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NLM and FDA Launch Public Access to Global Unique Device Identification Database
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PubMed Milestone - 25 Millionth Journal Citation Added

PubMed Milestone - 25 Millionth Journal Citation Added. NLM Tech Bull. 2015 May-Jun;(404):b17.

2015 June 26 [posted]

On June 16, 2015, PubMed attained a major milestone when the 25 millionth journal citation was added to the database.

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MEDLINE Article Title Case Policy Change

MEDLINE Article Title Case Policy Change. NLM Tech Bull. 2015 May-Jun;(404):b16

2015 June 25 [posted]

NLM changed its title case policy, effective June 15, 2015. The new policy applies to citations in journals that have not undergone data review as of the effective date.

Under the new policy, NLM will accept the publisher-supplied case for English-language and vernacular article titles and will not reformat the titles. It is expected that most titles will be supplied in title case, in which the first word and all major words are capitalized.

Previously, article titles in MEDLINE displayed in sentence case, a formatting style that capitalizes only the first word and all proper nouns. Titles that were not in sentence case were reformatted.

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Proposed Deprecation of ICD-9-CM Map and SNOMED CT RF1: IHTSDO Seeks Comments

Proposed Deprecation of ICD-9-CM Map and SNOMED CT RF1: IHTSDO Seeks Comments. NLM Tech Bull. 2015 May-Jun;(403):b15.

2015 June 23 [posted]

The IHTSDO (International Health Terminology Standards Development Organization) will be seeking comments on proposed deprecation and withdrawal of support of two items, the:

1. SNOMED CT to ICD-9-CM Epidemiological and Statistical Map – Comments will be taken from July 20 – September 20, 2015.
2. SNOMED CT Release Format 1 (RF1) – Comments will be taken from July 17 – October 1, 2015.

Information regarding the reason for deprecation and withdrawal of support, as well as how to submit comments and inquiries are available via the links.

Please note that NLM will continue to maintain and distribute the relevant ICD-10-CM and ICD-9-CM maps supporting use cases relevant for the United States, available on the NLM Metathesaurus Mapping Page. NLM will also continue to distribute and encourage the use of US Edition of SNOMED CT in RF2 format.

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MeSH Tree Structures No Longer Distributed in PDF

MeSH Tree Structures No Longer Distributed in PDF. NLM Tech Bull. 2015 May-Jun;(404):b14.

2015 June 12 [posted]
NLM will end distribution of the MeSH Tree Structures node representations in PDF format starting with the 2016 release edition. These PDF files (see the 2015 version PDF links) were intended as a transitional tool for users of the MeSH vocabulary when the printed publication of MeSH was discontinued in 2007. The transition period is fully completed. The availability of MeSH tree displays in the fully-open HTML format (see the 2015 version HTML links) and partial displays via the MeSH Browser and the MeSH Database adequately support most user needs. If you have questions, please contact the MeSH Section staff using the Contact the National Library of Medicine form.

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Creating Filters for Citation Status Tag Data

Creating Filters for Citation Status Tag Data. NLM Tech Bull. 2015 May-Jun;(404):b13.

2015 June 11 [posted]

Are you missing those citation status tags on the PubMed Summary display? You may consider creating filters via your My NCBI account to have, for example, a "one click" filter for MEDLINE records in your results.

See the NLM Training Center (NTC) Blog (http://nnlm.gov/ntc/) for useful instructions on adding these filters.

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National Library of Medicine Now Licensing LactMed

National Library of Medicine Now Licensing LactMed. NLM Tech Bull. 2015 May-Jun;(404):b12.

2015 June 11 [posted]

June 8, 2015, the National Library of Medicine (NLM) began licensing the Toxicology Data Network (TOXNET) dataset Drugs and Lactation Database (LactMed).

Current licensees may contact the NLM Data Distribution team at nlmdatadistrib@nlm.nih.gov and request to have the dataset added to their license. New licensees may request the dataset when applying for a license.

LactMed is a database of drugs and other chemicals to which breastfeeding mothers may be exposed. It includes information on the levels of such substances in breast milk and infant blood, and the possible adverse effects in the nursing infant. Suggested therapeutic alternatives to those drugs are provided, where appropriate. All data are derived from the scientific literature and fully referenced. Data are organized into substance-specific records, which provide a summary of the pertinent reported information and include links to other NLM databases. Supplemental links to breastfeeding resources from credible organizations are also provided.

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Candidate Baseline of SNOMED CT and ICNP Cooperative Project, Feedback Due by July 10, 2015

Candidate Baseline of SNOMED CT and ICNP Cooperative Project, Feedback Due by July 10, 2015.NLM Tech Bull. 2015 May-Jun;(403):b11.

2015 May 28 [posted]

On behalf of the International Health Terminology Standards Development Organization (IHTSDO), a Candidate Baseline of the International Classification for Nursing Practice (ICNP) and SNOMED CT Cooperative Project is available for download now. This release is a product of an ongoing collaborative agreement between the International Council of Nurses (ICN), the owners of ICNP, and the IHTSDO, the owners of SNOMED CT.

The release contains a bi-directional ICNP—SNOMED CT nursing diagnoses (problems) equivalency table. The source is a subset of more than 500 ICNP diagnostic concepts. Over 120 new concepts were identified and modeled as Clinical Findings in SNOMED CT. This release should be evaluated in the context of the January 2015 SNOMED CT International Edition.

Please note: Currently the Candidate Baseline is distributed for evaluation purposes only and should not be used in production clinical systems or in the clinical setting.

