

<b>Subject Coverage</b>	Important developments in drugs and drug therapy including: <ul style="list-style-type: none"> <li>• Adverse drug reactions</li> <li>• Disease management</li> <li>• Pharmaceutical research and development</li> <li>• Pharmacoeconomics and outcomes</li> <li>• Pharmacoepidemiology</li> <li>• Pharmacology</li> <li>• Therapeutics</li> </ul>			
<b>File Type</b>	Bibliographic, Full Text			
<b>Features</b>	Alerts (SDIs)      Daily, weekly (default), or monthly CAS Registry Numbers® <input checked="" type="checkbox"/> Page Images <input type="checkbox"/> STN AnaVist <input type="checkbox"/> Keep & Share <input checked="" type="checkbox"/> SLART <input type="checkbox"/> STN Easy <input checked="" type="checkbox"/> Learning Database <input type="checkbox"/> Structures <input type="checkbox"/> STN Viewer <input type="checkbox"/>			
<b>Record Content</b>	<ul style="list-style-type: none"> <li>• Bibliographic information</li> <li>• Full text of the reports</li> <li>• References to the documents cited by the newsletter</li> <li>• Indexing terms</li> <li>• Chemical names</li> <li>• CAS Registry Numbers®</li> </ul>			
<b>File Size</b>	More than 128,800 records (8/11)			
<b>Coverage</b>	1983 to the present			
<b>Updates</b>	Daily			
<b>Language</b>	English			
<b>Database Producer</b>	Wolters Kluwer Pharma Solutions 770 Township Line Road, Suite 300 Yardley, PA 19067 United States Phone: (877) 872 2347 or 267 757 3421 (ext. 1) Fax: (877) 234 7329 Europe and Asia Pacific: Phone: (+44) 20 7981 0765 Email: clientsupport@wolterskluwer.com			
<b>Sources</b>	<ul style="list-style-type: none"> <li>• Inpharma® - alerts to drugs and drug therapy</li> <li>• Reactions™ - alerts to adverse drug reactions from all adverse drug events reported in the world's biomedical literature</li> <li>• Pharmacoeconomics &amp; Outcomes News™ - complete health economics news service</li> <li>• Inpharma (1994 - present)</li> <li>• Reactions (1983 - present)</li> <li>• Pharmacoeconomics &amp; Outcomes News (1995 - present) newsletters</li> </ul>			
<b>User Aids</b>	<ul style="list-style-type: none"> <li>• Online Helps (HELP DIRECTORY lists all help messages available)</li> <li>• STNGUIDE</li> </ul>			

**Clusters**

- ADISBASES
- BIOSCIENCE
- CASRNS
- COMPANIES
- FULLTEXT
- HEALTH
- MEDICINE
- PHARMACOLOGY
- TOXICOLOGY

[STN Database Clusters](#) information (PDF).

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**Pricing**

See the [STN Price List](#) or enter HELP COST at an arrow prompt (=>).

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## Search and Display Field Codes

There are no fields that allow left truncation in this file.

