ACTA MÉDICA PORTUGUESA

Rui Tato Marinho

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Editor-Chefe

III Simpósio AMP

Novembro 2014

The NEW ENGLAND JOURNAL of MEDICINE

Rank	Journal	Impact Factor	
1	NEW ENGL J MED	51.658	54,42
2	LANCET	39.06	39,20
3	JAMA-J AM MED ASSOC	29.978	30,00
4	BRIT MED J	17.215	13,32
5	PLOS MED	15.253	14,00
6	ANN INTERN MED	13.976	16,10

Rank in Category: Acta Medica Portuguesa

Journal Ranking

For **2012**, the journal **Acta Medica Portuguesa** has an Impact Factor of **0.151**.

This table shows the ranking of this journal in its subject categories based on Impact Factor.

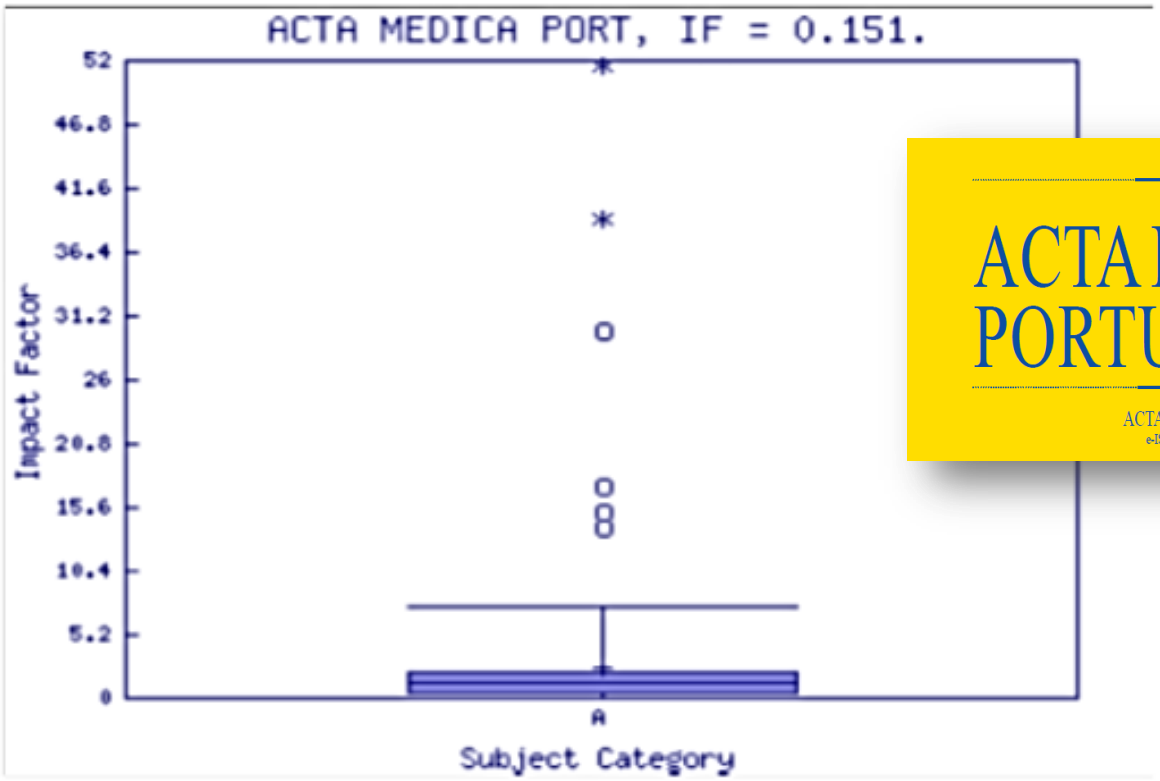
Category Name	Total Journals in Category	Journal Rank in Category	Quartile in Category
MEDICINE, GENERAL & INTERNAL	151	139	Q4

2013: 132/150

Category Box Plot

For **2012**, the journal **Acta Medica Portuguesa** has an Impact Factor of **0.151**.

This is a box plot of the subject category or categories to which the journal has been assigned. It provides information about the distribution of journals based on Impact Factor values. It shows median, 25th and 75th percentiles, and the extreme values of the distribution.



ACTA MÉDICA PORTUGUESA

ACTA MED PORT.
e-ISSN:1646-0758

Key

A - MEDICINE, GENERAL & INTERNAL

3 Simpósios Acta Médica

- 15 revistas médicas
- BMJ (Tiago Villanueva)
- NEJM (Daniel Muller)
- Springer Milan (Donatella Rizza)
- London School of Hygiene & Tropical Medicine (Débora Miranda)
- 49 comunicações

II Simpósio Acta Médica Portuguesa

22 e 23 Nov 2013

Lisboa, Auditório da Ordem dos Médicos

Workshop: Criação e manipulação de imagem para publicação e apresentações

Idioma: Português

The New England Journal of Medicine

Daniel Muller
Ilustrador Médico, *The New England Journal of Medicine*

Atenção: a participação neste Workshop requer a utilização dos programas Adobe Photoshop e Adobe Illustrator, que poderá descarregar gratuitamente seguindo estas instruções.

14:00 - 14:55 **Imagens Digitais**
Definição e diferenças entre imagens vectoriais e imagens bitmap/raster
Tamanhos físicos, dimensões digitais/pixels e resolução de imagens
Formatos digitais das imagens para produção e publicação

14:55 - 15:50 **Programas de software para criação e manipulação de imagens**
Introdução ao Photoshop
Regras e procedimentos em PowerPoint

COFFEE BREAK

16:10 - 17:05 **Regras básicas de design e de comunicação visual**
Teoria de cor
Layout
Tipografia
Elementos gráficos (setas, linhas e símbolos)
Gráficos estatísticos

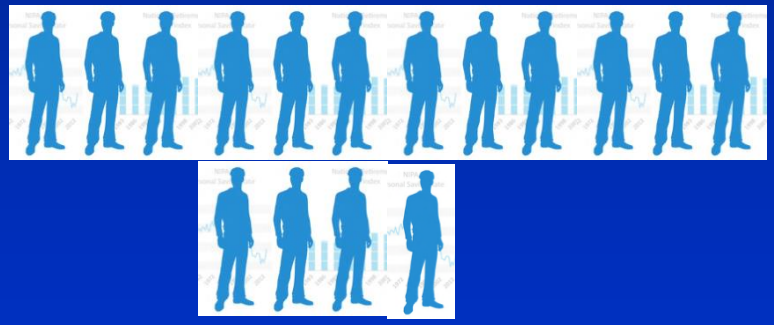
17:05 - 18:00 **Regras básicas para posters e slides PowerPoint**

Daniel Carvalho Müller, MA

Daniel Müller licenciou-se em Biologia na Faculdade de Ciências da Universidade de Lisboa em 1997. Como bolseiro Fulbright, tirou um mestrado nos EUA, em Ilustração Médica e Biológica no departamento de Art as Applied to Medicine na Johns Hopkins University School of Medicine em Baltimore. Em 2000, voltou para Portugal e criou, juntamente com Joanne Haderer Müller, um atelier de ilustração médica e científica. Em 2004 instalou-se em Boston após ter sido contratado como ilustrador médico pelo The New England Journal of Medicine, onde é responsável, até ao presente, pela criação de ilustrações e módulos interactivos para artigos impressos e em versão online do jornal.

