8,400 journals

Indexed at Embase (over 5,700 titles)

Indexed by MEDLINE (e.g. on PubMed) (over 5,500 titles)

Over 2,700 journals

Indexed at Embase Unique to Embase

Search:

[embase]/lim

Over 3,000 journals

Indexed at Embase
Also covered by MEDLINE

Search:

[embase]/lim AND [medline]/lim

Over 2,500 journals

Indexed by MEDLINE
Also in MEDLINE

Search:

[medline]/lim NOT [embase]/lim

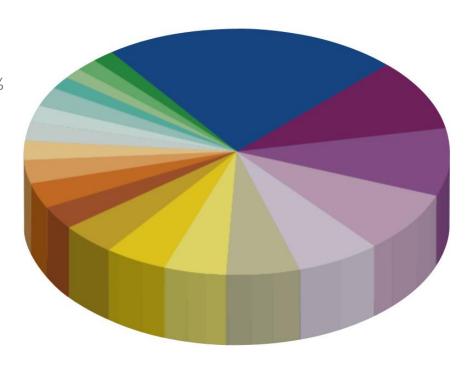


SCOPE AND COVERAGE

EXTENSIVE COVERAGE OF PEER-REVIEWED BIOMEDICAL LITERATURE

- Pharmacology & Taxicology 12%
- General Clinical Medicine 11%
- Genetics, Biochemistry & Molecular Biology 10%
- Neurology & Behavioral Medicine 8%
- Microbiology & Infectious Disease 7%
- Cardiology & Hematology 6%
- Psychiatry & Mental Health 6%
- Oncology 5%
- Healthcare Policy & Management 4%
- Allergy & Immunology 4%
- Pediatrics 4%
- Endocrinology & Metabolism 3%
- Obstetrics & Gynecology 3%
- Biomedical Engineering & Medical Devices 3%
- Anesthesiology & Intensive Care 3%
- Gastroenterology 2%
- Respiratory Medicine 2%
- Nephrology & Urology 2%
- Dermatology 2%



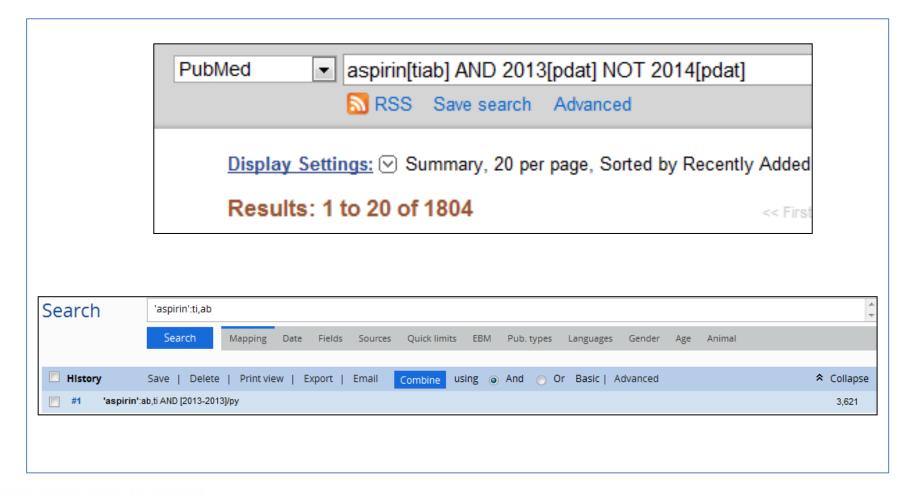


Other topics 28%

Including public health, basic biomedical science and topics included from MEDLINE

START WITH A COMPREHENSIVE SEARCH

EMBASE FINDS MORE RESULTS THAN MEDLINE





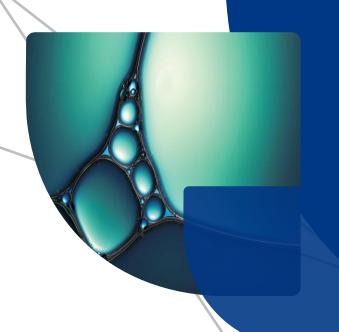
UNIQUE COVERAGE OF CONFERENCE ABSTRACTS

AN EARLY LOOK AT RESEARCH





EMTREE — THE EMBASE THESAURUS





WHAT IS EMTREE?

A LIFE SCIENCE THESAURUS — A CONTROLLED VOCABULARY FOR BIOMEDICINE AND RELATED LIFE SCIENCES

Easy to search

• Over 68,000 preferred terms and more than 280,000 synonyms

Comprehensive drug and Medical Device searching

- Chemical names, trade names, laboratory/research codes, and more than 31,000 generic drugs and chemicals (FDA, EMEA and WHO)
- Over 3,000 specific terms for general and medical devices (e.g. endoscopes, catheters, prostheses) as well as several thousand terms for related medical procedures, (e.g. endoscopy, catheterization)

Up-to-date

 The latest drugs, diseases, organisms and procedures are indexed and added 3x per year (with back-posting of older records). Includes all drug generic names described by FDA and EMA, all International Non-Proprietary Names (INNs) described by WHO from 2000

Inclusive terminology

• All MeSH terms, with links to more than 23,000 CAS registry numbers



WHY IS EMTREE SO VALUABLE?

