

Welcome

Searching PubMed for Research

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TTUHSC - Preston Smith Library
Lubbock, Texas 79430

When searching library applications, use



chrome

Chrome is TTUHSC IT's supported
browser!

Link

Today's power point ***Searching PubMed for Research:***
under Orientations and Presentations

<http://www.ttuhschools.edu/libraries/schools/som.aspx>

Research Question

Teaching Example

https://www.ted.com/talks/francis_collins_we_need_better_drugs_now

The image is a screenshot of a TED talk page. At the top, the TED logo is followed by the tagline 'Ideas worth spreading'. Navigation links include WATCH, DISCOVER, ATTEND, PARTICIPATE, ABOUT, and LOG IN. A search icon is in the top right. The main content area features a large video player with a play button. To the left of the video, the speaker's name 'Francis Collins:' is above the title 'We need better drugs — now', which is highlighted with a red box. Below the title are links for '28 subtitle languages' and 'View interactive transcript'. To the right of the video player is a vertical sidebar with icons for 'Add to list', 'Like', 'Download', and 'Rate'. Below the video player, a large red speech bubble contains a quote. At the bottom, there is a small portrait of Francis Collins, his name and title 'Geneticist, physician', and a short bio with a link to his 'Full bio'.

TED Ideas worth spreading

WATCH DISCOVER ATTEND PARTICIPATE ABOUT LOG IN

Francis Collins:

We need better drugs — now

28 subtitle languages ?

View interactive transcript

Add to list

Like

Download

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“Today, we know the molecular cause of 4,000 diseases, but treatments are available for only 250 of them.”

Francis Collins
Geneticist, physician

A key player in the US' new brain-mapping project, Francis Collins is director of the National Institutes of Health. [Full bio](#)

Searching Research Questions

To be complete, need to search:

PubMed

Embase

Cochrane Database of Systematic Reviews

Cochrane Central Register of Controlled Trials

Scopus

Web of Science

Searching PubMed

PubMed Database

- Biomedical and life sciences journal literature



- International scope



- Developed and maintained by the:

*National Center for Biotechnology Information
at the U.S. National Library of Medicine
at the National Institutes of Health*

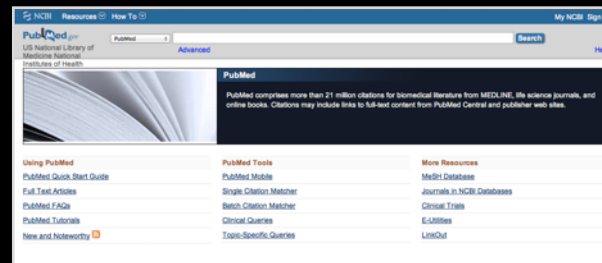


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PubMed

Search:
☒ Keywords ☐ MeSH ☐ PubMedID (PMID)

Popular Resources by School

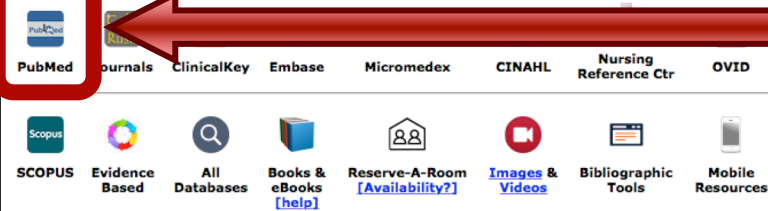


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PubMed Advanced Search Help



PubMed

PubMed comprises more than 26 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

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PubMed Home Page

See more

Vocabulary:
Using
MeSH Database

MeSH Database

Terms in the database are called
Medical Subject Headings or *MeSH*.

is a “controlled vocabulary list” of more
than 25,000 subject headings.

MeSH Database is updated annually.

Frequently Used Mesh Categories – 2011

A Anatomy

- A1 Body Regions
- A2 Musculoskeletal System
- A3 Digestive System
- A4 Respiratory System
- A5 Urogenital System
- A6 Endocrine System
- A7 Cardiovascular System
- A8 Nervous System
- A9 Sense Organs
- A10 Tissues
- A11 Cells
- A12 Fluids and Secretions
- A13 Animal Structures
- A14 Stomatognathic System
- A15 Hemic and Immune Systems
- A16 Embryonic Structures
- A17 Integumentary System
- A18 Plant Structures
- A19 Fungal Structures
- A20 Bacterial Structures
- A21 Viral Structures

B Organisms

- B1 Eukaryota
- B2 Archaea
- B3 Bacteria
- B4 Viruses
- B5 Organism Forms

C Diseases

- C1 Bacterial Infections & Mycoses
- C2 Virus Diseases
- C3 Parasitic Diseases
- C4 Neoplasms
- C5 Musculoskeletal Diseases
- C6 Digestive System Diseases
- C7 Stomatognathic Diseases
- C8 Respiratory Tract Diseases
- C9 Otorhinolaryngologic Diseases
- C10 Nervous System Diseases
- C11 Eye Diseases
- C12 Male Urogenital Diseases
- C13 Female Urogenital Diseases
& Pregnancy Complications
- C14 Cardiovascular Diseases
- C15 Hemic & Lymphatic Diseases
- C16 Congenital, Hereditary, &
Neonatal Diseases & Abnormalities
- C17 Skin & Connective Tissue Diseases
- C18 Nutritional & Metabolic Diseases
- C19 Endocrine System Diseases
- C20 Immune System Diseases
- C21 Disorders of Environmental Origin
- C22 Animal Diseases
- C23 Pathologic Conditions,
Signs, and Symptoms
- C24 Occupational Diseases
- C25 Chemically-Induced Disorders
- C26 Wounds and Injuries

D Chemicals & Drugs

- D1 Inorganic Chemicals
- D2 Organic Chemicals
- D3 Heterocyclic Compounds
- D4 Polycyclic Compounds
- D5 Macromolecular Substances
- D6 Hormones, Hormone Substitutes,
& Hormone Antagonists
- D8 Enzymes, & Coenzymes
- D9 Carbohydrates
- D10 Lipids
- D12 Amino Acids, Peptides,
& Proteins
- D13 Nucleic Acids, Nucleotides,
& Nucleosides
- D20 Complex Mixtures
- D23 Biologic Factors
- D25 Biomedical and Dental Materials
- D26 Pharmaceutical Preparations
- D27 Chemical Actions and Uses

Other Categories Include:

Analytical, Diagnostic, & Therapeutic Techniques & Equipment

Psychiatry and Psychology

Physical Phenomena

Natural Sciences

Anthropology, Education, Sociology & Social Phenomena

Technology, Industry, Agriculture

Humanities

Information Science

Persons

Population Characteristics

Publication Components

Geographic Locations

MeSH Terms Index

Each article in PubMed is assigned 10-15 *MeSH* and are listed in the *MeSH* Terms Index.