Novo Paradigma Oral

- ABT-267, ABT-333, ABT-450



Liver INTERNATIONAL
OFFICIAL JOURNAL OF THE INTERNATIONAL ASSOCIATION FOR THE STUDY OF THE LIVER

Liver International ISSN 1478-3223

REVIEW ARTICLE

HCV direct-acting antiviral agents: the best interferon-free combinations

Raymond Schinazi[1], Philippe Halfon[2], Patrick Marcellin[3] and Tarik Asselah[3]

1 Center for AIDS Research, Emory University School of Medicine and Veterans Affairs Medical Center, Decatur, GA, USA
2 Internal Medicine and Infectious Diseases Department, Hôpital Europeen and Laboratoire Alphabio Marseille, Marseille, France
3 Hepatology Department, AP-HP, University Paris Diderot 7 and INSERM U773, CRB3, Beaujon Hospital, Clichy, France

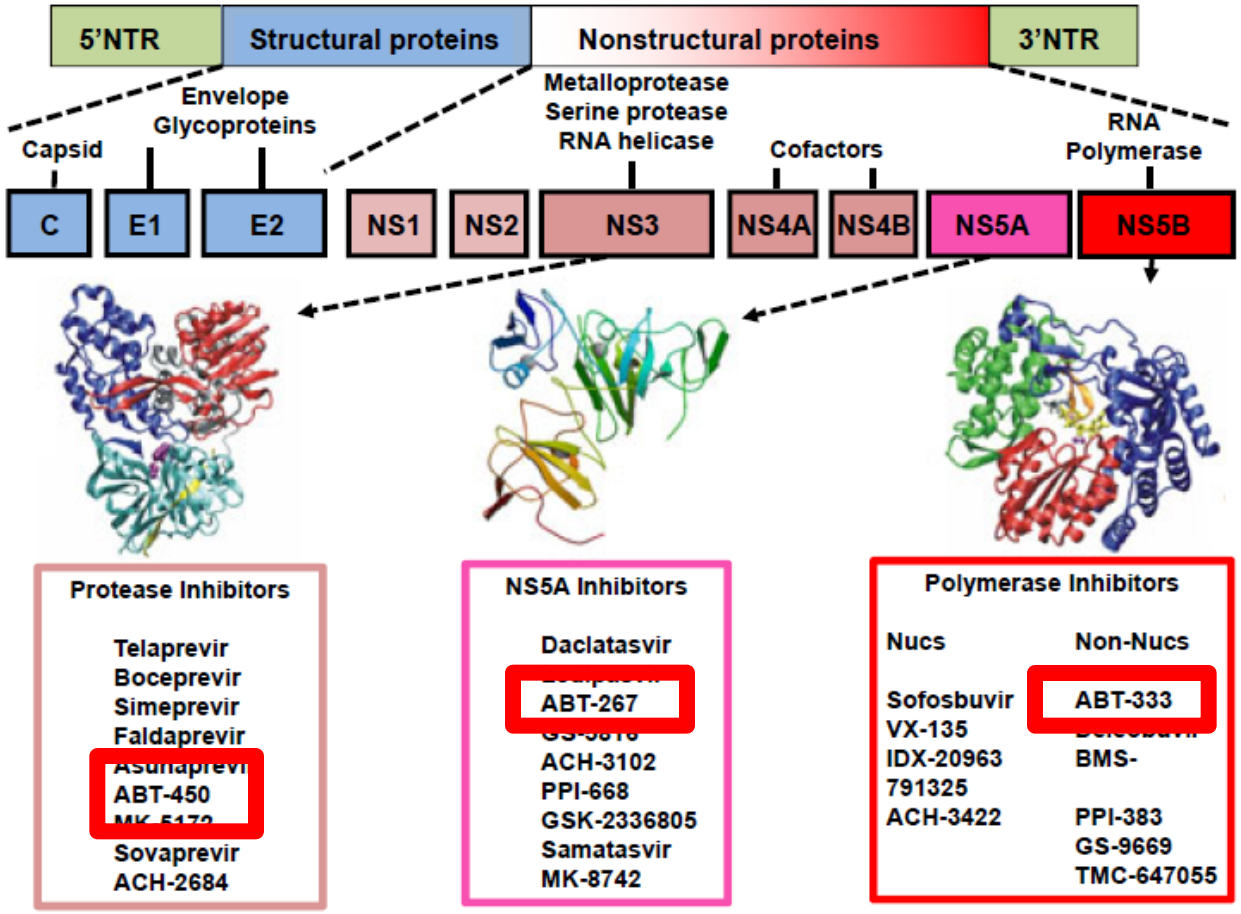


Fig. 1. Hepatitis C virus (HCV) genome and potential drug discovery targets. The HCV RNA genome serves as a template for viral replication and as a viral messenger RNA for viral production. It is translated into a polyprotein that is cleaved by proteases. All the HCV enzymes – NS2-3 and NS3-4A proteases, NS3 helicase and NS5B RdRp – are essential for HCV replication and are therefore potential drug discovery targets.

Cura da Hepatite C com Terapêutica Oral, 12 semanas

SAPPHIRE II
Gen1, null, partial, relapsers,
sem cirrose
5 doentes

PEARL III
Gen1b, naives,
sem cirrose
8 doentes

PEARL II
Gen1b, experimentados,
sem cirrose
3 doentes

ABT 450/rit
ABT 267
ABT 333
+- Ribavirina

ORIGINAL ARTICLE

Retreatment of HCV with ABT-450/r–Ombitasvir and Dasabuvir with Ribavirin

Stefan Zeuzem, M.D., Ira M. Jacobson, M.D., Tolga Baykal, M.D., Rui T. Marinho, M.D., Ph.D., Fred Poordad, M.D., Marc Bourlière, M.D., Mark S. Sulkowski, M.D., Heiner Wedemeyer, M.D., Edward Tam, M.D., Paul Desmond, M.D., Donald M. Jensen, M.D., Adrian M. Di Biscegl
Peter Varunok, M.D., Tarek Hassanein, M.D., Junyuan Xiong, M
Tami Pilot-Matias, Ph.D., Barbara DaSilva-Tillmann, M.D., Lois Larse
Thomas Podsadecki, M.D., and Barry Bernstein, M.D.

ABSTRACT

BACKGROUND

In this phase 3 trial we evaluated the efficacy and safety of the inte
combination of ABT-450 with ritonavir (ABT-450/r), ombitasvir (also
ABT-267), dasabuvir (also known as ABT-333), and ribavirin for the ret
HCV in patients who were previously treated with peginterferon–ribav

This article was published on April 10, 2014, at NEJM.org.