SEARCH RESULTS INCLUDE ALL ARTICLES WITH TYPED TERM AND SYNONYMS

- Emtree has > 68,000 preferred terms for searching (these are the terms displayed with records), including over 30,000 drugs (MEDLINE has only 27,000 terms, including ~8,500 drugs)
- Emtree has > 280,000 synonyms, which can be used for searching since they map to the preferred terms (Scopus has no synonyms, so fewer terms are available for searching)
- 3. Emtree has an extensive tree structure making it possible to search on groups of terms (e.g. all monoclonal antibodies) (Such searches are impossible on Scopus, which has no tree hierarchy e.g. a Scopus search on "heart attack" misses records mentioning "myocardial infarction" or articles indexed using the Emtree term "heart infarction)

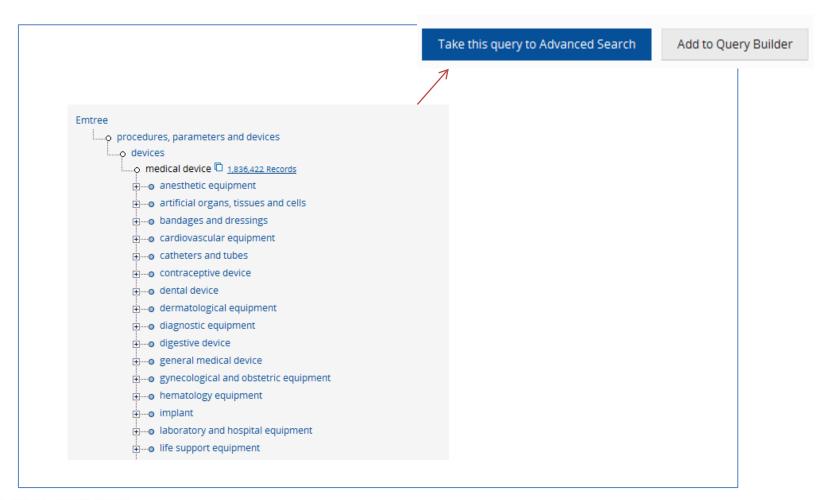
Additional information:
Drug and disease terms
are qualified by
searchable subheadings (e.g. drug
therapy) describing
their precise role in the
article

What is mapping?
Mapping means that
searchers get the same
results regardless of
which term they use,
e.g. Vioxx (synonym) or
rofecoxib the preferred
term)



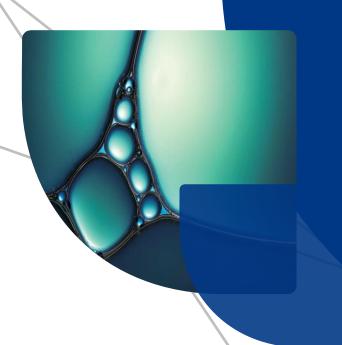
BUILD POWERFUL SEARCHES BY BROWSING IN EMTREE

EXPLORE EMTREE TO SEE RELATIONSHIPS BETWEEN TERMS





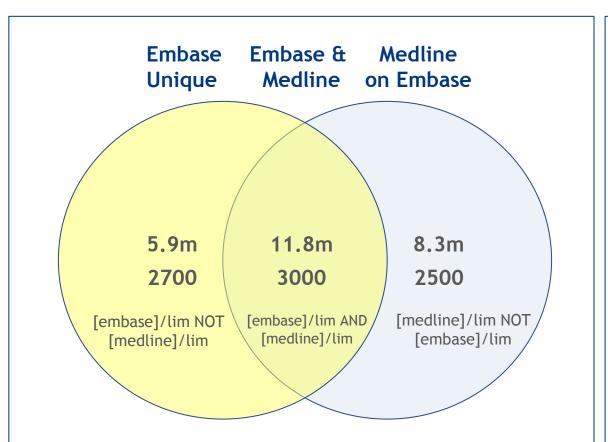
EMBASE VS MEDLINE





EMBASE VS. MEDLINE (CONTENT)

INCLUDES ALL MEDLINE CONTENT PLUS MUCH MORE

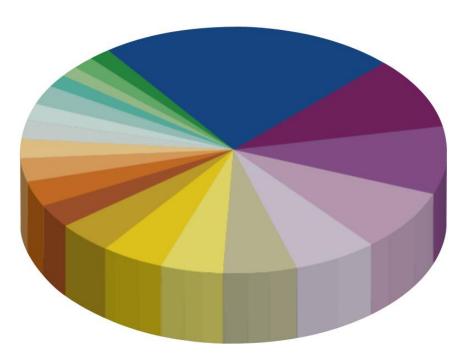


- Over 2700 journals not indexed on MEDLINE, especially from countries outside North America
- Over 300,000
 conference abstracts
 from 1000 conferences
 each year (since 2009)
- In-depth drug and medical device indexing based on the Emtree Life Science thesaurus, which has over twice as many terms as the PubMed (MEDLINE) thesaurus (MeSH)