MeSH terms

Breast Neoplasms/diagnosis

Breast Neoplasms/surgery*

Breast Neoplasms/therapy*

Chemotherapy, Adjuvant/methods

Decision Making

Female

Humans

Molecular Targeted Therapy/methods

Neoadjuvant Therapy/methods*

Physician's Role

Physician-Patient Relations

Precision Medicine/methods

Prognosis

Surgeons*

Why use MeSH?

When searching from PubMed's home page, the computer searches words in titles & abstracts

When using *MeSH Database*, PubMed searches the *MeSH* Terms Index, NOT words in titles and/or abstracts.

Using *MeSH* brings together similar terms/tags; thus brings similar articles together

Examples: AIDS, blood

Most accurate, effective and efficient way to search!

Create a Search Strategy Plan

Identify the question and key concepts:

*Molecular targeted therapy
of breast neoplasms*

Write the search program using
medical subject headings (MeSH)

Search Example



PubMed

PubMed comprises more than 27 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.

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Click MeSH Database

MeSH

MeSH

breast neoplasms

Search

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MeSH

MeSH (Medical Subject Headings) is the NLM controlled vocabulary thesaurus used for indexing articles for PubMed.

Using MeSH

More Resources

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Enter

Breast
neoplasms

and click

Search

(Note: If there is a Boolean OR relationship, start with the "OR" statement first.)

Terms and Definitions

Summary ▾

Search results

Items: 5

☐ [Breast Neoplasms](#)

1. Tumors or cancer of the human BREAST.

☐ [Triple Negative Breast Neoplasms](#)

2. **Breast neoplasms** that do not express ESTROGEN RECEPTORS; PROGESTERONE RECEPTORS; and do not overexpress the NEU RECEPTOR/HER-2 PROTO-ONCOGENE PROTEIN.

☐ [Inflammatory Breast Neoplasms](#)

3. Metastatic breast cancer characterized by EDEMA and ERYTHEMA of the affected breast due to LYMPHATIC METASTASIS and eventual obstruction of LYMPHATIC VESSELS by the cancer cells.

☐ [Breast Neoplasms, Male](#)

4. Any neoplasms of the male breast. These occur infrequently in males in developed countries, the incidence being about 1% of that in females.

☐ [Unilateral Breast Neoplasms](#)

5. Tumors or cancer found specifically in one human BREAST, but not in both.
Year introduced: 2016

PubMed Search Builder

Add to search builder

AND ▾

Search PubMed

YouTube Tutorial

Find related data

Database:

Find items

Search details

"breast neoplasms"[MeSH Terms]
OR breast neoplasms[Text Word]

Search

See more...

Recent Activity



MeSH

MeSH

breast neoplasms

Search

[Create alert](#) [Limits](#) [Advanced](#)[Help](#)

Summary

Send to:

Search results

Items: 5

- ☐ [Breast Neoplasms](#)
1. Tumors or cancer of the human BREAST.
- ☐ [Triple Negative Breast Neoplasms](#)
2. **Breast neoplasms** that do not express ESTROGEN RECEPTORS; PROGESTERONE RECEPTORS; and do not overexpress the NEU RECEPTOR/HER-2 PROTO-ONCOGENE PROTEIN.
Year introduced: 2014
- ☐ [Inflammatory Breast Neoplasms](#)
3. Metastatic breast cancer characterized by EDEMA and ERYTHEMA of the affected breast due to LYMPHATIC METASTASES and eventual obstruction of LYMPHATIC VESSELS by the cancer cells.
Year introduced: 2011
- ☐ [Breast Neoplasms, Metastatic](#)
4. Any breast neoplasm that has been found to have metastasized.
Year introduced: 2011
- ☐ [Unilateral Breast Neoplasms](#)
5. Tumors or cancer of the human BREAST that are found only in one breast.
Year introduced: 2011

PubMed Search Builder

AND

[YouTube](#) [Tutorial](#)

Find related data

Database:

Search details

"breast neoplasms"[MeSH Terms]
OR breast neoplasms[Text Word]

Click the underlined term

MeSH

MeSH ▾

Search

Limits Advanced

Help

Full ▾

Send to: ▾

Breast Neoplasms

Tumors or cancer of the human BREAST.

PubMed search builder options

[Subheadings:](#)

- ☐ analysis
- ☐ anatomy and histology
- ☐ blood
- ☐ blood supply
- ☐ cerebrospinal fluid
- ☐ chemically induced
- ☐ chemistry
- ☐ classification
- ☐ complications
- ☐ congenital
- ☐ cytology
- ☐ diagnosis
- ☐ diagnostic imaging
- ☐ diet therapy
- ☐ drug therapy
- ☐ economics

- ☐ embryology
- ☐ enzymology
- ☐ epidemiology

- ☐ physiology
- ☐ physiopathology
- ☐ prevention and control

PubMed Search Builder

You  Tutorial

Click the box next to drug therapy.

Sub-headings narrow the “meaning” of a **MeSH** term. They are a “subset” of all the articles under the **MeSH** term:

breast neoplasms.

82 SUBHEADINGS:

abnormalities
administrations & dosage
adverse effects
agonists
analogues & derivatives
analysis
anatomy & histology
antagonists & inhibitors
biosynthesis
blood
blood supply
cerebrospinal fluid
chemical synthesis
chemically induced
chemistry
classification
complications
congenital
contraindications
cytology
deficiency
diagnosis
diet therapy
drug effects
drug therapy
economics
education
embryology

enzymology
epidemiology
ethics
ethnology
etiology
genetics
growth & development
history
immunology
injuries
innervation
instrumentation
isolation & purification
legislation & jurisprudence
manpower
metabolism
methods
microbiology
mortality
nursing
organization & administration
parasitology
pathogenicity
pathology
pharmacokinetics
pharmacology
physiology
physiopathology

poisoning
prevention & control
psychology
radiation effects
radiography
radionuclide imaging
radiotherapy
rehabilitation
secondary
secretion
standards
statistics & numerical data
supply & distribution
surgery
therapeutic use
therapy
toxicity
transmission
transplantation
trends
ultrasonography
ultrastructure
urine
utilization
veterinary
virology

MeSH

MeSH

Limits Advanced

Help

Full

Send to:

Breast Neoplasms

Tumors or cancer of the human BREAST.