Search Field Name	Search Code	Search Examples	Display Codes
Basic Index (contains single words from the title (TI), chemical name (RN), controlled term (CT), and text (TX) fields, as well as CAS Registry Numbers (RN))	None (or /BI)	S NRT S RELEAS? HORMONE S SERIOUS (L) CASE REPORT# S 57-88-5	RN, TI, TX
Accession Number	/AN	S 2001:1236/AN	AN
Chemical Name	/CN	S DC 015/CN	RN
Cited Reference (contains referenced author or company name, publication year, volume, and first page)	/RE	S ABDULLA S, 1998, V351, P1411?/RE S ABBOTT LAB?/RE	RE
Cited Reference Author Name (Cited Reference Company Name)	/RAU	S RILEY L?/RAU S 3M?/RAU S (GEORGE J? (L) LEACH J?)/RAU	RE
Cited Reference Country of Publication	/RCY	S SINGAPORE/RCY	RE
Cited Reference Document Type	/RDT	S CORRESPONDENCE/RDT	RE
Cited Reference Language	/RLA	S NEWS ITEM/RDT (L) ENGLISH/RLA	RE
Cited Reference Page Number (1)	/RPG	S 9-10/RPG	RE
Cited Reference Publication Name	/RWK	S WALL STREET JOURNAL/RWK	RE
Cited Reference Publication Year (2)	/RPY	S RPY>=2000	RE
Cited Reference Series Volume Number	/RVL	S 998/RVL (L) 9/RPG	RE
Cited Reference Title	/RTI	S (MILD (L) ASTHMA)/RTI	RE
Controlled Term	/CT	S ABACAVIR?/CT S BY-841, PHARMACODYNAMICS/CT	CT
Controlled Word (1)	/CW	S DIABETES/CW S SERIOUS REACTIONS/CW	CT
Document Number	/DN	S 11735503-800244211/DN	DN
Document Type (code)	/DT (or/TC)	S MIX/DT	DT
Entry Date (2)	/ED	S L1 and ED>=20010731	ED
Field Availability (code and text)	/FA	S L7 and RN/FA	Not displayed
File Segment (code and text)	/FS	S INP/FS S INPHARMA/FS	FS
International Standard (Document) Number (contains ISSN)	/ISN	S 1173-5503/ISN	ISN, SO
Journal Title	/JT	S REACTIONS/JT	JT, SO
Publication Date (2)	/PD	S JULY 30, 2001/PD	PD, SO
Publication Year (2)	/PY	S 2000-2001/PY	PD, PY, SO
Source (contains newsletter, publication date, and ISSN)	/SO	S (INPHARMA AND 2001)/SO S 1173-8324/SO	SO
Text	/TX	S TOLERATED DOS?/TX	TX
Title	/TI	S HEPATITIS/TI S PRODUCT NEWS/TI	TI
Update Date (2)	/UP	S L1 AND UP>=20010900	UP
Word Count (of text) (2)	/WC	S ADR AND WC<=100	WC

(1) Search with implied (S) proximity is available in this field.

(2) Numeric search field that may be searched using numeric operators or ranges.

## DISPLAY and PRINT Formats

Any combination of formats may be used to display or print answers. Multiple codes must be separated by spaces or commas, e.g., D L1 1-5 TI TX. The fields are displayed or printed in the order requested.

Hit-term highlighting is available for all fields except PY. Highlighting must be ON during SEARCH in order to use the HIT, KWIC, and OCC formats.

Format	Content	Examples
AN (1) CT (1) DN (1) DT (TC) ED FS (2) ISN (2) JT (2) PD (2) PY (2) RE RN (CN) (1) SO TI (1) TX UP WC	Accession Number Controlled Term Document Number Document Type Entry Date (includes UP) File Segment International Standard (Document) Number (ISSN) Journal Title Publication Date Publication Year Cited Reference CAS Registry Number and Chemical Name Source Title Text Update Date (includes ED) Word Count	D AN D 1-5 CT D DN D DT D 1 8 ED D 1, 3-5 FS D ISN D JT 3 D PD D PY D RE 10 7 D RN D SO D TI TOTAL D TX D UP D WC 3,4
ALL BIB CBIB DALL IALL IBIB  IIND (1) IND (1) SCAN (1,3) TRIAL (TRI, SAM, FREE) (1) XML	AN, ED, UP, DN, TI, SO, DT, WC, TX, RE, CT, RN AN, ED, UP, DN, TI, SO, DT, WC AN, DN, compressed bibliographic information ALL. delimited for post processing All, indented with text labels BIB, indented with text labels (IBIB is the default) IND, indented with text labels CT, RN DN, TI (random display without answer numbers) AN, DN, TI  ALL, in XML format	D ALL D BIB D CBIB D DALL D IALL D IBIB L2 7  D IIND D IND D SCAN D FREE 1-25  D XML
HIT KWIC OCC (1)	Fields containing hit terms Hit term with 20 words on either side (KeyWord-In-Context) Number of occurrences of hit terms and fields in which they occur	D HIT D KWIC NOH D OCC 1-6

(1) No online display fee for this format.

(2) Custom display only.

(3) SCAN must be specified on the command line, i.e., D SCAN or DISPLAY SCAN.