The IHTSDO is requesting for feedback on this Candidate Baseline release. The deadline for feedback is July 10, 2015 via the online feedback form (link opens in Google Forms).

Any additional questions about the Candidate Baseline should be directed to the IHTSDO at support@ihtsdo.org with "SNOMED CT to ICNP Cooperative Project Candidate Baseline" in the subject line.

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SNOMED CT: Updated CORE Subset Available

SNOMED CT: Updated CORE Subset Available. NLM Tech Bull. 2015 May-Jun;(403):b10.

2015 May 21 [posted]

The updated Clinical Observations Recording and Encoding (CORE) Problem List Subset of SNOMED CT is now available for download. This subset is based on the January 2015 International Release of SNOMED CT and the 2015AA UMLS Release.

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New CMT File Available for Download

New CMT File Available for Download. NLM Tech Bull. 2015 May-Jun;(403):b9.

2015 May 14 [posted]

NLM is pleased to announce a new Convergent Medical Terminology (CMT) Release file from Kaiser Permanente (KP). This release file is a new Neurology Problem List subset, containing 1,791 SNOMED CT concepts based on the January 31, 2014 International Release. The release file also includes mappings to ICD-9-CM and ICD-10-CM. The problem list is available for download from the UMLS Terminology Services (UTS) by UMLS licensees.

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NLM Resource Update: NLM Toxicology and Environmental Health Information – Tox Town

NLM Resource Update: NLM Toxicology and Environmental Health Information – Tox Town. NLM Tech Bull. 2015 May-Jun;(403):b6.

2015 May 12 [posted]

[Editor's Note: This is a reprint of an announcement published on Toxicology and Environmental Health, an e-mail announcement list available from the NLM Division of Specialized Information Services. To subscribe to this list, please see the NLM Toxicology and Environmental Health Information Email Updates page.]

The National Library of Medicine (NLM) Tox Town Town neighborhood now has a new photo-realistic look. The location and chemical information remains the same, but the new graphics allow users to better identify with real-life locations.

The Town scene is available in HTML5, allowing it to be accessed on a variety of personal electronic devices, including cell phones (iphones and androids), ipads, ipad minis, and tablets.

Tox Town uses color, graphics, sounds and animation to add interest to learning about connections between chemicals, the environment, and the public's health. Visit the updated Town neighborhood and learn about possible environmental health risks in a typical town.

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RefSeq Release 70 Now Available with Re-annotated Bacterial Genomes for Uniformity Across Genomes and Species

RefSeq Release 70 Now Available with Re-annotated Bacterial Genomes for Uniformity Across Genomes and Species. NLM Tech Bull. 2015 Mar-Apr;(404):b7.

2015 May 11 [posted]

[Editor's Note: This is a reprint of an announcement published on NLM/NCBI List ncbi-announce, an e-mail announcement list available from the NLM/NCBI. To subscribe to this list, please see the ncbi-announce -- NCBI announcements and updates page.]

The full Reference Sequence (RefSeq) release 70 is now available online, on the FTP site, and through NCBI's programming utilities, with 74,720,563 records describing 50,351,119 proteins, 11,310,700 RNAs, and sequences from 54,118 different organisms.

This release reflects a large update of complete bacterial RefSeq genomes, proteins, and Genes. In order to make genome annotation comparable across genomes and species, NCBI has re-annotated all RefSeq prokaryotic genomes using NCBI's genome annotation pipeline. Previously, it was possible that the same gene, in the same species, with an identical sequence for the gene's genomic region might be annotated with a different protein simply because it was annotated using different methods. Now, the same gene in the same species with the same sequence will be annotated with exactly the same protein in RefSeq.

In addition, each annotated CDS used to be tracked with a distinct RefSeq protein accession number. However, due to identical protein sequences being found on multiple re-annotated RefSeq genomes and extensive bacterial genome sequencing, the RefSeq prokaryotic protein dataset rapidly became very redundant. Rather than flood the protein database with thousands of completely identical proteins, NCBI has adopted the use of non-redundant WP proteins for RefSeq prokaryotic genomes annotated with NCBI pipelines, which we first announced in June 2013. Now, if the identical protein sequence appears on more than one RefSeq genome, NCBI simply reuses the existing WP accession number instead of creating a new accession for each new occurrence and genome. As a result, over 7 million proteins were removed, significantly reducing protein redundancy for the prokaryotic dataset. A removed accession report (release70.removed-records.gz) and a supplemental data mapping file (release70.bacterial-reannotation-report.txt.gz) are available in the release-catalog directory on FTP.

This is a first step toward managing data in a world where genomes are sequenced for assays, rather than to discover novel proteins. We appreciate that this is a new and major change for RefSeq prokaryotic genomes, but it is also a necessary change to make as the number of disease-outbreak and other isolate sequencing continues to rapidly increase. For more information on changes to protein records, nucleotide records, the impact to NCBI Gene, and future plans, please see the latest story on NCBI News: http://www.ncbi.nlm.nih.gov/news/05-07-2015-refseq-release-70-reannotation.