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|---|---|
| <input type="checkbox"/> analysis | <input type="checkbox"/> embryology | <input type="checkbox"/> physiology |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> enzymology | <input type="checkbox"/> physiopathology |
| <input type="checkbox"/> blood | <input type="checkbox"/> epidemiology | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> blood supply | <input type="checkbox"/> ethnology | <input type="checkbox"/> psychology |
| <input type="checkbox"/> cerebrospinal fluid | <input type="checkbox"/> etiology | <input type="checkbox"/> radiotherapy |
| <input type="checkbox"/> chemically induced | <input type="checkbox"/> genetics | <input type="checkbox"/> rehabilitation |
| <input type="checkbox"/> chemistry | <input type="checkbox"/> history | <input type="checkbox"/> secondary |
| <input type="checkbox"/> classification | <input type="checkbox"/> immunology | <input type="checkbox"/> secretion |
| <input type="checkbox"/> complications | <input type="checkbox"/> legislation and | <input type="checkbox"/> statistics and numerical |
| <input type="checkbox"/> congenital | jurisprudence | data |
| <input type="checkbox"/> cytology | <input type="checkbox"/> metabolism | |
| <input type="checkbox"/> diagnosis | <input type="checkbox"/> microbiology | |
| <input type="checkbox"/> diagnostic imaging | <input type="checkbox"/> mortality | |
| <input type="checkbox"/> diet therapy | <input type="checkbox"/> nursing | |
| <input type="checkbox"/> drug therapy | <input type="checkbox"/> organization and | |
| <input type="checkbox"/> economics | administration | |
| | <input type="checkbox"/> parasitology | |
| | <input type="checkbox"/> pathology | |

AND

is the default

PubMed Search Builder

Add to search builder

AND

Search PubMed

YouTube Tutorial

Related information

PubMed

PubMed - MeSH Topic

Clinical Queries

NLM MeSH Browser

Click

Add to search builder

MeSH

MeSH ▾

molecular targeted therapy



Search

[Limits](#) [Advanced](#)[Help](#)

Full ▾

Send to: ▾

Breast Neoplasms

Tumors or cancer of the human BREAST.

PubMed search builder options

[Subheadings:](#)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> analysis | <input type="checkbox"/> embryology | <input type="checkbox"/> physiology |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> enzymology | <input type="checkbox"/> physiopathology |
| <input type="checkbox"/> blood | <input type="checkbox"/> epidemiology | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> blood supply | <input type="checkbox"/> ethnology | <input type="checkbox"/> psychology |
| <input type="checkbox"/> cerebrospinal fluid | <input type="checkbox"/> etiology | <input type="checkbox"/> radiotherapy |
| <input type="checkbox"/> chemically induced | <input type="checkbox"/> genetics | <input type="checkbox"/> rehabilitation |
| <input type="checkbox"/> chemistry | <input type="checkbox"/> history | <input type="checkbox"/> secondary |
| <input type="checkbox"/> classification | | |
| <input type="checkbox"/> complications | | |
| <input type="checkbox"/> consequences | | |
| <input type="checkbox"/> cytology | | |
| <input type="checkbox"/> diagnosis | | |
| <input type="checkbox"/> differential diagnosis | | |
| <input type="checkbox"/> drug therapy | | |
| <input type="checkbox"/> ecology | | |

PubMed Search Builder

"Breast Neoplasms/drug therapy" [Mesh]

Add to search builder

AND ▾

Search PubMed

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Related information

[PubMed](#)[PubMed - Major Topic](#)

The MeSH term and subheading is in the search builder. This is the first step in writing the search program.

[Turn Off](#) [Clear](#)

MeSH [Limits](#) [Advanced](#) [Help](#)

Full ▾

Send to: ▾

Breast Neoplasms

Tumors or cancer of the human BREAST.

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> analysis | <input type="checkbox"/> embryology | <input type="checkbox"/> physiology |
| <input type="checkbox"/> anatomy and histology | <input type="checkbox"/> enzymology | <input type="checkbox"/> physiopathology |
| <input type="checkbox"/> blood | <input type="checkbox"/> epidemiology | <input type="checkbox"/> prevention and control |
| <input type="checkbox"/> blood supply | <input type="checkbox"/> ethnology | <input type="checkbox"/> psychology |

PubMed Search Builder

"Breast Neoplasms/drug therapy" [Mesh]

Add to search builder ▾

[YouTube](#) [Tutorial](#)

Related information

Enter

Molecular targeted therapy

and click

Search

MeSH

MeSH ▾

molecular targeted therapy



Search

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Full ▾

Send to: ▾

Molecular Targeted Therapy

Treatments with drugs which interact with or block synthesis of specific cellular components characteristic of the individual's disease in order to stop or interrupt the specific biochemical dysfunction involved in progression of the disease.

Year introduced: 2011

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|--|--|
| <input type="checkbox"/> adverse effects | <input type="checkbox"/> methods | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> classification | <input type="checkbox"/> mortality | <input type="checkbox"/> therapeutic use |
| <input type="checkbox"/> economics | <input type="checkbox"/> nursing | <input type="checkbox"/> therapy |
| <input type="checkbox"/> epidemiology | <input type="checkbox"/> organization and administration | <input type="checkbox"/> trends |
| <input type="checkbox"/> ethics | <input type="checkbox"/> pharmacology | <input type="checkbox"/> utilization |
| <input type="checkbox"/> history | <input type="checkbox"/> psychology | <input type="checkbox"/> veterinary |
| <input type="checkbox"/> instrumentation | <input type="checkbox"/> standards | |

PubMed Search Builder

"Breast Neoplasms/drug therapy"
[Mesh]

Add to search builder

AND ▾

[YouTube](#) [Tutorial](#)