EMBASE VS. MEDLINE (SCOPE)

EMBASE HAS STRONGER FOCUS ON PHARMA/CLINICAL CONTENT



Similar overall pattern of coverage ... but with two major differences

1. Pharmacology & toxicology

• Embase: 11.2% (889 titles)

• MEDLINE: 8.3% (465 titles)

2. General clinical medicine

• Embase: 10.5% (835 titles

• MEDLINE: 8.9% (495 titles)



USING EMBASE FOR SYSTEMATIC SEARCHING



SYSTEMATIC REVIEWS

GATHERING ALL AVAILABLE INFORMATION TO SUPPORT INFORMED DECISIONS

"How do you know if one treatment will work better than another, or if it will do more harm than good?"

Each systematic review addresses a clearly formulated question.

For example:

"Can antibiotics help to alleviate the symptoms of a sore throat?"

All the existing primary research on a topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence about a specific treatment. The reviews are updated regularly, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence.



CASE STUDY

THE IMPORTANCE OF EMBASE IN EVIDENCE BASED MEDICINE

A real example of the potential risks of NOT using Embase

Johns Hopkins' Tragedy: Could a death have been prevented?

by Eva Perkins

Posted On August 7, 2001

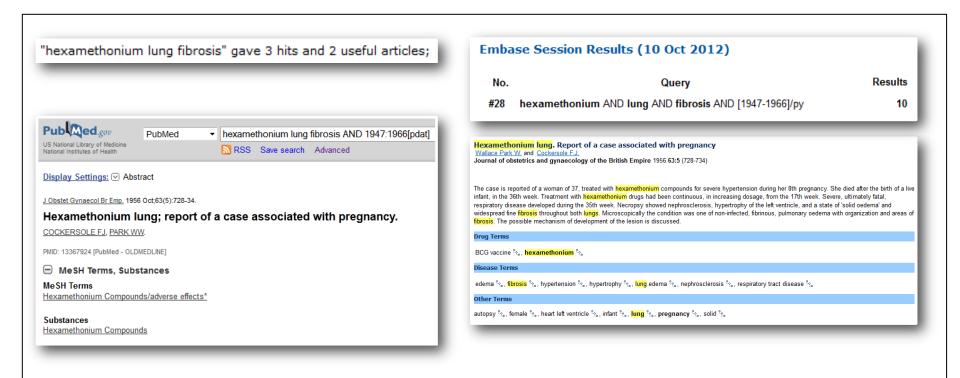
In a tragic situation that could have been averted, Ellen Roche, a healthy, 24-year-old volunteer in an asthma study at Johns Hopkins University, died in June because a chemical she inhaled led to the progressive failure of her lungs and kidneys. In the aftermath of this loss, it would appear that the researcher who conducted the experiment and the ethics panel that approved it allegedly overlooked numerous clues about the dangers of the chemical, hexamethonium, given to Roche to inhale.

Source: http://newsbreaks.infotoday.com/nbreader.asp?ArticleID=17534



COMPARE EMBASE VS PUBMED RESULTS

PUBMED SEARCHES MISS RELEVANT LITERATURE



Evidence was available, but difficult to find. In PubMed, it is covered exclusively on the OldMEDLINE portion of PubMed, not on MEDLINE. If the exact same search is done using Embase Classic, in this case it has an abstract, as do some 90% of records in Embase Classic - so it gives some information/context on the toxicity.



EMBASE SUPPORTS PHARMACOVIGILANCE



EMBASE SUPPORTS EFFECTIVE PHARMACOVIGILANCE

GUIDELINES NAME EMBASE AS A SOURCE OF BIOMEDICAL LITERATURE

VI.B.1.1.2. Literature reports

The scientific and medical literature is a significant source of information for the monitoring of the safety profile and of the risk-benefit balance of medicinal products, particularly in relation to the detection of new safety signals or emerging safety issues. Marketing authorization holders are therefore expected to maintain awareness of possible publications through a systematic literature review of widely used reference databases (e.g. Medline, Excerpta Medica or Embase) no less frequently than once a week. The marketing authorization holder should ensure that the literature review includes the use of reference databases that contain the largest reference of articles in relation to the medicinal product properties.