DOI: 10.1056/NEJMoa1401561

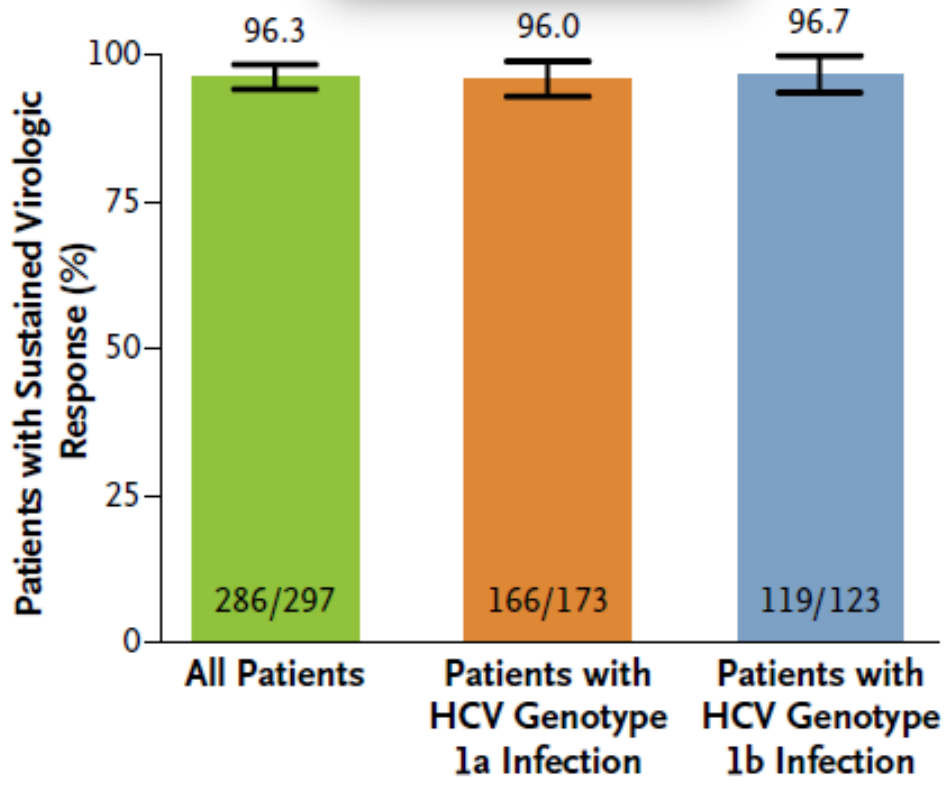


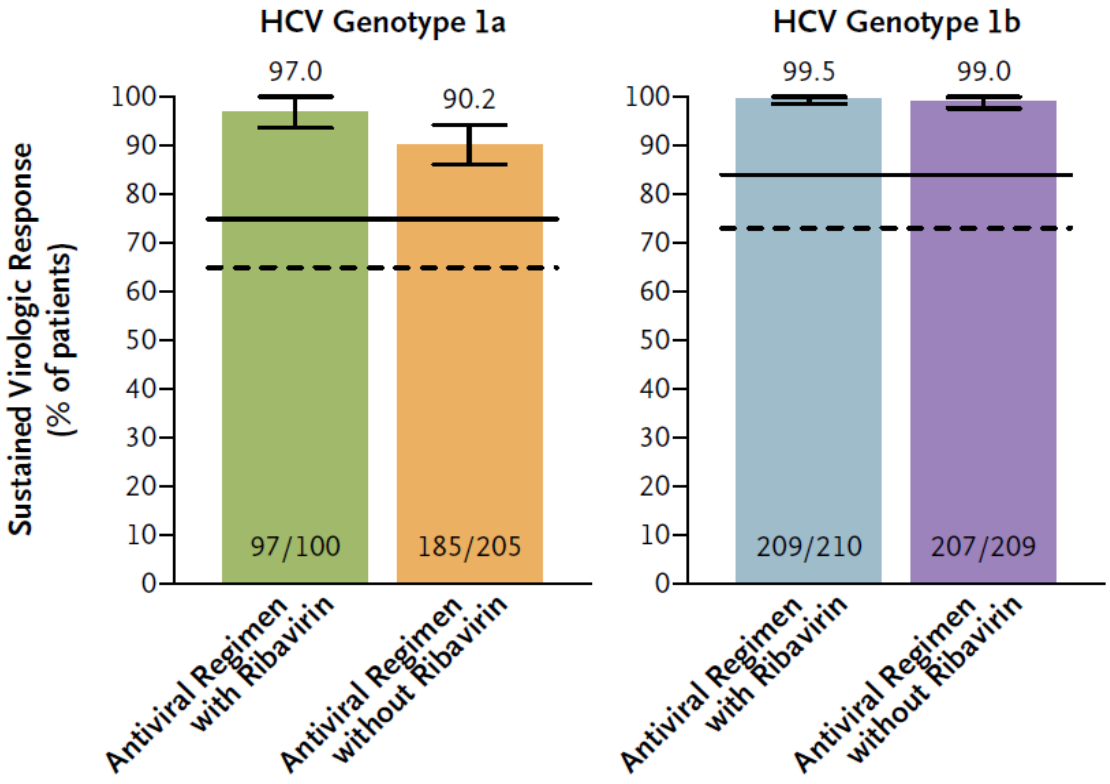
Figure 1. Sustained Virologic Response in the Entire Active-Regimen Group and According to Hepatitis C Virus (HCV) Genotype.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

ABT-450/r–Ombitasvir and Dasabuvir with or without Ribavirin for HCV

Peter Ferenci, M.D., David Bernstein, M.D., Jacob Lalezari, M.D., Daniel Cohen, M.D., Yan Luo, M.D., Ph.D., Curtis Cooper, M.D., Edward Tam, M.D., Rui T. Marinho, M.D., Ph.D., Naoky Tsai, M.D., Anders Nyberg, M.D.,



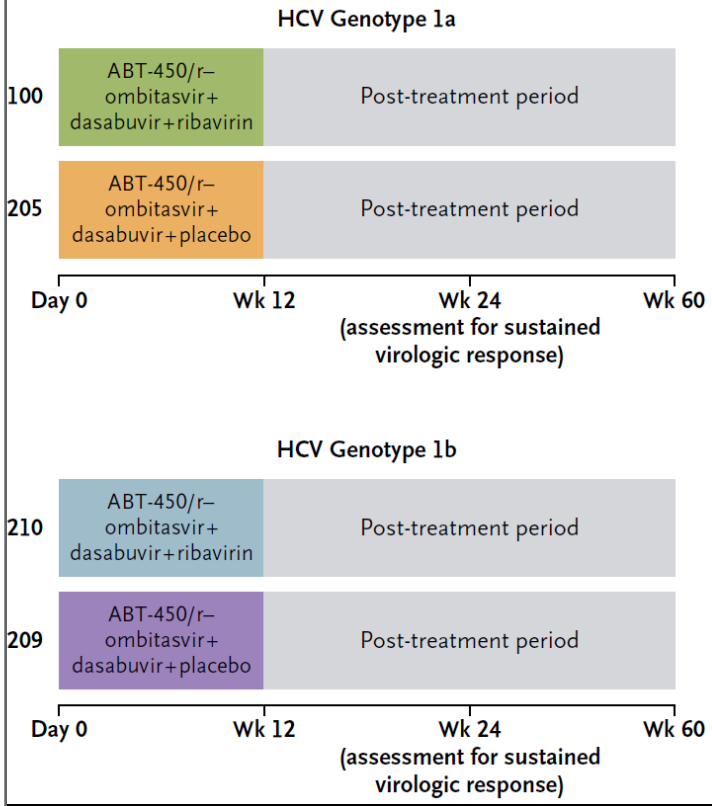


Figure 2. Sustained Virologic Response at 12 Weeks after the End of Treatment.