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[Clinical Queries](#)

Click

Add to search builder

NCBI Resources How To Sign in to NCBI

MeSH MeSH molecular targeted therapy Search

Create alert Limits Advanced Help

Full Send to:

Molecular Targeted Therapy

Treatments with drugs which interact with or block synthesis of specific cellular components characteristic of the individual's disease in order to stop or interrupt the specific biochemical dysfunction involved in progression of the disease.
Year introduced: 2011

PubMed search builder options

[Subheadings:](#)

<input type="checkbox"/> adverse effects	<input type="checkbox"/> methods	<input type="checkbox"/> statistics and numerical data
<input type="checkbox"/> classification	<input type="checkbox"/> mortality	<input type="checkbox"/> therapeutic use
<input type="checkbox"/> economics	<input type="checkbox"/> nursing	<input type="checkbox"/> therapy
<input type="checkbox"/> epidemiology	<input type="checkbox"/> organization and administration	<input type="checkbox"/> trends
<input type="checkbox"/> ethics	<input type="checkbox"/> pharmacology	<input type="checkbox"/> utilization
<input type="checkbox"/> history	<input type="checkbox"/> psychology	<input type="checkbox"/> veterinary
<input type="checkbox"/> instrumentation	<input type="checkbox"/> standards	

PubMed Search Builder

("Breast Neoplasms/drug therapy" [Mesh]) AND "Molecular Targeted Therapy" [Mesh]

Send to search builder AND Search PubMed

YouTube Tutorial

Related information

PubMed

PubMed - Major Topic

Clinical Queries

The second MeSH term is in the search program "box"

MeSH MeSH molecular targeted therapy Search

Create alert Limits Advanced Help

Full Send to:

Molecular Targeted Therapy

Treatments with drugs which interact with or block synthesis of specific cellular components characteristic of the individual's disease in order to stop or interrupt the specific biochemical dysfunction involved in progression of the disease.

Year introduced: 2011

PubMed search builder options

[Subheadings:](#)

- | | | |
|--|--|--|
| <input type="checkbox"/> adverse effects | <input type="checkbox"/> methods | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> classification | <input type="checkbox"/> mortality | <input type="checkbox"/> therapeutic use |
| <input type="checkbox"/> economics | <input type="checkbox"/> nursing | <input type="checkbox"/> therapy |
| <input type="checkbox"/> epidemiology | <input type="checkbox"/> organization and administration | <input type="checkbox"/> trends |
| <input type="checkbox"/> ethics | <input type="checkbox"/> pharmacology | <input type="checkbox"/> utilization |
| <input type="checkbox"/> history | <input type="checkbox"/> psychology | <input type="checkbox"/> veterinary |
| <input type="checkbox"/> instrumentation | <input type="checkbox"/> standards | |

PubMed Search Builder

("Breast Neoplasms/drug therapy" [Mesh]) AND "Molecular Targeted Therapy" [Mesh]

Add to search builder AND

Search PubMed

YouTube Tutorial

Related Information

PubMed

PubMed - Major Topic

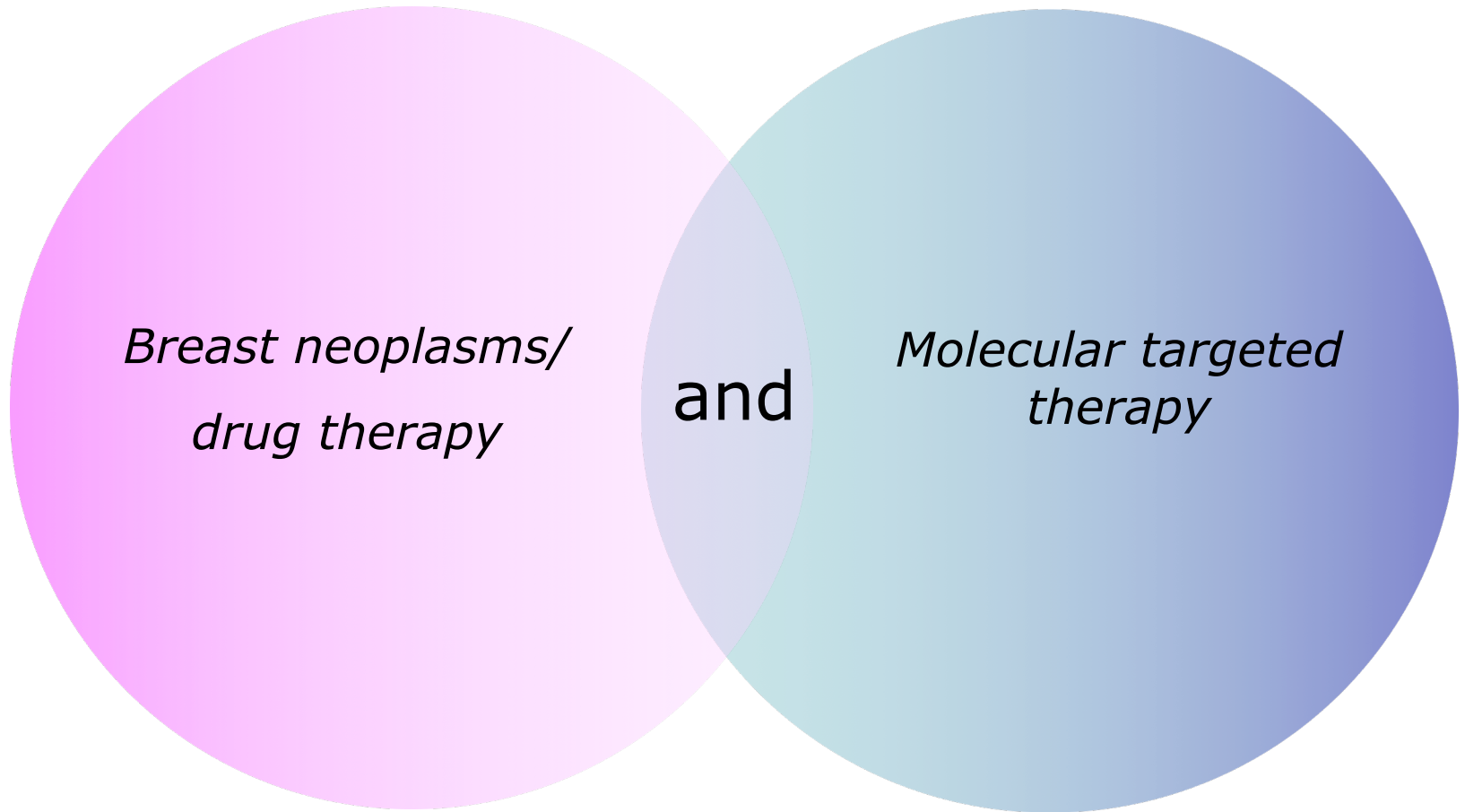
Clinical Questions

The search program is complete.