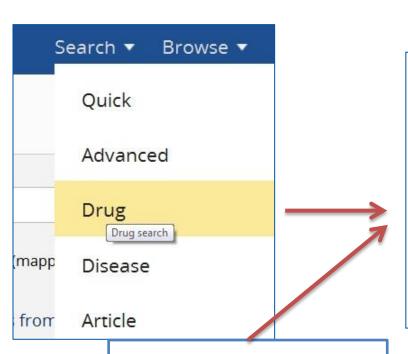
VI. App2.2 Where to look

Articles relevant to the safety of medicinal products are <u>usually</u> published in well-recognized scientific and medical journals, however, new and important information may be first presented at international symposia or in local journals. Although the most well-known databases (e.g. Medline) cover the majority of scientific and medical journals, the most relevant publications may be collated elsewhere in very specialized medical fields, for certain types of product (e.g. herbal medicinal products) or where safety concerns are subject to non-clinical research. A marketing authorization holder should establish the most relevant source of published literature for each product. Medline, Embase and Excerpta Medica are often used for the purpose of identifying ICSRs. These databases have broad medical subject coverage. Other recognized appropriate systems may be used.



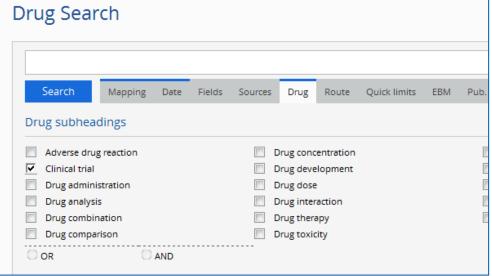
DRUG SAFETY

BE CONFIDENT A DRUG IS SAFE BEFORE THE TRIAL



Chose from several Drug Subheadings including Adverse drug reaction, Drug dose, Drug toxicity, etc.

! Searching for herceptin, which is a synonym of trastuzumab, will give the same results



Also apply limits, including Publication Type, Evidence Based Medicine, Publication Year, etc.



DEEP DRUG & DISEASE INDEXING

FIND EVERY RECORD WHERE YOUR DRUG IS MENTIONED

Example search result showing Emtree terms indexed in the article

Yardiey D.A., Hart L., Waterhouse D., Whorf R., Drosick D.R., Murphy P., Badarinath S., Daniel B.R., Childs B.H., Burris H.

Breast Cancer Research and Treatment 2013 142:3 (655-665)

Go to publisher for the full text =>

Docetaxel-containing chemotherapy improves disease-free survival (DFS) and overall survival in patients with early stage breast cancer. Bevacizumab improves response rate and DFS in metastatic breast cancer. However, adding antivascular endothelial growth factor therapy to antinracycline-containing chemotherapy may increase cardiotoxicity. This trial evaluates the feasibility of adding bevacizumab to three standard adjuvant docetaxel regimens with a primary endpoint of grade \$\geq 3\$ congestive heart failure (CHF). Phase ilb, randomized, non-comparative study of women with previously untreated node-positive or high-risk node-negative breast cancer. Human epidermal growth factor receptor 2 (HER2)-negative patients were randomized to: (arm A) doxorubicin + cyclophosphamide followed by docetaxel or (arm B) docetaxel - doxorubicin + cyclophosphamide. HER2-positive patients (arm C) received docetaxel + carboplatin + trastuzumab for 52 weeks. All patients received bevacizumab beginning on day 1 for 52 weeks. Safety data in 212 women (mean age = 53.1 years) show that 1 patient each in arm A (1.3 %) and arm C (1.7 %), and 3 patients in arm B (4.0 %) experienced clinical CHF grade \$\geq 3\$. A decreased ejection fraction was observed in 1 patient each in arms A and C, and cardiac disorder was observed in 12.8, 22.7, and 8.5 % in arms A, B, and C, respectively. A grade 3/4 treatment-emergent adverse event was reported in 82.1, 84.0, and 52.5 % of participants in arms A, B, and C, respectively. Kaplan-Meler estimates of DFS show rates at 24 months of 85.5, 90.4, and 90.4 % in arms A, B, and C, respectively. Adding bevacizumab to three standard docetaxel-based chemotherapy regimens as adjuvant treatment in patients with node-positive and high-risk node-negative breast cancer resulted in a low rate of clinical CHF grade \$\geq 3\$. Maintenance bevacizumab monotherapy did not identify any new safety signals. Breast cancer recurrence/relapse, secondary malignancies, and death were uncommon, although the follow-up time in this st

Drug Terms

bevacizumab 🐾 . carboplatin 🐾 . cyclophosphamide 🐾 . dexamethasone 🐾 . docetaxel 🐾 . docetaxel 🐾 . epidermal growth factor receptor 2 🐾 . trastuzumab