NCBI has created documentation to explain these changes in detail:

- **RefSeq Re-annotation Project:** An explanation of what the re-annotation project is, why and how it was done, and how we will facilitate your transition to the new annotation data can be found here http://www.ncbi.nlm.nih.gov/refseq/about/prokaryotes/reannotation/.
- **RefSeq non-redundant proteins:** A description of this new protein record type with examples can be found here http://www.ncbi.nlm.nih.gov/refseq/about/nonredundantproteins/.
- **Prokaryotic RefSeq Genomes:** The prokaryotic RefSeq genomes policy, as well as definitions for reference genomes and representative genomes can be found here: http://www.ncbi.nlm.nih.gov/refseq/about/prokaryotes/.
- **Prokaryotic annotation pipeline:** http://www.ncbi.nlm.nih.gov/genome/annotation_prok/process/.
- **Prokaryotic RefSeq FAQ:** http://www.ncbi.nlm.nih.gov/refseq/about/prokaryotes/faq/.
- **Supplemental data mapping file:** An FTP file in the release-catalog directory (release70.bacterial-reannotation-report.txt.gz) has been prepared for re-annotated complete genomes that have recently transitioned to using the new non-redundant proteins. This file reports the old protein accession and GI, the annotated CDS coordinates, the old locus_tag and NCBI GeneID values and maps to the current non-redundant protein accession and GI, the new locus_tag and NCBI GeneID (if available),

the current CDS annotation coordinates, and indicates then the original protein identically matches verses is similar to the replacement non-redundant protein or was dropped from the annotation.

- **Supplemental report of suppressed assemblies:** An FTP file in the release-catalog directory (release70.addedQA-SuppressedAssemblies.txt) reports details for a subset of bacterial genomes that were suppressed in March 2015 following an expansion of QA metrics and subsequent to curatorial review. This report illustrates some of the reasons for suppression.

If you have more questions or specific questions that are not addressed in the documentation, you can write to the Help Desk at info@ncbi.nlm.nih.gov or use the feedback form on the RefSeq page.

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NCBI Webinar: "Introducing dbVar, the NCBI Database of Large-Scale Genetic Variation" on May 13, 2015

NCBI Webinar: "Introducing dbVar, the NCBI Database of Large-Scale Genetic Variation" on May 13, 2015. NLM Tech Bull. 2015 May-Jun;(404):b6.

2015 May 11 [posted]
2015 June 26 [Editor's note added]

[Editor's Note: This is a reprint of an announcement published on the NCBI News page.]

[Editor's note added June 26, 2015: Part 1: Intro and Part 2: Demo recordings of the Webinar are available.]

On May 13th, 2015 NCBI staff will introduce dbVar, NCBI's database of genomic structural variation. In addition to describing the database's scope and features, we will also show you how to find, display and interpret dbVar records of interest.

Like all of our Webinars, this will be posted on the NCBI YouTube account after the live presentation; you can also subscribe to our YouTube channel to be notified of all our new videos. To see upcoming Webinars, as well as YouTube recordings and related materials from past Webinars, please see the NCBI Webinars page.

- Registration Link: https://attendee.gotowebinar.com/register/3038276448844084738
- NCBI Webinars homepage: http://www.ncbi.nlm.nih.gov/home/coursesandwebinars.shtml
- NCBI Webinars playlist: https://www.youtube.com/playlist?list=PLH-TjWpFfWrt-lX_ltntX1M75KBXb03g9
- NCBI on YouTube: https://www.youtube.com/user/NCBINLM

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New Errata Citation Policy

New Errata Citation Policy. NLM Tech Bull. 2015 May-Jun;(404):b5.

2015 May 06 [posted]

Effective for 2015 publication date, NLM is retaining citations for errata notices and creating a 2-way link between the citation for the erratum notice and the citation for the original article as we do for citations for retraction notices and retracted papers. Previously NLM edited the citation for the original article to indicate the existence of an erratum notice, but we did not retain the citation for the notice. In a small number of cases when the published erratum notice included substantive additional information, those citations were retained, assigned Published Erratum as a Publication Type, and indexed with MeSH. We will continue that practice, but expect the majority of retained erratum notice citations to be assigned Published Erratum as a Publication Type without any MeSH headings added (the citation status will be PubMed-not-MEDLINE). This new policy applies to erratum notice XML citations as supplied by the publisher, which NLM encourages.

The Errata, Retractions, Partial Retractions, Corrected and Republished Articles, Duplicate Publications, Comments (including Author Replies), Updates, Patient Summaries, and Republished (Reprinted) Articles Policy for MEDLINE Fact Sheet has been revised to reflect the new policy.

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SNOMED CT: Spanish Edition of the International Release Now Available

SNOMED CT: Spanish Edition of the International Release Now Available. NLM Tech Bull. 2015 May-Jun;(404):b4.

2015 May 05 [posted]

The Spanish Edition of the International Release (Edición en Español), April 2015, is available for download. The Spanish Edition of the International Release is updated each year in April and October. This release contains the Spanish translations of the January 2015 SNOMED CT International Release descriptions and documentation in both RF1 and RF2 versions.

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IHTSDO Releases Vendor Introduction to SNOMED CT. NLM Tech Bull. 2015 May-Jun;(404):b3.

2015 May 05 [posted]

On behalf of the International Health Terminology Standards Development Organisation (IHTSDO), NLM is pleased to announce that the IHTSDO has published a new "Vendor Introduction to SNOMED CT" guide. The guide is targeted at people engaged in the development of electronic health record (EHR) systems and other related services and applications in healthcare information technology. It will also be of interest to a broader audience including those engaged in designing, developing, procuring, deploying, configuring or managing EHR systems and services. Additional information about the new guide can be found on the IHTSDO news page: http://www.ihtsdo.org/news-articles/ihtsdo-releases-vendor-introduction-to-snomed-ct

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MEDLINE Milestone Counts

MEDLINE Milestone Counts. NLM Tech Bull. 2015 May-Jun;(404):b2.