Click

Search PubMed

Boolean Logic - AND



Boolean Logic - OR

*molecular
targeted
therapy*

OR

chemotherapy

Search Results

Article types

[Clinical Trial](#)[Review](#)[Customize ...](#)

Text availability

[Abstract](#)[Free full text](#)[Full text](#)

PubMed

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Publication

[dates](#)[5 years](#)[10 years](#)[Custom range...](#)

Species

[Humans](#)[Other Animals](#)[Clear all](#)[Show additional filters](#)

Format: Summary Sort by: Most Recent Per page: 20

Send to

Filters: [Manage Filters](#)

Search results

Items: 1 to 20 of 807

<< First < Prev Page 1 of 41 Next > Last >>

- ☐ 1. [The role of epidermal cell adhesion molecule N-glycosylation on apoptosis in breast cancer cells.](#)

Zhang D, Liu X, Gao Y, Sun Y, Liu T, Yan Q, Yang X.
Tumour Biol. 2017 Mar;1-10. doi: 10.1177/1010428317695973.

PMID: 28349835

[Similar articles](#)

- ☐ 2. [Early clinical development of epidermal growth factor receptor targeted therapy in breast cancer.](#)

Matsuda N, Lim B, Wang X, et al. NT.

Expert Opin Investig Drugs. 2017 Mar;26(4):463-479. doi: 10.1080/13543784.2017.1299707. Epub 2017

☐

3.

P

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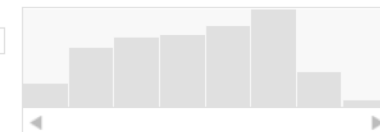
5.

Expert Opin Investig Drugs. 2017 Mar;26(3):303-311. doi: 10.1080/13543784.2017.1287173. Epub 2017 Feb 6. Review.

PMID: 28121208

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Results by year

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Database:

[Find items](#)

Search details

PubMed identifies
807 articles

molecular targeted therapy (1)

Breast Neoplasms

MeSH

Article types

Clinical Trial

Review

Customize ...

Text availability

Abstract

Free full text

Full text

PubMed

Commons

Reader comments

Trending articles

Publication dates

5 years

10 years

Custom range...

Species

☒ Humans☐ Other Animals[Clear all](#)[Show additional filters](#)

Format: Summary Sort by: Most Recent Per page: 20

Send to

Filters: [Manage Filters](#)

Search results

Items: 1 to 20 of 802

<< First < Prev Page 1 of 41 Next > Last >>

Filters activated: Humans. [Clear all](#) to show 807 items.

- ☐ [The role of epithelial cell adhesion molecule N-glycosylation on apoptosis in breast cancer cells.](#)

Zhang D, Liu X, Gao J, Sun Y, Liu T, Yan Q, Yang X.
Tumour Biol. 2017 Mar;39(3):1010428317695973. doi: 10.1177/1010428317695973.
PMID: 28349835
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- ☐ [Early clinical development of epidermal growth factor receptor targeted therapy in breast cancer.](#)

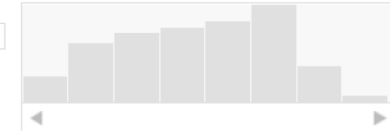
Matsuda N, Lim B, Wang X, Ueno NT.
Expert Opin Investig Drugs. 2017 Apr;26(4):463-479. doi: 10.1080/13543784.2017.1299707. Epub 2017 Mar 8. Review.
PMID: 28271910
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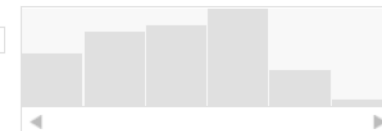
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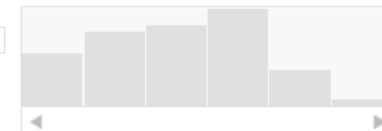
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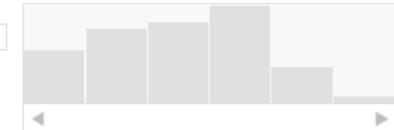
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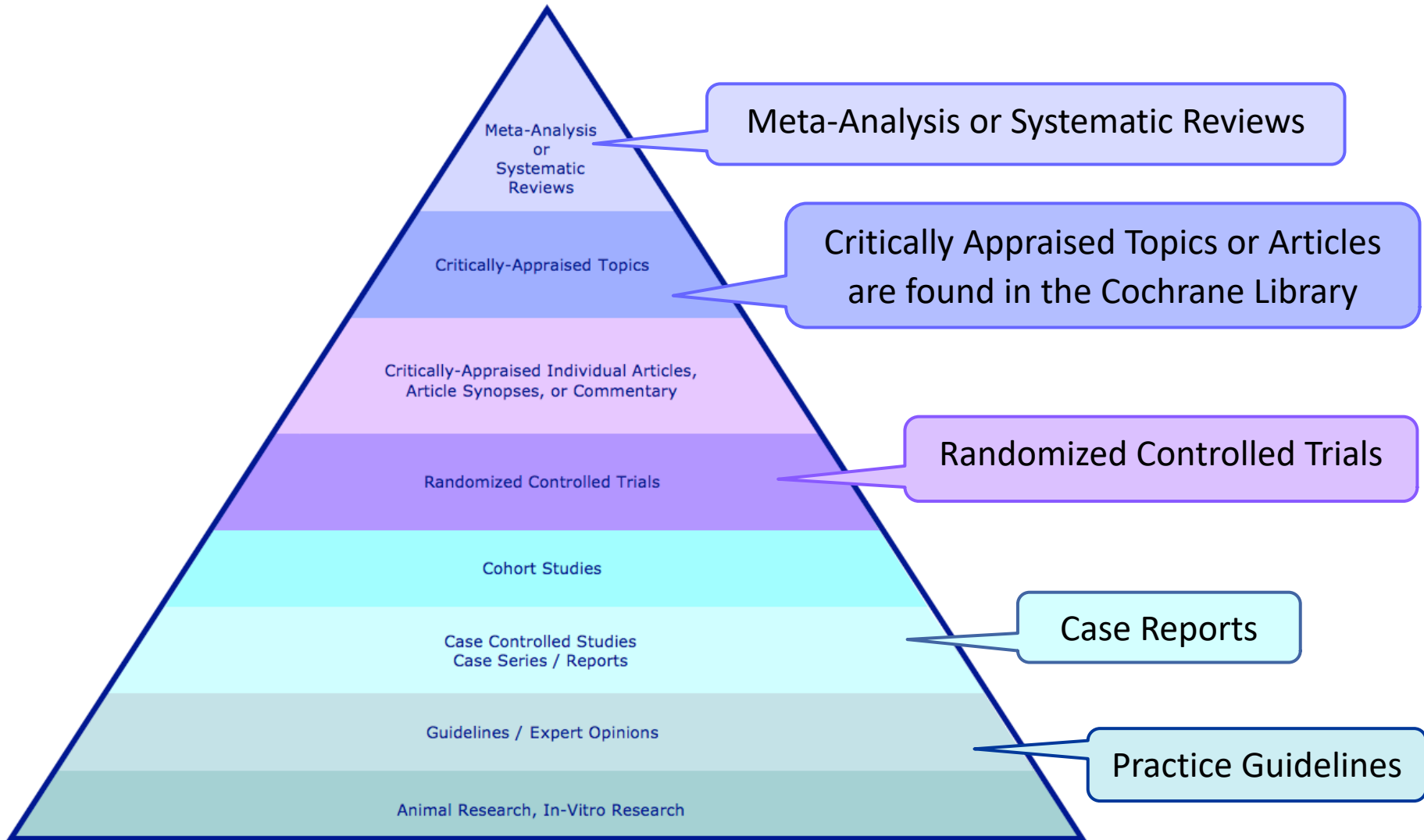
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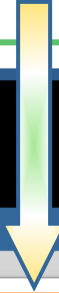
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Su Y¹, Wang X², Li J¹, Xu J³, Xu L¹.