**Full-Text Browsing**

User Request	Example	System Response
DISPLAY BROWSE	=> DISPLAY BROWSE ENTER (L1) OR L#:. ENTER (DIS), ANSWER NUMBERS, OR END:	NOVICE version
D BRO  Answer number(s)  Answer number(s) and format Format only  Change default format  Forward n fields Backward n fields Search forward for character string Search backward for character string End DISPLAY BROWSE	=> D BRO L1 : :1-3  :4 HIT :TI TX  :*KWIC  :F3 :B1 :S NICOTINE  :S -NAUSEA  :END =>	EXPERT version  display answers 1, 2, and 3 in default format display answer 4 in HIT format display title and text of last answer displayed change default to KWIC no answer displayed move forward 3 fields move backward 1 field search forward within record for 'nicotine' search backward within record for 'nausea' exit DISPLAY BROWSE and return to =>

**ADISNEWS****SELECT, ANALYZE, and SORT Fields**

The SELECT command is used to create E-numbers containing terms taken from the specified field in an answer set.

The ANALYZE command is used to create an L-number containing terms taken from the specified field in an answer set.

The SORT command is used to rearrange the search results in either alphabetic or numeric order of the specified field(s).

Field Name	Field Code	ANALYZE/ SELECT (1)	SORT
Accession Number	AN	Y	N
CAS Registry Number	RN	Y (2)	N
CAS Registry Number and Chemical Name	CHEM	Y (2)	N
Chemical Name	CN	Y	N
	NAME	Y (2)	N
Cited Reference	RE	Y (3,4)	N
Cited Reference Publication Name	RWK	Y	N
Controlled Term	CT	Y	Y
Document Number	DN	Y	Y
Document Type	DT	Y	Y
Entry Date	ED	Y	Y
File Segment	FS	Y	Y
International Standard (Document) Number	ISN	Y (5)	N
Journal Title	JT	Y	Y
Occurrence Count of Hit Terms	OCC	N	Y
Publication Date	PD	Y	Y
Publication Year	PY	Y (3)	Y
Source	SO	Y	N
Text	TX	Y	N
Title	TI	Y (default)	Y
Treatment Code	TC	Y	Y
Update Date	UP	Y	Y
Word Count	WC	N	Y

- (1) HIT may be used to restrict terms extracted to terms that match the search expression used to create the answer set, e.g., SEL HIT CT.
- (2) Appends /BI to the terms created by SELECT.
- (3) SELECT HIT and ANALYZE HIT are not valid with this field.
- (4) Extracts first author, publication year, volume, and first page with a truncation symbol appended and with /RE appended to the terms created by SELECT.
- (5) Selects or analyzes the ISSN and appends /ISN to the terms created by SELECT.

## Sample Records

### DISPLAY IALL (INPHARMA Record)

ACCESSION NUMBER: 2008:8738 ADISNEWS [Full-text](#)  
ENTRY DATE: Entered STN: 9 Dec 2008 Last Updated on STN: 9 Dec 2008  
DOCUMENT NUMBER: 11738324-801133743  
TITLE: Product news: Laughter really is the best medicine.  
SOURCE: INPHARMA 9 Dec 2008 ISSN: 1173-8324  
DOCUMENT TYPE: (MIX)  
WORD COUNT: 186  
TEXT:

Laughter has always been considered the best medicine, and now there is research to prove it.

Rx Laughter, an organisation interested in using humour for healing, worked with researchers from UCLA to determine the effect of humorous shows on the pain tolerance of children and adolescents undergoing stressful or painful procedures such as cancer treatments or blood draws.

Eighteen healthy children, aged 7 to 16 years, participated in the study in which they placed their hands into iced water for up to three minutes maximum. Participants watched funny classic and contemporary shows and researchers took a baseline measure of submersion duration before, during and after viewing of the videos. The participants appraisals of pain and noted submersion times were documented and examined in relation to humor indicators - the number of laughs/smiles and the children's ratings of how funny the show was. The group demonstrated significantly greater pain tolerance while viewing the funny shows, but their ratings of the severity of the pain were not influenced. These results suggest that humorous distraction could be used in clinical settings to help children better handle painful hospital procedures.

#### REFERENCE(S):

(1) Medical News Today. Watching funny shows helps children tolerate pain for longer periods. Internet Document 2007, P[2 pages] (English, Study (USA))

CONTROLLED TERM: Children

### DISPLAY IALL (PHARMACOECONOMICS AND OUTCOMES NEWS Record)

ACCESSION NUMBER: 2010:5804 ADISNEWS [Full-text](#)  
ENTRY DATE: Entered STN: 8 Oct 2010  
Last Updated on STN: 8 Oct 2010  
DOCUMENT NUMBER: 11735503-809116853  
TITLE: Chronic pain management inefficient in Europe.  
SOURCE: PHARMACOECONOMICS AND OUTCOMES NEWS 8 Oct 2010 ISSN: 1173-5503  
DOCUMENT TYPE: (MIX)  
WORD COUNT: 116  
TEXT:

A report, commissioned for inclusion in the European Pain Proposal\*, has shown that inefficiencies in the treatment of chronic pain leads to increased healthcare costs and patient suffering.