Disease Terms

abdominal pain $^{\circ}$ 0, arthralgia $^{\circ}$ 0, breast cancer $^{\circ}$ 0, cancer recurrence $^{\circ}$ 0, cardiomyopathy $^{\circ}$ 0, congestive heart failure $^{\circ}$ 0, denydration $^{\circ}$ 0, diarrhea $^{\circ}$ 0, early cancer $^{\circ}$ 0, fatigue $^{\circ}$ 0, febrile neutropenia $^{\circ}$ 0, hand foot syndrome $^{\circ}$ 0, head death $^{\circ}$ 0, heart death $^{\circ}$ 0, heart disease $^{\circ}$ 0, hypertension $^{\circ}$ 0, leukopenia $^{\circ}$ 0, lymph node metastasis $^{\circ}$ 0, mucosa inflammation $^{\circ}$ 0, nausea $^{\circ}$ 0, neutropenia $^{\circ}$ 0, second cancer $^{\circ}$ 0, thrombocytopenia $^{\circ}$ 0, heart death $^{\circ}$ 0, heart disease $^{\circ}$ 0, heart disease $^{\circ}$ 0, hypertension $^{\circ}$ 0, leukopenia $^{\circ}$ 0, lymph node metastasis $^{\circ}$ 0, mucosa inflammation $^{\circ}$ 0, nausea $^{\circ}$ 0, neutropenia $^{\circ}$ 0, second cancer $^{\circ}$ 0, thrombocytopenia $^{\circ}$ 0, heart death $^{\circ}$ 0, heart disease $^{\circ}$ 1, heart disease $^{\circ}$ 2, heart disease $^{\circ}$ 2, heart disease $^{\circ}$ 3, heart disease $^{\circ}$ 4, heart disease $^{\circ}$ 5, heart disease $^{\circ}$ 6, heart disease $^{\circ}$ 8, heart disease $^{\circ}$ 9, heart diseas

Other Terms

adjuvant therapy $^\circ_{\mathbb{Q}_0}$, adult $^\circ_{\mathbb{Q}_0}$, aged $^\circ_{\mathbb{Q}_0}$, article $^\circ_{\mathbb{Q}_0}$, cancer mortality $^\circ_{\mathbb{Q}_0}$, controlled study $^\circ_{\mathbb{Q}_0}$, disease free survival $^\circ_{\mathbb{Q}_0}$, disease severity $^\circ_{\mathbb{Q}_0}$, drug safety $^\circ_{\mathbb{Q}_0}$, feasibility study $^\circ_{\mathbb{Q}_0}$, female $^\circ_{\mathbb{Q}_0}$, follow up $^\circ_{\mathbb{Q}_0}$, nonotherapy $^\circ_{\mathbb{Q}_0}$, multicenter study $^\circ_{\mathbb{Q}_0}$, multiple cycle treatment $^\circ_{\mathbb{Q}_0}$, phase 2 clinical trial $^\circ_{\mathbb{Q}_0}$, pilot study $^\circ_{\mathbb{Q}_0}$, prospective study $^\circ_{\mathbb{Q}_0}$, randomized controlled trial $^\circ_{\mathbb{Q}_0}$

Author Keywords

Revacizimah Rreact cancer Cardiac Congective heart fallure Docetavel Safety







WHAT IS A MEDICAL DEVICE?

WITHIN THE INDUSTRY THERE ARE FOUR BROAD CATEGORIES OF DEVICES

<u>DEFINITION</u>: A medical device is a product that is used for medical purposes in patients, in diagnosis, therapy or surgery.

If applied to the body, the effect of the medical device is primarily physical, in contrast to pharmaceutical drugs, which exert a biochemical effect.

The medical device industry is also a subset of other industries, composed in part by divisions of pharmaceutical, electronics and industrial companies







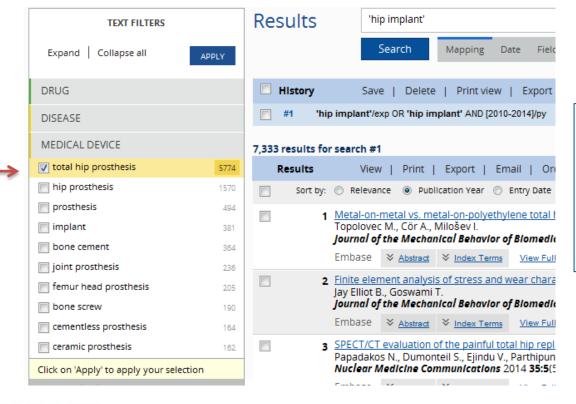




EMBASE HELPS COMPANIES COMPLY WITH REGULATIONS

WITH COMPREHENSIVE CONTENT AND SEARCH STRATEGIES FOR MEDICAL DEVICES

For example - Search for a medical device, then filter for Medical Device 'total hip prosthesis' and apply additional filters, like the subheading 'complication'



Embase includes 3,000+ specific terms for general & medical Devices, plus several thousand terms for related medical procedures