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FHIT is a bona fide tumor-suppressor gene and its loss contributes to tumorigenesis of epithelial cancers including breast cancer (BC). However, the association and clinicopathological significance between FHIT promoter hypermethylation and BC remains unclear. The purpose of this study is to conduct a meta-analysis and literature review to investigate the clinicopathological significance of FHIT methylation in BC. A detailed literature search was performed in PubMed, EMBASE, Web of Science, and Google Scholar databases. The data were extracted and assessed by two reviewers independently. Odds ratios with 95% corresponding confidence intervals were calculated. A total of seven relevant articles were available for meta-analysis, which included 985 patients. The frequency of FHIT hypermethylation was significantly increased in invasive ductal carcinoma compared to benign breast disease, the pooled odds ratio was 8.43, $P < 0.00001$. The rate of FHIT hypermethylation was not significantly different between stage I/II and stage III/IV, odds ratio was 2.98, $P = 0.06$. In addition, FHIT hypermethylation was not significantly associated with ER and PR status. FHIT hypermethylation was not significantly correlated with premenopausal and postmenopausal patients with invasive ductal carcinoma. In summary, our meta-analysis indicated that the frequency of FHIT hypermethylation was significantly increased in BC compared to benign breast disease. The rate of FHIT hypermethylation in advanced stages of BC was higher than in earlier stages; however, the difference was not statistically significant. Our data suggested that FHIT methylation could be a diagnostic biomarker of BC carcinogenesis. FHIT is a potential drug target for development of demethylation treatment for patients with BC.

KEYWORDS: FHIT; drug target; meta-analysis; methylation; odds ratio; tumor suppressor gene

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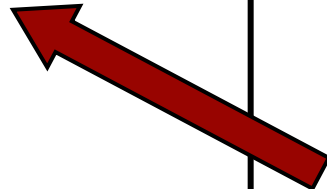
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The clinicopathological significance and drug target potential of FHIT in breast cancer, a meta-analysis and literature review

Yunshu Su,¹ Xiaoli Wang,^{1,2} Jun Li,¹ Junming Xu,³ and Lijun Xu¹[Author information](#) ► [Copyright and License information](#) ►

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FHIT is a bona fide tumor-suppressor gene and its loss contributes to tumorigenesis of epithelial cancers including breast cancer (BC). However, the association and clinicopathological significance between *FHIT* promoter hypermethylation and BC remains unclear. The purpose of this study is to conduct a meta-analysis and literature review to investigate the clinicopathological significance of *FHIT* methylation in BC. A detailed literature search was performed in PubMed, EMBASE, Web of Science, and Google Scholar databases. The data were extracted and assessed by two reviewers independently. Odds ratios with 95% corresponding confidence intervals were calculated. A total of seven relevant articles were available for meta-analysis, which included 985 patients. The frequency of *FHIT* hypermethylation was significantly increased in invasive ductal carcinoma compared to benign breast disease, the pooled odds ratio was 8.43, $P < 0.00001$. The rate of *FHIT* hypermethylation was not significantly different between stage I/II and stage III/IV, odds ratio was 2.98, $P = 0.06$. In addition, *FHIT* hypermethylation was not significantly associated with ER and PR status. *FHIT* hypermethylation was not significantly correlated with premenopausal and postmenopausal patients with invasive ductal carcinoma. In summary, our meta-analysis indicated that the frequency of *FHIT* hypermethylation was significantly increased in BC compared to benign breast disease. The rate of *FHIT* hypermethylation in advanced stages of BC was higher than in earlier stages; however, the difference was not statistically significant. Our data suggested that *FHIT* methylation could be a diagnostic biomarker of BC carcinogenesis. *FHIT* is a potential drug target for development of demethylation treatment for patients with BC.