286/297

All Patients

STUDY DESIGN AND CONDUCT

The SAPPHIRE-II study was performed at 76 sites in Australia, North America, and Europe. Patients

any antiviral treatment for HCV. Patients with genotype 1a infection were screened at 53 sites in Canada, the United States, and the United Kingdom (PEARL-IV study). Patients with genotype 1b infection were screened at 50 sites in Austria, Belgium, Hungary, Israel, Italy, Poland, Portugal, Romania, the Russian Federation, Spain, and the United States (PEARL-III study). For both studies,

APPENDIX

The authors' affiliations are as follows: the Medical University of Vienna, Internal Medicine III, Vienna (P.F.); Hofstra North Shore–LIJ School of Medicine, Manhasset, NY (D.B.); Quest Clinical Research, San Francisco (J.L.), Kaiser Permanente, San Diego (A.N.), California Liver Institute, Los Angeles (P.E.), eStudySite, La Mesa (S.G.), and Southern California Liver Centers and Southern California Research Center, Coronado (T.H.) — all in California; AbbVie, North Chicago, IL (D.C., Y.L., W.X., M.K., T.P.); University of Ottawa, Ottawa (C.C.), and Liver and Intestinal Research Centre, Vancouver, BC (E.T.) — both in Canada; Centro Hospitalar Lisboa Norte, Medical School of Lisbon, Lisbon, Portugal (R.T.M.); the Queen's Medical Center–Liver Center, Honolulu (N.T.); Clinical Research Centers of America, Murray, UT (T.D.B.); Gastro One, Germantown, TN (Z.Y.); Rambam Health Care Campus, Haifa, Israel (Y.B.); Delta Research Partners, Bastrop, LA (B.R.B.); Matei Bals National Institute for Infectious Diseases, Bucharest, Romania (F.A.C.); University Gastroenterology, Providence, RI (T.S.); Central Research Institute of Epidemiology, Moscow (V.C.); ID Clinic, Mysłowice, Poland (E.J.); Ospedale Luigi Sacco, Milan (G.R.); Szent György Hospital, Székesfehérvár, Hungary (J.G.); Hospital Universitari Germans Trias i Pujol, Centro de Investigación Biomédica en Red de Enfermedades Hepáticas y Digestivas, Badalona, Spain (R.P.); Cliniques Universitaires de Bruxelles Hôpital Erasme, Université Libre de Bruxelles, Brussels (C.M.); and University of Pennsylvania, Philadelphia (K.R.R.).

The NEW ENGLAND JOURNAL of MEDICINE

- **Medical writer**
- **Plataforma web**
- **Transparência**
- **Todos os autores davam opinião**
- **Autoria clara**
- **Conflito de interesses**
- **Embargo muito acertivo**
- **Ahead of print**
- **Final do ensaio > publicação > 4 meses**

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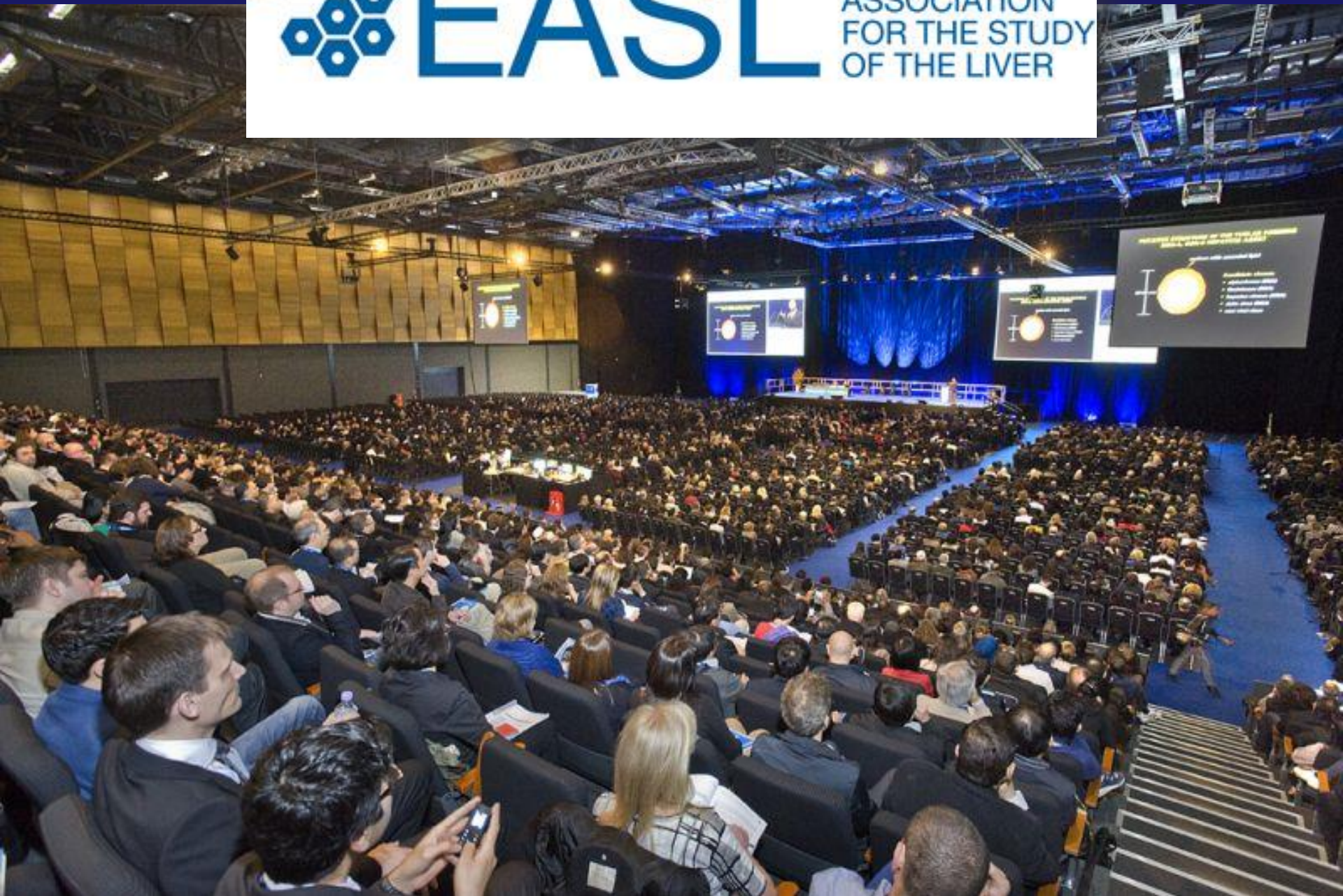

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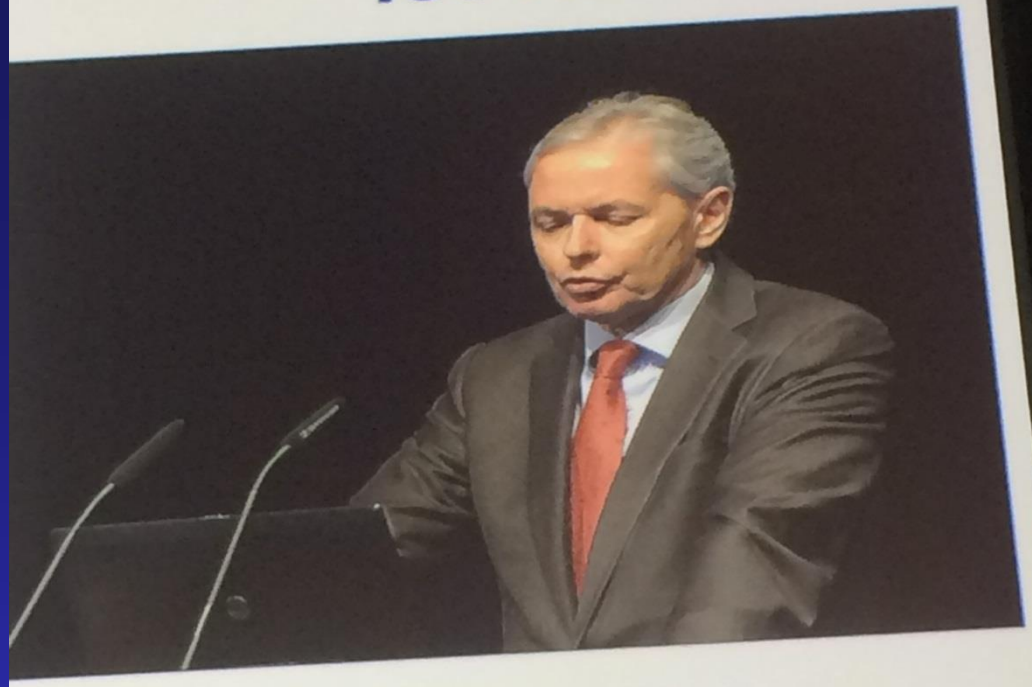


Stefan Zeuzem

SAPPHIRE II: PHASE 3 PLACEBO-CONTROLLED STUDY OF INTERFERON-FREE, 12-WEEK REGIMEN OF ABT-450/R/...