UNPARALLELED ACCESS TO MEDICAL DEVICE LITERATURE, CRITICAL FOR CLINICAL EVALUATION REPORTS

INDEXING INCLUDES DEVICE TRADE NAMES LINKED TO MANUFACTURER NAMES AND RELATED PROCEDURES

Drug Terms	
antibiotic bone cement $^{\varrho}_{\mathbb{Q}_{\bullet}}$, bone ceme unclassified drug $^{\varrho}_{\mathbb{Q}_{\bullet}}$	nt ${}^{\circ}\!$
Disease Terms	
coxitis %, hip dislocation %, peripros	sthetic fracture 🐾 , postoperative complication 🐾 , soft tissue disease 🔩 , soft tissue necrosis 🔩 , surgical infection 🤏
Other Terms	
human ${}^{\circ}_{2,0}$, infrared spectroscopy ${}^{\circ}_{2,0}$, scanning electron microscopy ${}^{\circ}_{2,0}$, surf	il cal composition ို့္, chemical reactionို့္တဲ့, controlled studyို့္စ္တဲ့ degradationို့္တဲ့, electrochemical analysis ို့္တဲ့ femora major clinical studyို <mark>့္တဲ့ metal on metal joint prosthesis</mark> ို့္တဲ့ physical phenomena ို့္တဲ့ priority journalိုင္တဲ့ reoperation ace property ို့္တဲ့ <mark>total hip prosthesis</mark> ို့္တဲ့, transmission electron microscopy ို့္စ္တဲ့, tribochemical reaction ို့္တဲ့, X ray phot
Additional Information	
Abbreviated Journal Title	J. Mech. Behav. Biomed. Mater.
ISSN	17516161, 18780180 (electronic)
Source Type	Journal
Source Publication Date	April 2014
Entry Date	2014-03-03 (Full record), 2014-01-03 (Article in Press/In process)
Publication Type	Article
Page Range	321-334
Country of Author	United Kingdom
Country of Source	United Kingdom
Language of Article	English
Language of Summary	English
Publisher Item Identifier	51751616113004049
Embase Accession Number	2014126711
Number of References	46
Cited by in Scopus	
Device Tradenames	Ultima TPS (De Puy)
Device Manufacturers	De Puy
	chromic oxide (11118-57-3 , 12000-23-6 , 1308-38-9 , 67800-72-0) colistin (1066-17-7 , 1264-72-8)

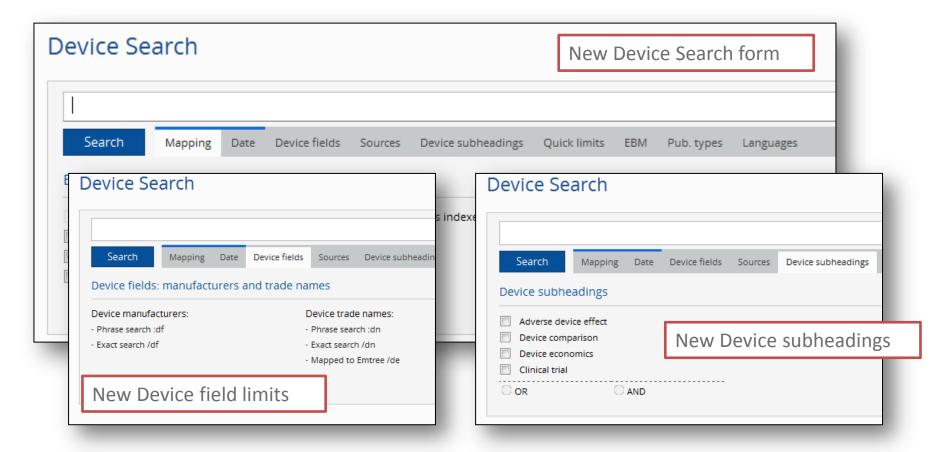
Results include: Emtree terms, Device Trade names and Device Manufacturer



NEW DEVICE SEARCH FEATURES

MORE PRECISE MEDICAL DEVICE SEARCHES

New medical device indexing will help customers who are preparing for a clinical evaluation or doing post-market surveillance to run more precise searches on the coverage of medical devices in the literature.







OPTIMIZED RESULTS FILTERS

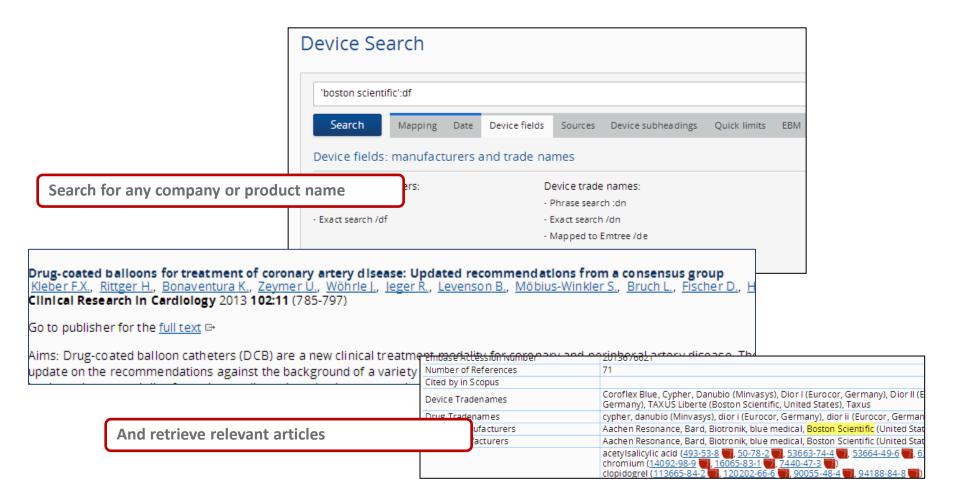
- All filters now on one page (Sources, Age, Gender
- Publication Years were graphic filters on a 2nd tab)
- Filters are re-ordered, with the very popular Sources filter (identifies Embase vs. MEDLINE) is now at the top
- Subheadings filter has been renamed to Floating Subheadings to avoid confusion with the Drug/Disease/Device-linked subheadings
- Instead of having to select 10/20/max filter options, users can now scroll to see all filter options at once