The report found that there is a high degree of variability in accessing pain management services, not only between but within countries. In addition, the type of care offered is inconsistent. It says that both cost savings and improved patient outcomes could be achieved if pain was managed efficiently and it calls on the European Union to provide a minimum standard of care for all patients with chronic pain.

\* developed by a group of European experts involved in chronic pain, policy and economics, in partnership with Pfizer

#### REFERENCE(S):

(1) Pain Proposal. New Report Reveals Inefficient Management of Chronic Pain Costs Billions of Euros Each Year. Media Release 2010, P29 Sep 2010.

Available from (English, Media release (Belgium))

CONTROLLED TERM: Healthcare-expenditure; Healthcare-news; Pain, treatment

**ADISNEWS****DISPLAY IALL (REACTIONS Record)**

ACCESSION NUMBER: 2010:5821 ADISNEWS [Full-text](#)  
 ENTRY DATE: Entered STN: 8 Oct 2010  
 Last Updated on STN: 8 Oct 2010  
 DOCUMENT NUMBER: 01149954-803042187  
 TITLE: ADR news: Natalizumab withdrawal. Immune reconstitution  
 inflammatory syndrome: case report. Serious.  
 SOURCE: REACTIONS 8 Oct 2010 ISSN: 0114-9954  
 DOCUMENT TYPE: (MIX)  
 WORD COUNT: 273  
 TEXT:

A 30-year-old woman with relapsing-remitting multiple sclerosis (MS) developed experienced worsening of her condition due to immune reconstitution inflammatory syndrome (IRIS) after her therapy with natalizumab was withdrawn. The woman started receiving natalizumab at escalating doses with good response after 22 infusions over almost 2 years [dosage details incomplete]. Natalizumab was withdrawn in November 2008; at that time, she had an EDSS\* score of 5. She developed high-grade tetraparesis within the next 9 weeks despite administration of methylprednisolone boli; additionally, new gadolinium-enhancing lesions became evident on MRI.

The woman underwent forced immunotherapy with plasma exchange (PE). However, her condition worsened further with development of marked cognitive impairment, neglect and consciousness disturbance; her EDSS score increased to 9.5. She received further steroid pulses, but her symptoms persisted unchanged. Three months after natalizumab withdrawal, new development of gadolinium-enhancing lesions on MRI continued. Proton magnetic resonance spectroscopy from subcortical white matter revealed a reduced N-acetylaspartate level, and increased creatinine, choline and lactate levels. Her CSF cell count was persistently elevated, intrathecal immunoglobulin synthesis was evident, and her CD4+/CD8+ ratio was decreased. A brain biopsy showed an active demyelinating lesion with immunopathological pattern and pronounced axonal damage. She received another steroid pulse followed by a 3-week taper. At the end of the taper, her disease had spontaneously stabilised. Her condition slowly improved, and she had an EDSS score of 7 in February 2010.

\* Expanded Disability Status Scale

Author Comment: "PE was performed after estimated 4 to 6 half-times of natalizumab and thus by clearing residual natalizumab might have accelerated lymphocyte trafficking into the brain thereby paving the way for an IRIS-like rebound of inflammatory MS activity."

## REFERENCE(S):

- (1) Lenhard, T.; Biller, A.; Mueller, W.; Metz, I.; Schonberger, J.; Wildemann, B. Immune reconstitution inflammatory syndrome after withdrawal of natalizumab? *Neurology* 2010, V75, P831-833 (English, Case report (Germany))

CONTROLLED TERM: Drug-withdrawal; Immune-reconstitution-syndrome,  
 drug-induced; Multiple-sclerosis, drug-induced;  
 Natalizumab, serious adverse-reactions  
 CAS REGISTRY NO.: 60-27-5 (CREATININE)  
 62-49-7 (CHOLINE)  
 83-43-2 (METHYLPREDNISOLONE)  
 7440-54-2 (GADOLINIUM)  
 20846-91-7 (EDSS)

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