2015 May 05 [posted]

When all citations now labeled as MEDLINE, including all those created from the OLDMEDLINE project (pre-1966 that have now had all their old keywords mapped to current MeSH) are counted, then MEDLINE achieved 20 million citations on October 16, 2012. This PubMed search shows the running count for MEDLINE which is currently over 22 million citations:

medline [sb]

When excluding the OLDMEDLINE-derived subset, MEDLINE from 1966 forward reached 20 million citations on December 17, 2014. This PubMed search shows the running count for MEDLINE minus the OLDMEDLINE subset:

medline [sb] NOT jsubsetom

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NCBI Webinar: "The NCBI Minute: Connecting with PubMed Commons" on May 6, 2015

NCBI Webinar: "The NCBI Minute: Connecting with PubMed Commons" on May 6, 2015. NLM Tech Bull. 2015 May-Jun;(404):b1.

2015 May 05 [posted]

[Editor's Note: This is a reprint of an announcement published on the NCBI News page.]

Wednesday, May 6, 2015, NCBI staff will introduce PubMed Commons, a forum for sharing information and perspectives about biomedical publications in PubMed. We will also provide a brief overview of how to participate and highlight the ways users are contributing to scientific discourse.

Like all of our Webinars, this will also be posted on the NCBI YouTube account soon after the live presentation. The NCBI Minute is a series of short webinars that give a brief introduction to a specific topic or NCBI tool. To see upcoming Webinars, as well as summaries, YouTube recordings and related materials from past Webinars, please see the NCBI Webinars page.

- Registration link: https://attendee.gotowebinar.com/register/5466135561815368962
- PubMed Commons: http://www.ncbi.nlm.nih.gov/pubmedcommons/
- NCBI Webinars: http://www.ncbi.nlm.nih.gov/home/coursesandwebinars.shtml
- NCBI on YouTube: https://www.youtube.com/user/NCBINLM/

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NLM BIBFRAME Update

Fallgren N. NLM BIBFRAME Update. NLM Tech Bull. 2015 May-Jun;(404):e13.

2015 June 26 [posted]

In November 2014, the National Library of Medicine (NLM) announced that it was taking a different approach to BIBFRAME (BF) experimentation (see NLM Early Implementers registration). This new approach involved development of a core, widely shareable BF vocabulary that could be extended for greater granularity with existing descriptive schema. In pursuit of this goal, NLM has been collaborating with Zepheira, George Washington University (GWU), and University of California, Davis (UCD) in development of the BF Lite vocabulary, as hosted by Zepheira. Part of the perspective NLM brings to this collaboration is a focus on creating new cataloging data directly in BF rather than converting legacy bibliographic data.

The scope of NLM work on BF development to date has been deliberately narrow in order to keep short term goals modest and achievable. NLM and GWU produced a spreadsheet that correlated BF Lite with PCC RDA BIBCO Standard Record (BSR) elements and RDA RDF properties. The broader group of collaborators used that spreadsheet as a starting point for discussion, evolving it to a static snapshot (as of June 8, 2015) of a portion of the BF Lite core vocabulary. The resulting spreadsheet includes BF Lite properties and classes that expand beyond the BSR elements, but that NLM and GWU think are appropriate for cataloging print monographs. In contrast, the BF Lite vocabulary on http://bibfra.me continues to evolve and includes properties and classes that are applicable more broadly than to print monographs.

To demonstrate how the BF Lite core vocabulary in the spreadsheet can be applied, NLM and GWU manually produced two mock-ups of original BF cataloging using that vocabulary with extensions from other schema. Each mock-up provides two examples of cataloging a print monograph using BF Lite with a modular approach: one extends BF Lite mainly with Zepheira's BF extended vocabularies and the other extends BF Lite mainly with RDA RDF properties. These mock-ups are publicly available on Google Drive: The myth of the addicted army and The contributions of Rudolph Virchow.

The experimental BF vocabulary and mappings released with this announcement are not complete or final, but rather a starting point. We think our efforts have produced a vocabulary sufficient to test the theory that a BF vocabulary built from a core of widely shareable properties provides flexibility and extensibility for describing diverse resources. It is our hope and expectation that both the spreadsheet and the BF Lite core vocabulary will be used by the community for experimentation, so that BF can evolve and develop in a tested, community-driven manner. NLM believes that BF development is still fluid and should evolve through thoughtful vetting and testing, with emphasis on creating new data rather than converting legacy data.

NLM welcomes community feedback about our experimentation. We have set up a public GitHub repository named BIBFRAME-NLM where we request that you post all comments, issues and questions. An expanded version of this announcement and links to related documents above can be found in the "read me" section of the BIBFRAME-NLM repository. There is no login required to view the documents or to view comments and issues in the BIBFRAME-NLM repository; however, you will need to create a GitHub username and password to contribute comments, issues, or questions. When contributing comments, issues, or questions, please apply the prepopulated labels indicating what you are commenting on, e.g., the spreadsheet, the mock-ups.

By Nancy Fallgren
Cataloging and Metadata Management Section

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NLM Releases Beta Phase of MeSH RDF

NLM Releases Beta Phase of MeSH RDF. NLM Tech Bull. 2015 May-Jun;(404):e12.