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The clinicopathological significance and drug target potential of FHIT in breast cancer, a meta-analysis and literature review

Yunshu Su¹
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Lijun Xu¹

¹Department of Cardiothoracic Surgery, ²Cancer Biology Research Center, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, Hubei, ³Department of General Surgery, Shanghai First People's Hospital, Shanghai Jiaotong University, Shanghai, People's Republic of China

Abstract: *FHIT* is a bona fide tumor-suppressor gene and its loss contributes to tumorigenesis of epithelial cancers including breast cancer (BC). However, the association and clinicopathological significance between *FHIT* promoter hypermethylation and BC remains unclear. The purpose of this study is to conduct a meta-analysis and literature review to investigate the clinicopathological significance of *FHIT* methylation in BC. A detailed literature search was performed in PubMed, EMBASE, Web of Science, and Google Scholar databases. The data were extracted and assessed by two reviewers independently. Odds ratios with 95% corresponding confidence intervals were calculated. A total of seven relevant articles were available for meta-analysis, which included 985 patients. The frequency of *FHIT* hypermethylation was significantly increased in invasive ductal carcinoma compared to benign breast disease, the pooled odds ratio was 8.43, $P < 0.00001$. The rate of *FHIT* hypermethylation was not significantly different between stage I/II and stage III/IV, odds ratio was 2.98, $P = 0.06$. In addition, *FHIT* hypermethylation was not significantly associated with ER and PR status. *FHIT* hypermethylation was not significantly correlated with premenopausal and postmenopausal patients with invasive ductal carcinoma. In summary, our meta-analysis indicated that the frequency of *FHIT* hypermethylation was significantly increased in BC compared to benign breast disease. The rate of *FHIT* hypermethylation in advanced stages of BC was higher than in earlier stages; however, the difference was not statistically significant. Our data suggested that *FHIT* methylation could be a diagnostic biomarker of BC carcinogenesis. *FHIT* is a potential drug target for development of demethylation treatment for patients with BC.

Keywords: FHIT, methylation, tumor suppressor gene, meta-analysis, odds ratio, drug target

Introduction

Breast cancer (BC) is the most frequently diagnosed cancer in women and the major cause of cancer-related female mortality in the USA.¹ A series of epigenetic alterations and genetic abnormalities contribute to this process of BC onset and progression. Epigenetic alterations, which occur in transformed cells, involve changes in DNA methylation, including global hypomethylation, focal hypermethylation, histone modifications, and nucleosomal remodeling.² Specifically, abnormal promoter region methylation in tumor suppressor genes results in loss of gene function which contributes to tumorigenesis of epithelial cancers.³ Therefore, it is critical to identify biomarkers for diagnosis and new molecular targets for development of personalized therapy. Common fragile sites are large chromosomal regions that are hot spots for alterations, especially in cancer cells. The three most frequently expressed common fragile site regions are FRA3B, FRA16D, and FRA6E which contain *FHIT*, *WWOX*, and *PARK2*.^{4,5}

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Drug Des Devel Ther. 2015 Oct 1;9:5439-45. doi: 10.2147/DDDT.S89861. eCollection 2015.

The clinicopathological significance and drug target potential of FHIT in breast cancer, a meta-analysis and literature review.

Su Y¹, Wang X², Li J¹, Xu J³, Xu L¹.

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Abstract

FHIT is a bona fide tumor-suppressor gene and its loss contributes to tumorigenesis of epithelial cancers including breast cancer (BC). However, the association and clinicopathological significance between FHIT promoter hypermethylation and BC remains unclear. The purpose of this study is to conduct a meta-analysis and literature review to investigate the clinicopathological significance of FHIT methylation in BC. A detailed literature search was performed in PubMed, EMBASE, Web of Science, and Google Scholar databases. The data were extracted and assessed by two reviewers independently. Odds ratios with 95% corresponding confidence intervals were calculated. A total of seven relevant articles were available for meta-analysis, which included 985 patients. The frequency of FHIT hypermethylation was significantly increased in invasive ductal carcinoma compared to benign breast disease, the pooled odds ratio was 8.43, $P < 0.00001$. The rate of FHIT hypermethylation was not significantly different between stage I/II and stage III/IV, odds ratio was 2.98, $P = 0.06$. In addition, FHIT hypermethylation was not significantly associated with ER and PR status. FHIT hypermethylation was not significantly correlated with premenopausal and postmenopausal patients with invasive ductal carcinoma. In summary, our meta-analysis indicated that the frequency of FHIT hypermethylation was significantly increased in BC compared to benign breast disease. The rate of FHIT hypermethylation in advanced stages of BC was higher than in earlier stages; however, the difference was not statistically significant. Our data suggested that FHIT methylation could be a diagnostic biomarker of BC carcinogenesis. FHIT is a potential drug target for development of demethylation treatment for patients with BC.

KEYWORDS: FHIT; drug target; meta-analysis; methylation; odds ratio; tumor suppressor gene