EASL | THE INTERNATIONAL LIVER CONGRESS™ 2014

49th ANNUAL MEETING OF THE EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER

13:30 - 15:30 **GENERAL SESSION 1 AND OPENING**

Chairs: Markus Peck, Giorgina Vergani

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Retreatment of HCV with ABT-450/r–Ombitasvir and Dasabuvir with Ribavirin

Stefan Zeuzem, M.D., Ira M. Jacobson, M.D., Tolga Baykal, M.D., Rui T. Marinho, M.D., Ph.D., Fred Poordad, M.D., Marc Bourlière, M.D., Mark S. Sulkowski, M.D., Heiner Wedemeyer, M.D., Edward Tam, M.D., Paul Desmond, M.D., Donald M. Jensen, M.D., Adrian M. Di Bisceglie, M.D., Peter Varunok, M.D., Tarek Hassanein, M.D., Junyuan Xiong, M.S., Tami Pilot-Matias, Ph.D., Barbara DaSilva-Tillmann, M.D., Lois Larsen, Ph.D., Thomas Podsadecki, M.D., and Barry Bernstein, M.D.

From Johann Wolfgang Goethe University, Frankfurt am Main (S.Z.), and Medizinische Hochschule Hannover, Hannover (H.W.) — both in Germany; Weill Cornell Medical College, New York (I.M.J.), and Premier Medical Group of the Hudson Valley, Poughkeepsie (P.V.) — both in New York; AbbVie, North Chicago (T.B., J.X., T.P.-M., B.D.-T., L.L., T.P., B.B.), and Center for Liver Diseases, University of Chicago Medical Center, Chicago (D.M.J.) — both in Illinois; Centro Hospitalar de Lisboa Norte and Medical School of Lisbon, Lisbon, Portugal (R.T.M.); Texas Liver Institute, University of Texas Health Science Center, San Antonio (M.S.S.); Hôpital Saint Joseph, Marseille, [illegible]