2015 June 19 [posted]

The National Library of Medicine is pleased to announce a second beta release of MeSH (Medical Subject Headings) RDF around June 19, 2015. The first beta release of MeSH RDF was published in November 2014 for selected institutions and organizations. Since that time, NLM Linked Data Infrastructure Working Group has been working with the selected institutions to test and evaluate MeSH RDF. Feedback from these and other interested parties have provided NLM with data on the potential use cases for MeSH RDF. This second beta release of MeSH RDF is designed to address some of our users' needs and to improve the product. In addition to updating the MeSH RDF content to the 2015 version of MeSH, the new beta release includes a proof of concept for multi-lingual capability. Specific changes to the MeSH RDF schema, including changes to the URI structure, are documented in the release notes available at http://hhs.github.io/meshrdf/release-notes.html. This second beta phase is now open to any interested parties and NLM is encouraging any potential users of MeSH RDF to test this new beta version and provide comments and feedback.

Goals of the Project

- Provide authoritative MeSH RDF and ensure its maintenance and preservation
- Develop an infrastructure for publishing NLM linked data
- Increase our knowledge of how people and institutions use MeSH

Availability of MeSH RDF

MeSH RDF, including the original XML files used and the XSLT transformation, is available for bulk download at ftp://ftp.nlm.nih.gov/online/mesh/

Query the MeSH RDF SPARQL endpoint at http://id.nlm.nih.gov/mesh/sparql

Technical documentation along with sample SPARQL queries are available at http://hhs.github.io/meshrdf/

How do I learn more?

To learn more about the overall project check out our information page at http://id.nlm.nih.gov/mesh/

Feedback

Have questions or want to provide feedback? We would love to hear from you. Join us on GitHub at https://github.com/HHS/meshrdf/issues/ and tweet us using #NLMLD

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SciENcv — Converting Profiles that Use the Old NIH Biosketch Format to the New NIH Biosketch Format

Hutcherson L. SciENcv — Converting Profiles that Use the Old NIH Biosketch Format to the New NIH Biosketch Format. NLM Tech Bull. 2015 May-Jun;(404):e11.

2015 June 16 [posted]

The latest SciENcv release has a new feature to help users convert biosketches from the former NIH biographical sketch format to the new biographical sketch format. The NIH Biographical Sketch is required for NIH grant applications.

Log into My NCBI, go to the SciENcv portlet, and click "Manage SciENcv." Select a profile listed as "Old NIH Biosketch" (see Figure 1).

SciENcv Biosketches

Last Update	Name	Type	Sharing
18-Dec-2014	Profile1	Old NIH Biosketch	Private
17-Feb-2015	Profile3	Old NIH Biosketch	Private
15-Dec-2014	TheoCV ORCID	Old NIH Biosketch	Private
20-May-2015	Theo eRA CV2	Old NIH Biosketch	Private
20-May-2015	Theo's new NIH biosketch CV	NIH Biosketch	Private
18-Dec-2014	Theo's NSF biosketch 2014	NSF Biosketch	Private
02-Jan-2015	Theo's NSF biosketch 2014-2	NSF Biosketch	Private
20-May-2015	Theo's NIH biosketch CV-2	NIH Biosketch	Private

Figure 1: SciENcv main page.

On the selected profile page, click the green button "Upgrade this biosketch" (see Figure 2).