4 new filters added

Filters for the top drug & device trade names and manufacturer names have been added, allowing users to drill down and refine a result set using the information identified in the filters.

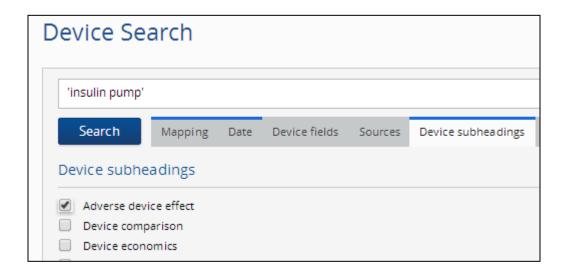


SEARCHING COMPANY SPECIFIC INFORMATION

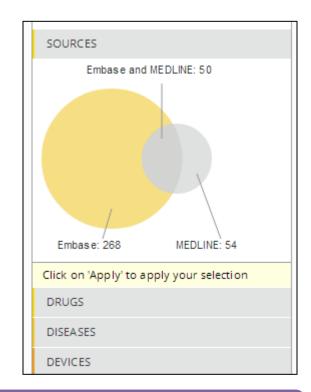




TRACKING ADVERSE EFFECTS OR COMPARISON DATA THAT'S UNIQUE TO EMBASE



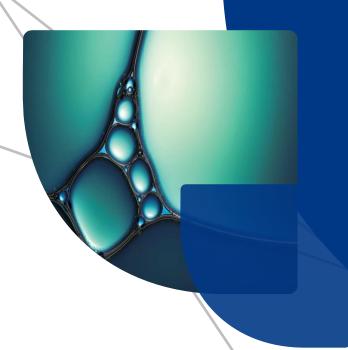
Ability to search for a particular product, device type or class in relation to an adverse effect, a comparison, device economics or the mention of a clinical trial



Overlap with PubMed/MEDLINE quickly shows unique content



SEARCH FEATURES

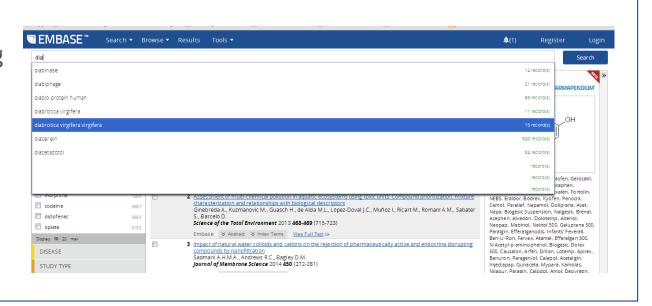




UNIQUE USER INTERFACE TOOLS

FAST AUTOCOMPLETE = QUICK SEARCHES

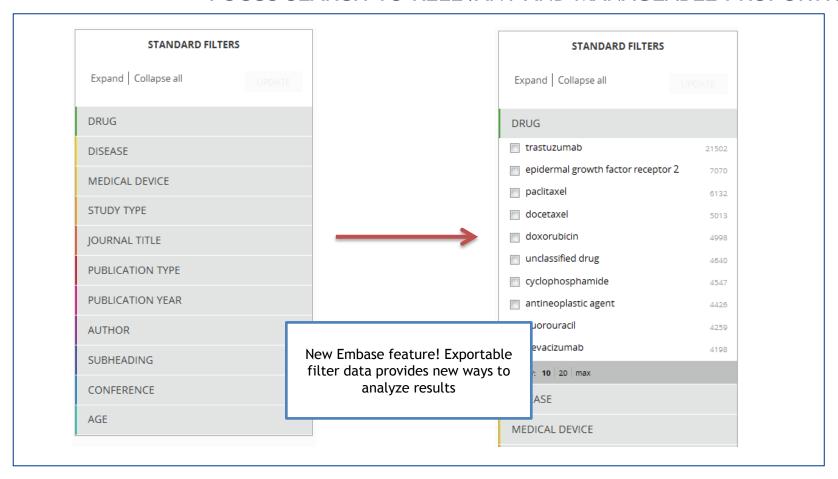
- Fast autocomplete response times using the Quick Search feature
- Multiple search terms allowed
- Commands such as AND, NOT and OR can be used