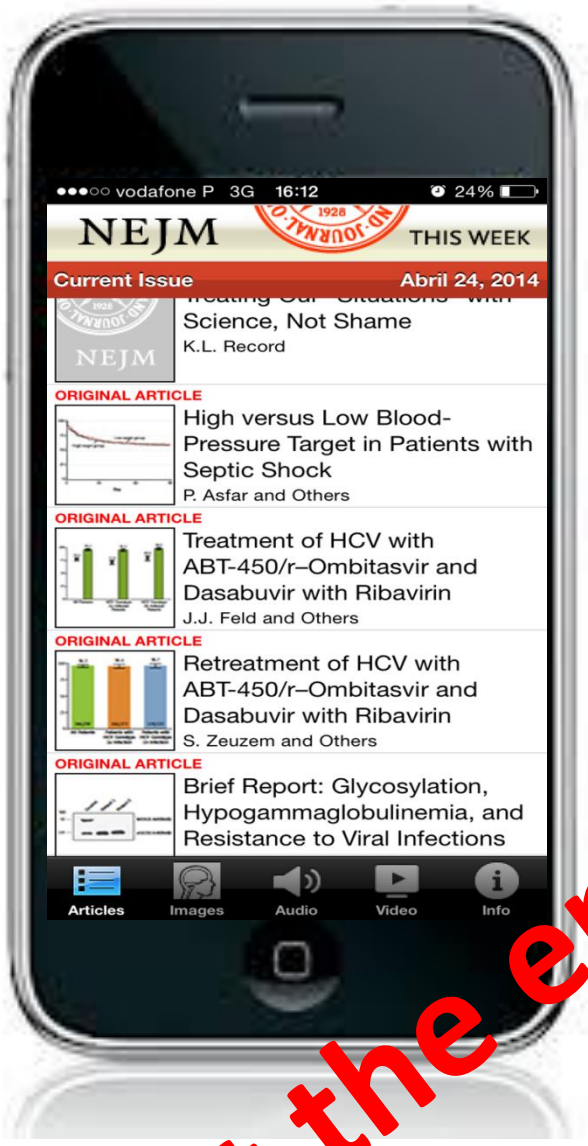
ABSTRACT

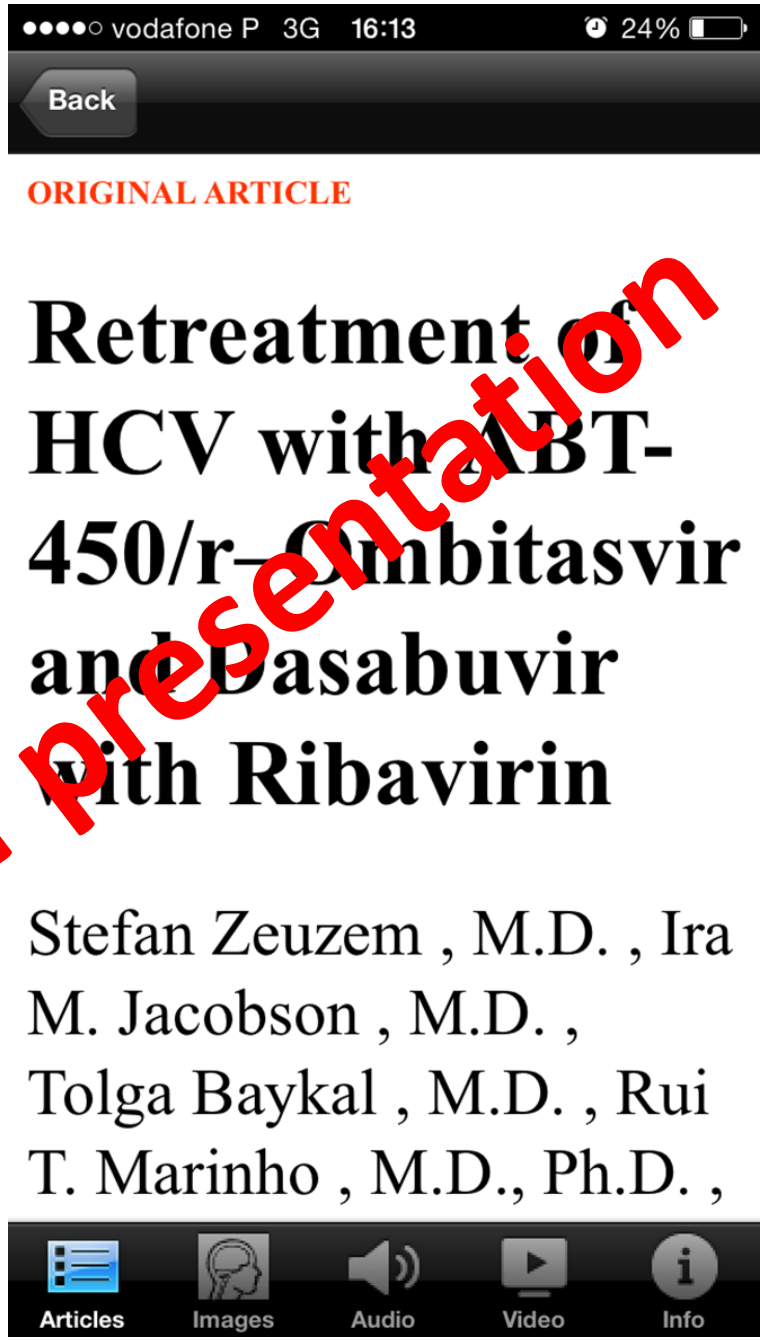
BACKGROUND

In this phase 3 trial we evaluated the efficacy and safety of the interferon-free combination of ABT-450 with ritonavir (ABT-450/r), ombitasvir (also known as ABT-267), dasabuvir (also known as ABT-333), and ribavirin for the retreatment of HCV in patients who were previously treated with peginterferon–ribavirin.

METHODS

We enrolled patients with HCV genotype 1 infection and no cirrhosis who had previously been treated with peginterferon–ribavirin and had a relapse, a partial response, or a null response. Patients were randomly assigned in a 3:1 ratio to receive coformulated ABT-450/r–ombitasvir (at a once-daily dose of 150 mg of ABT-450, 100 mg of ritonavir, and 25 mg of ombitasvir) and dasabuvir (250 mg twice daily) with ribavirin (1000 or 1200 mg daily) or matching placebos during the 12-week double-blind period. The primary end point was the rate of sustained virologic response 12 weeks after the end of study treatment. The primary efficacy analysis compared this rate [illegible] regimen with a historical response rate (65%) [illegible] and no cirrhosis





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Manuscript Journal Selection

Name	Impact Factor	Acceptance Rate	Frequency	Rapid Publication Vehicle	Sub-Acc	Acc-Pub	Online Avail
The New England Journal of Medicine	51.658	4.50%	Weekly	Yes	4-5 Months	2-3 Months	Yes
The Lancet	39.06	5.8%	Weekly	Yes	3 Months	6-9 Months	Yes
JAMA-Journal of the American Medical Association	29.978	9%	48 Issues Per Year	Yes	1-2 Month	1 Month	Yes
The Lancet Infectious Diseases	19.966	7%	Monthly	Yes	2-3 Months	1 Month	Yes
Gastroenterology	12.821	12-16%	13 Issues Per Year	Yes	1-2 Months	3 Months	Yes
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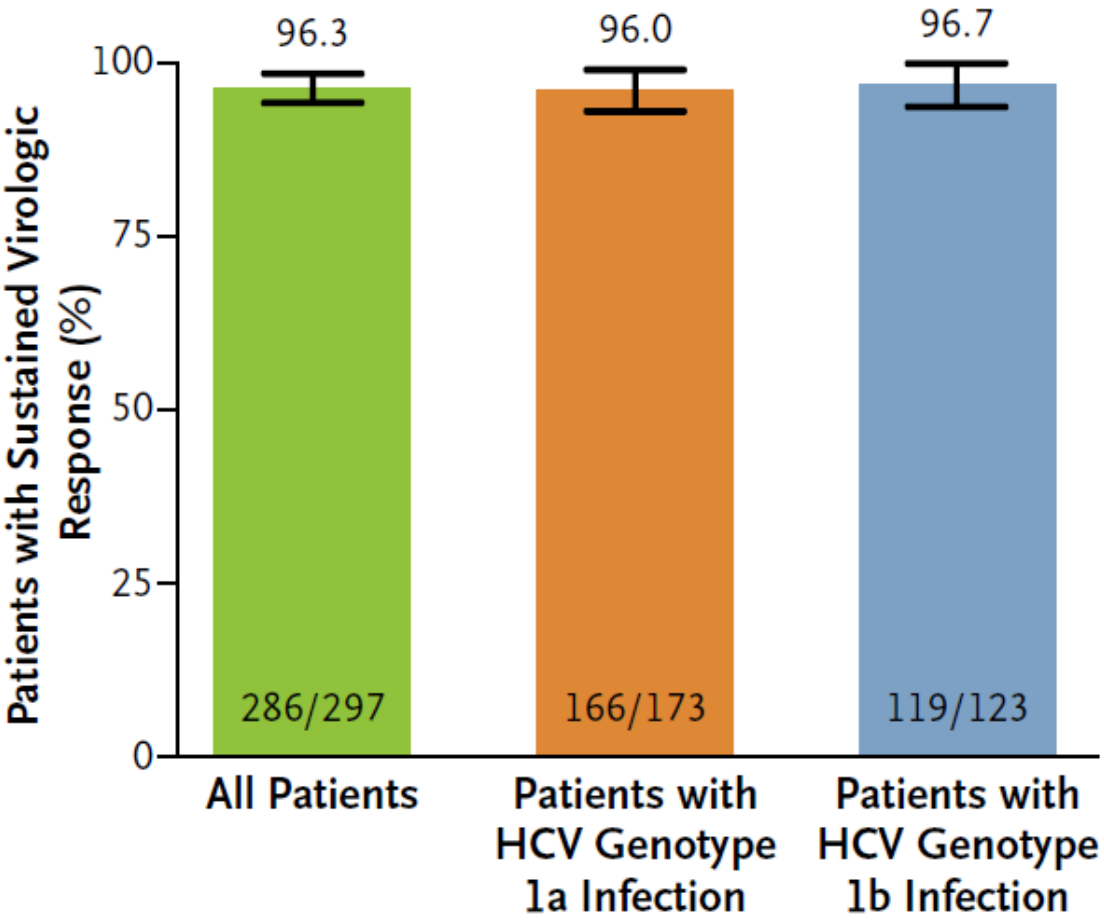

Figure 1. Sustained Virologic Response in the Entire Active-Regimen Group and According to Hepatitis C Virus (HCV) Genotype.

REFERENCES

1. Chen SL, Morgan TR. The natural history of hepatitis C virus (HCV) infection. Int J Med Sci 2006;3:47-52.
2. Marinho RT, Barreira DP. Hepatitis C, stigma and cure. World J Gastroenterol 2013;19:6703-9.
3. van der Meer AJ, Veldt BJ, Feld JJ, et al. Association between sustained virological response and all-cause mortality among patients with chronic hepatitis C and advanced hepatic fibrosis. JAMA 2012;308:2584-93.
4. Fried MW, Shiffman ML, Reddy KR, et al. Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection. N Engl J Med 2002;347:975-82.
5. Hadziyannis SJ, Sette H Jr, Morgan TR, et al. Peginterferon-alpha2a and ribavirin combination therapy in chronic hepatitis C: a randomized study of treatment duration and ribavirin dose. Ann Intern Med 2004;140:346-55.
6. McHutchison JG, Lawitz EJ, Shiffman ML, et al. Peginterferon alfa-2b or alfa-2a with ribavirin for treatment of hepatitis C
Boceprevir for untreated chronic HCV genotype 1 infection. N Engl J Med 2011;364:1195-206.
9. Bacon BR, Gordon SC, Lawitz E, et al. Boceprevir for previously treated chronic HCV genotype 1 infection. N Engl J Med 2011;364:1207-17.
10. Zeuzem S, Andreone P, Pol S, et al. Telaprevir for retreatment of HCV infection. N Engl J Med 2011;364:2417-28.
11. Menon RM, Klein CE, Lawal AA, et al. Pharmacokinetics and tolerability of the HCV protease inhibitor ABT-450 following single ascending doses in healthy adult volunteers with and without ritonavir. Presented at the annual meeting of HepDART, Kohala Coast, HI, December 6–10, 2009.
12. Lawitz E, Marbury T, Campbell A, et al. 1186 Safety and antiviral activity of ABT-267, a novel NS5A inhibitor, during 3-day monotherapy: first study in HCV genotype-1 (GT1)-infected treatment-naive subjects. J Hepatol 2012;56:Suppl 2:S469-S470.