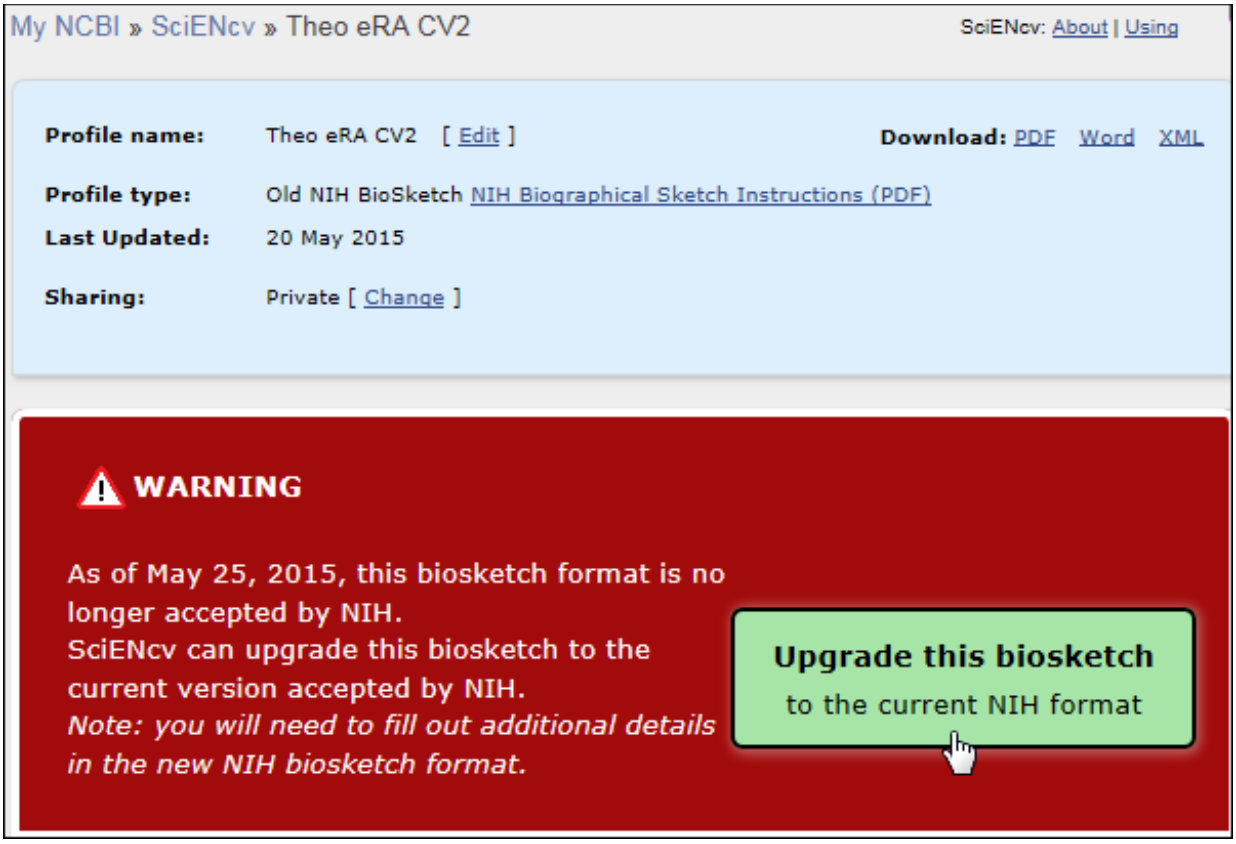

Figure 2: Upgrade this biosketch button.

In the resulting screen, the old NIH Biosketch "Theo eRA CV2" has the word "New" to indicate that this profile is to be converted into the new NIH Biosketch format (see Figure 3). The biosketch name field can be edited, and the sharing status can be changed from the default private to public. After clicking "Create" SciENcv will generate a copy of the profile "Theo eRA CV2" in the new NIH Biosketch format. Note that the new NIH Biosketch format requires additional information which was not part of the previous format. For complete information on the changes to the new NIH Biosketch format in SciENcv, see the article published in January 2015.

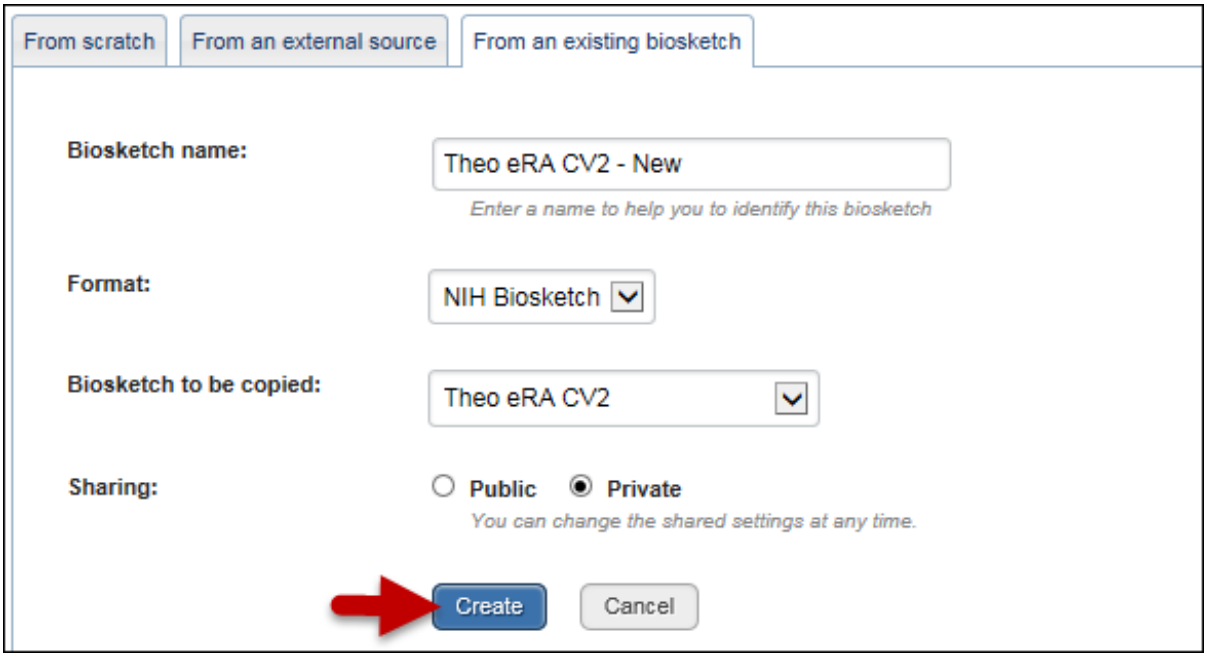

Figure 3: Convert to the new NIH Biosketch format.

The SciENcv main page will continue to store both profiles for the profile "Theo eRA CV2" (see Figure 4).