EASY-TO-USE FILTERS

FOCUS SEARCH TO RELEVANT AND MANAGEABLE PROPORTIONS

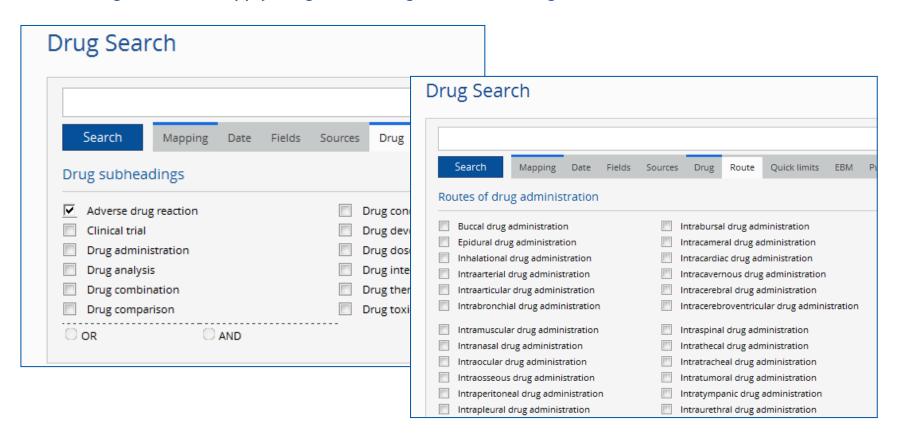




EARLY AND COMPLETE DETECTION OF ANY AND ALL ADVERSE EFFECTS

UP-TO-DATE CONTENT, EXTENSIVE DRUG INDEXING, SPECIFIC SEARCH STRATEGIES

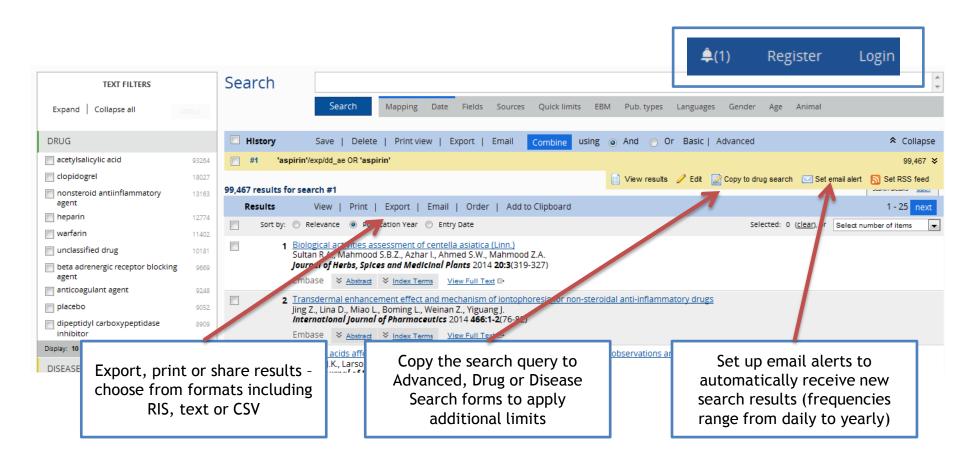
Use Drug Search and apply Drug Subheadings, Routes of Drug Administration and other limits





EASY TO MANAGE RESULTS

WITH EMAIL ALERTS, EXPORTING AND ADVANCE SEARCHING





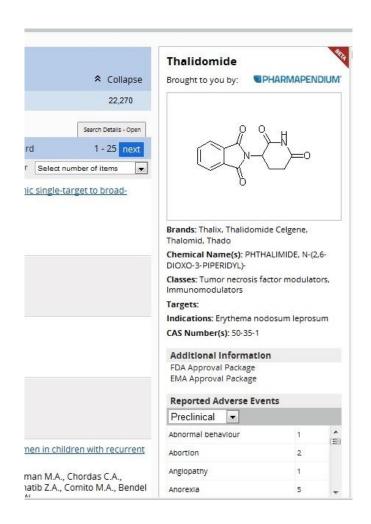


NEW — INTEROPERABILITY WITH PHARMAPENDIUM

ENHANCED SEARCH WITH ACCESS TO RELEVANT BACKGROUND DATA ON DRUGS

- ✓ PharmaPendium information provided in Embase search results
- ✓ Access relevant data on drugs, inducing FDA submission reports

Together, Embase and PharmaPendium provide a fully comprehensive view of drug safety — from preclinical and clinical studies, to post-marketing reports





THANK YOU ANY QUESTIONS?

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Life Sciences

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