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Contribution Number (if known): 14-02338

Short Title or description of Contribution: ABT-450/r/ABT-267 and ABT-333 With or Without Ribavirin for Hepatitis C Genotype 1

Corresponding Author: Peter Ferenci MD

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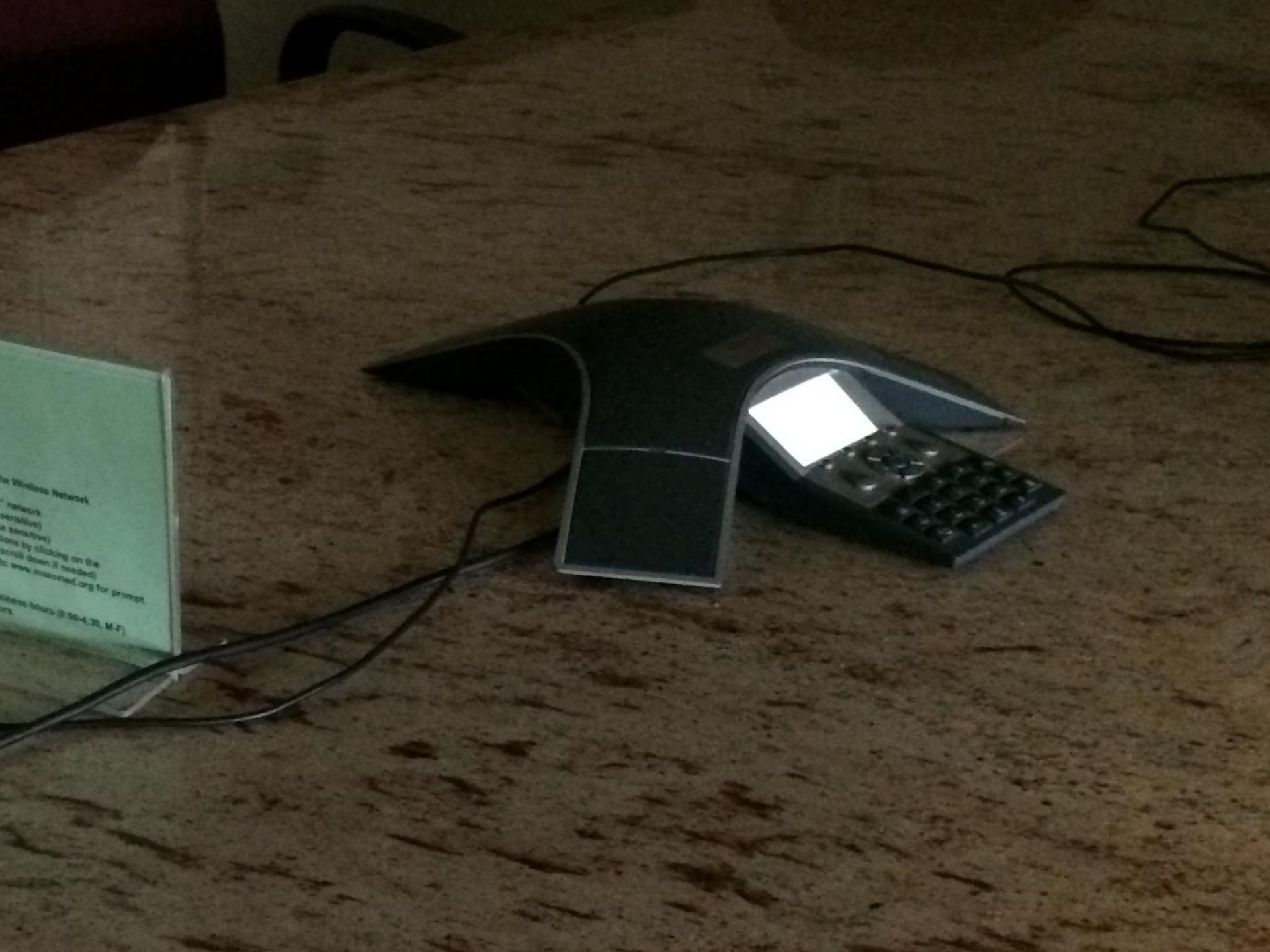
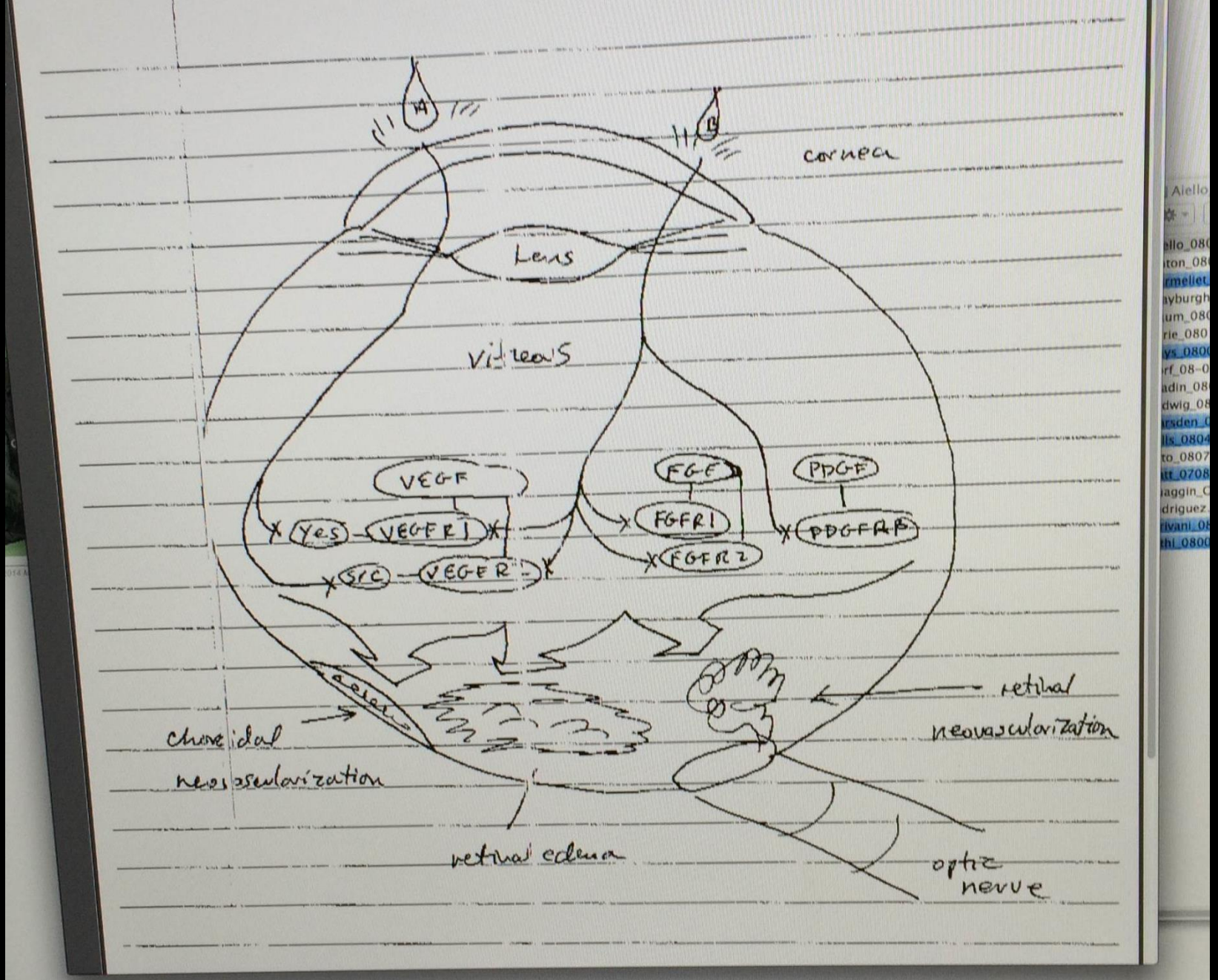
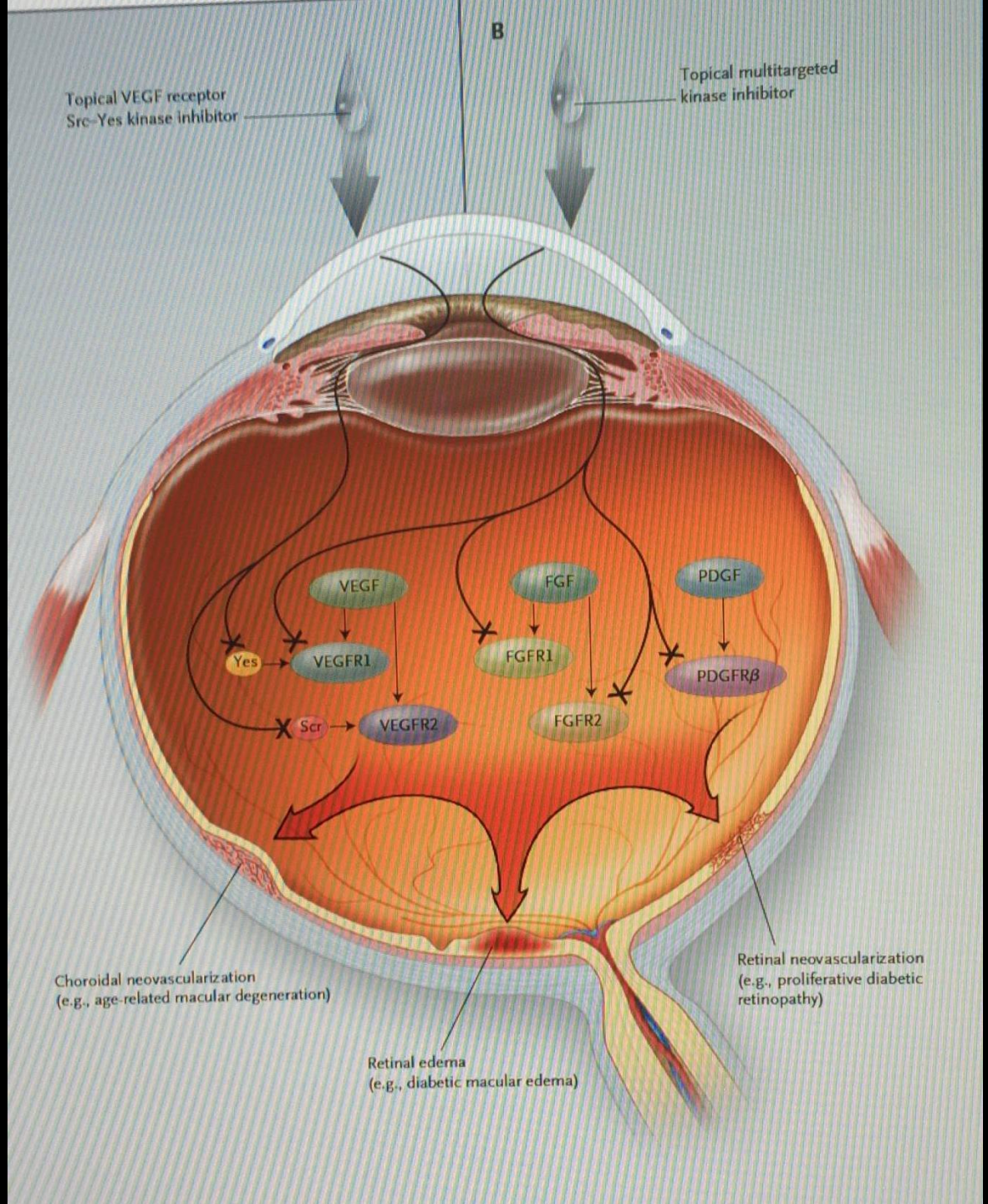