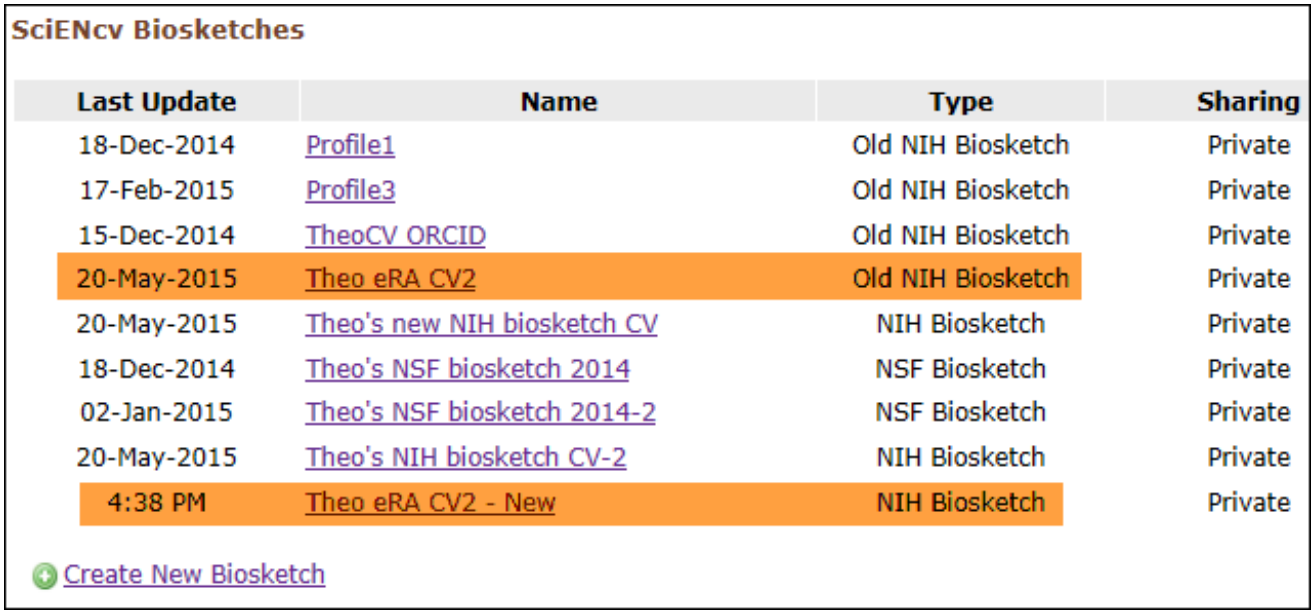

Figure 4: Old and new NIH Biosketches stored in SciENcv.

Please send inquiries or comments to info@ncbi.nlm.nih.gov

By Lidia Hutcherson
National Center for Biotechnology Information

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Discontinuing Distribution of Cataloging Bibliographic Records with Artificially Reconstructed Subject Strings—Comment by August 31, 2015

Boehr D. Discontinuing Distribution of Cataloging Bibliographic Records with Artificially Reconstructed Subject Strings—Comment by August 31, 2015. NLM Tech Bull. 2015 May-Jun;(404):e10.

2015 June 12 [posted]
2015 September 10 [Editor's note added]

[Editor's note added on September 10, 2015: For updated information, see the article, *Change to Subject Headings in Distributed NLM CATLINE and SERLINE Products*.]

NLM has been recording geographic locations and publications types for cataloging in the MARC21 fields 651 and 655 respectively since 1999 to match NLM indexing practices for journal citations in subject assignment. This differs from the Library of Congress (LC) practice of putting geographic locations in 650 $z and publication types in 650 $v. In 1999, 80% of medical libraries responding to the announcement of this practice being adopted at NLM indicated that subjects in this 651 and 655 format would be difficult to incorporate in their Online Public Access Catalog (OPAC). NLM therefore continued to provide a specially programmed output with a traditional subject string of 650 $a $x $z $v for subscribers to Catfile. See the example at the end of this announcement.

In 2005, NLM once again asked the community for feedback and proposed discontinuing the special programming to create traditional subject strings and to distribute records as they appear in LocatorPlus. At that time, a small majority of libraries were in favor of such a proposal. However, those who were opposed were very passionate about the issue and made some compelling arguments for keeping the strings. NLM made some minor changes to the record distribution programs at that time to ease some of the complexities its catalogers had been encountering in trying to code subjects for proper output, but continued to output traditional subject strings.

It is now 10 years since this issue has been considered, and NLM believes that the environment has changed enough to once again propose discontinuing the practice of creating artificial subject strings for subscribers to Catfile. Rather than traditional OPACs, many libraries are using discovery systems that search across different input streams and provide faceted searching options. The library community is planning to make much more use of linked data, particularly with the future adoption of BIBFRAME. Long subject strings do not work well in a linked data environment, and, in fact, we are seeing many libraries breaking up the traditional Library of Congress Subject Headings (LCSH) subject string into its component parts using the Faceted Application of Subject Terminology (FAST) vocabulary. MeSH has recently been released in Resource Description Framework (RDF) triples that correspond to data in 650 $a and $x, 651, or 655 fields. NLM believes the time is now appropriate to stop creating artificial subject strings and distribute NLM records exactly as they appear in our database. This would mean that libraries that take copy from both NLM and OCLC would not have to edit one form or another to have consistency in their catalogs.

NLM is asking the medical library community to let us know what the effect would be on your institution if NLM were to discontinue distributing its MARC cataloging bibliographic records with artificially reconstructed subject strings. Records in MARC format would continue to have MeSH headings combined with the appropriate topical subheadings (650 $a $x), but geographic locations, and publication types would be carried in separate fields in the record, rather than as subfields of the MeSH heading. This would mean that records distributed to bibliographic utilities and other licensees would be identical to the records in LocatorPlus.

Please send your comments by August 31, 2015 to:

Diane Boehr
Head, Cataloging and Metadata Management Section
National Library of Medicine
8600 Rockville Pike, Room 1N11
Bethesda, MD 20894
boehrd@mail.nlm.nih.gov

NLM will announce the final decision on whether or not to implement this change by **September 30, 2015**. Any changes to distribution files will not occur until calendar year 2016.