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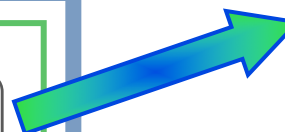
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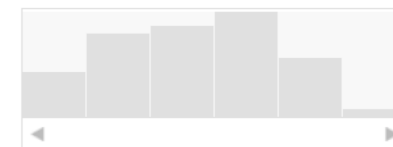
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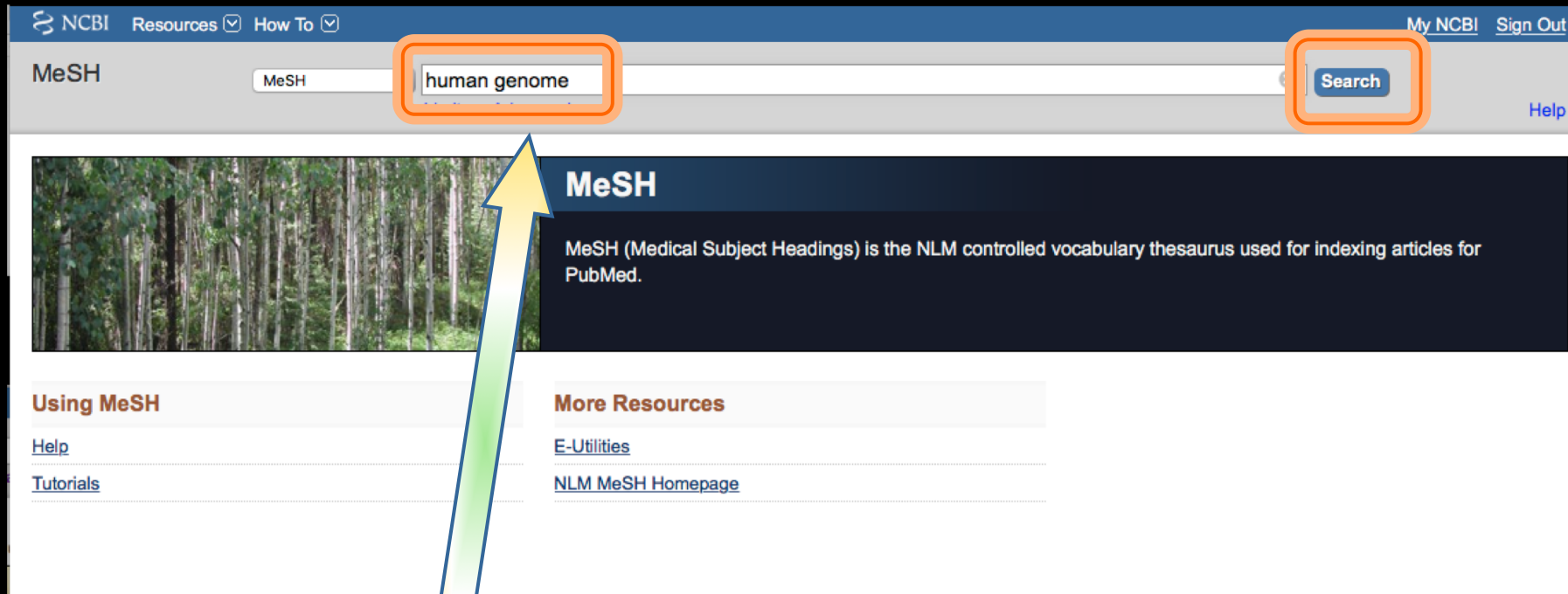
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Year introduced: 1990

☐ [National Human Genome Research Institute \(U.S.\)](#)

2. Component of the NATIONAL INSTITUTES OF HEALTH. It c and other organism genomes. The National Center for **Hum**a National **Human Genome** Research Institute in 1997.
Year introduced: 2008

☐ [Human Genome Project](#)

3. A coordinated effort of researchers to map (CHROMOSOME MAPPING) and sequence (SEQUENCE ANALYSIS, DNA) b **human** **GENOME**.
Year introduced: 1990

Summary ▾

The human genome

GRCh38 primary assembly

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1. [Exploring the dark matter of the human genome using oligonucleotide-based molecules.](#)
Avitabile C, D'Andrea LD, Romanelli A.
Future Med Chem. 2015;7(13):1627-30. doi: 10.4155/fmc.15.115. Epub 2015 Sep 18. No abstract available.
PMID: 26381721
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2. [Open reading frames associated with cancer in the dark matter of the human genome.](#)
Delgado AP, Brandao P, Chapado MJ, Hamid S, Narayanan R.
Cancer Genomics Proteomics. 2014 Jul-Aug;11(4):201-13.
PMID: 25048349
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3. [Dark matter RNA illuminates the puzzle of genome-wide association studies.](#)
St Laurent G, Vyatkin Y, Kapranov P.
BMC Med. 2014 Jun 12;12:97. doi: 10.1186/1741-7015-12-97.
PMID: 24924000 **Free PMC Article**
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4. [Navigating the genome's "dark matter".](#)
Jenks S.
J Natl Cancer Inst. 2013 May 15;105(10):673-4. doi: 10.1093/jnci/dj.
PMID: 23650624
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Martin L, Chang HY.
J Clin Invest. 2012 May;122(5):1589-95. doi: 10.1172/JCI60020. Ep
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☐ [CASE RECORDS of the MASSACHUSETTS GENERAL HOSPITAL. Case 16-2016. A 31-Year-Old](#)

1. [Pregnant Woman with Fever.](#)

Rouse DJ, Keimig TW, Riley LE, Letourneau AR, Platt MY.

N Engl J Med. 2016 May 26;374(21):2076-83. doi: 10.1056/NEJMcp1516451. No abstract available.

PMID: 27223150

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☐ [Mutation Analysis of PRKAR1A Gene in a Patient with Atrial](#)

2. [Massobrio L, Nasti S, Martinelli C, Sestini F, Montecucco](#)

Clin Lab. 2016;62(4):731-4.

PMID: 27215095

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☐ [Comparison of Next-Generation Sequencing, Quantitative](#)

3. [Profiling of EGFR, KRAS, and BRAF in Clinical L](#)

Gao J, Wu H, Shi X, Huo Z, Zhang J, Liang Z.

Clin Lab. 2016;62(4):689-96.

PMID: 27215089

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☐ [Polymorphisms Associated with Increased Cardiovascular](#)

4. [Predict Acute Events in Hemodialysis Patients.](#)

Rolla R, De Mauri A, Vidali M, Valsesia A, Chiarinotti D, B

Clin Lab. 2016;62(4):639-44.

PMID: 27215083

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5. [Interferon/Ribavirin Treatment in Patients with Hepatitis C.](#)

Larijani MS, Rad LN, Nikbin M, Bahraei N, Javadi F, Dane

SD, Zabiollahi R, Sadat SM.

Clin Lab. 2016;62(4):609-14.

PMID: 27215079

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☐ [Do generic correction algorithms produce reliable estimat](#)

6. [Donati S, Maraschini A, Lega I, Basevi V, Buoncristiano M](#)

Lancet. 2016 Apr 30;387(10030):1815-6. doi: 10.1016/S0140-6736(

available.

PMID: 27203502

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1. Was the assignment of patients to treatment randomized?

☐ Yes ☐ No ☐ Can't Tell

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☐ Yes ☐ No ☐ Can't Tell

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- were patients analyzed in the groups to which they were randomized (intention to treat analysis)?

3. Were patients, their clinicians, and study personnel 'blind' to treatment?

☐ Yes ☐ No ☐ Can't Tell

4. Were the groups similar at the start of the trial?

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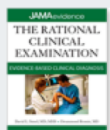
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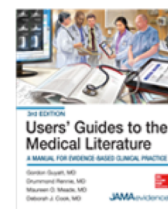
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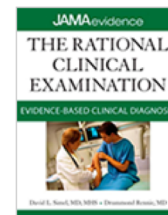
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