cornea
Lens
vitreous
VEGF
Yes
VEGFR1
Src
VEGFR
FGF
FGFR1
FGFR2
PDGF
PDGFRB
choroidal
neovascularization
retinal
neovascularization
retinal edema
optic
nerve


B
Topical VEGF receptor
Src–Yes kinase inhibitor
Topical multitargeted
kinase inhibitor
VEGF
FGF
PDGF
Yes
VEGFR1
FGFR1
PDGFRβ
Scr
VEGFR2
FGFR2
Choroidal neovascularization
(e.g., age-related macular degeneration)
Retinal edema
(e.g., diabetic macular edema)
Retinal neovascularization
(e.g., proliferative diabetic
retinopathy)


Operative Anatomy
Nasal and Sinus Surgery
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The New England Journal of Medicine

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VOLUME 297 DECEMBER 1, 1977 NUMBER 22

LEGIONNAIRES' DISEASE

Description of an Epidemic of Pneumonia

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Abstract An explosive, common-source outbreak of pneumonia caused by a previously unrecognized bacterium affected primarily persons attending an American Legion convention in Philadelphia in July, 1976. Twenty-nine of 182 cases were fatal. Spread of the bacterium appeared to be air borne. The source of the bacterium was not found, but epidemiologic analysis suggested that exposure may have occurred in the lobby of the headquarters hotel or in the area immediately surrounding the hotel. Person-to-person spread seemed not to have occurred. Many hotel employees appeared to be immune, suggesting that the agent may have been present in the vicinity, perhaps intermittently, for two or more years. (N Engl J Med 297:1189-1197, 1977)

NEW infectious diseases continue to be found with the aid of increasingly sophisticated laboratory methods for identifying microbial agents. Often, it is through investigation of an epidemic — as recently with Lassa fever[1] and Ebola-virus disease[2] — that new organisms and new diseases are identified. The occurrence of an epidemic signals the need for an investigation of a previously unrecognized problem and presents a cluster of cases in which, by means of appropriate comparisons with controls, a common epidemiologic, clinical, and microbiologic thread can be sought. On the centennial of Koch's discovery that bacteria caused anthrax, an explosive outbreak of pneumonia occurred in Pennsylvania, mostly in persons who had attended an American Legion convention. We describe the epidemic, the clinical illness and, in a companion paper,[3] the evidence that it is caused by a bacterium not previously recognized as a cause of human disease.

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