Example of current practice:

In the NLM database:
650 12 $a Acquired Immunodeficiency Syndrome $x ethnology
650 22 $a Cross Cultural Comparison
650 22 $a Health Policy
651 _2 $a Africa $x ethnology
651 _2 $a Caribbean Region $b ethnology
655 _2 $a Congresses

Subject strings created for distribution:
650 12 $a Acquired Immunodeficiency Syndrome $x ethnology $z Africa $v Congresses
650 12 $a Acquired Immunodeficiency Syndrome $x ethnology $z Caribbean Region $v Congresses
650 22 $a Cross Cultural Comparison $z Africa $v Congresses
650 22 $a Cross Cultural Comparison $z Caribbean Region $v Congresses
650 22 $a Health Policy $z Africa $v Congresses
650 22 $a Health Policy $z Caribbean Region $v Congresses

By Diane Boehr
Cataloging and Metadata Management Section

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Granting Organization Designations: Addition of Intramural NIST as a Funding Source and NCCAM Name Change

Tybaert S. Granting Organization Designations: Addition of Intramural NIST as a Funding Source and NCCAM Name Change. NLM Tech Bull. 2015 May-Jun;(404):e9.

2015 June 10 [posted]

The National Library of Medicine (NLM) is adding new intramural funding organizations for the Grant Number (GR) field found in MEDLINE/PubMed records. Intramural funding is associated with articles in which the research is performed by employees of the funding organization. Effective this spring 2015 NLM will begin to carry intramural grant funding information for the National Institute of Standards and Technology (NIST), Department of Commerce (DOC) when it begins participating in the NIH Author Manuscript Submission System (NIHMS).

This intramural designation will show in the MEDLINE/PubMed citations as:

Intramural NIST DOC

This data can be searched as:

intramural nist doc[gr]

or

nist [gr]

For more information on intramural funding designation, please see *Intramural Funding Designation in the MEDLINE/PubMed Grant Number Field*.

On December 17, 2014 the National Institutes of Health (NIH) announced a name change for the National Center for Complementary and Alternative Medicine (NCCAM). Effective December 2014 this Center is now known as the National Center for Complementary and Integrative Health (NCCIH), please see *NIH complementary and integrative health agency gets new name*. NLM has revised existing MEDLINE/PubMed citations that carry NCCAM funding designations to reflect the new name, NCCIH. All new grant funding data for this Center will carry the new designation.

NCCIH data can be searched in MEDLINE/PubMed as:

nccih nih hhs [gr]

or

nccih nih [gr]

or

nccih [gr]

Please refer to the NLM Web resource page for explanations for both the grant number two-letter codes and agency acronyms.

By Sara Tybaert
MEDLARS Management Section

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MLA 2015: NLM Theater Presentations

MLA 2015: NLM Theater Presentations. NLM Tech Bull. 2014 May-Jun;(404):e8a

2015 May 19 [posted]

NLM Theater Presentations

NLM Update PowerPoint Presentations

The NLM exhibit booth at the Annual Meeting of the Medical Library Association featured theater presentations to bring users up-to-date on several NLM products and services.

The presentation recordings are listed below and are also accessible from the NLM Distance Education Program Resources page.

To listen to the voice recordings and view the captions you may need the latest version of Flash® Player (download for free from the Adobe Web site).

Note: To maximize the presentation, use the Full Screen button.

Video Presentations with Voice Recording and Captioning	**Video Length**
BibFrame & MeSH RDF	17 minutes
Saturday Morning Revisited: K-12 Environmental Health Animations & Games	26 minutes
Community Engagement with National Library of Medicine Resources	27 minutes
Hosting NLM Traveling Exhibitions: Nuts & Bolts	12 minutes
MedlinePlus: Responsive Design	30 minutes
Arming Librarians on the Front Line as Disaster Information Specialists	15 minutes
LinkOut! A User's View Into Capacity Building & Technical assistance	22 minutes
PubMed Update	26 minutes
PubMed Commons & Journal Clubs	17 minutes
Public Access, NIHMS, & PMC	25 minutes
My NCBI Update: SciENcv & My Bibliography	26 minutes
PubMed Health	22 minutes
HSRProj: Easier Searching, Better Research	14 minutes

View Additional Pre-Recorded Presentations on the NLM Web Site:

Video Presentations with Voice Recording and Captioning	**Video Length**
A Fresh Look at SIS Favorites	25 minutes
MeSH on Demand	12 minutes
Open-i	18 minutes
Policy Updates in Trial Registration and Results Reporting	22 minutes
Semantic MEDLINE: An Advanced Information Management Application for Biomedicine	16 minutes

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MLA 2015: NLM Update PowerPoint Presentations

MLA 2015: NLM Update PowerPoint Presentations. NLM Tech Bull. 2014 May-Jun;(404):e8b.

2015 June 12 [posted]

The NLM Update was held at the Annual Meeting of the Medical Library Association in Austin, TX on May 19, 2015. There were two speakers at this year's update. Ms. Betsy Humphreys, Acting Director, gave an update on NLM-wide projects and Ms. Joyce Backus, Associate Director for Library Operations, gave an update on NLM Staff and Associate Fellows, the Exhibition Program, and Outreach as well as selected activities in other NLM Divisions.

NLM Theater Presentations

NLM Update PowerPoint Presentations

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Author and Affiliation Transliteration Policy for Cyrillic-Script Journals

Koppel S. Author and Affiliation Transliteration Policy for Cyrillic-Script Journals. NLM Tech Bull. 2015 May-Jun;(404):e7.

2015 May 18 [posted]

The National Library of Medicine (NLM) is updating its policy for author name and affiliation transliteration in Cyrillic-script journals indexed for MEDLINE.

For many years indexers have used the ALA-LC Romanization Tables to transliterate (convert to the Roman alphabet) author names in Cyrillic-script journals, which publish articles in Russian, Ukrainian, Bulgarian, Serbian, Macedonian, and other Cyrillic-script languages. Publishers of Roman-alphabet journals may or may not follow the ALA-LC Romanization Tables; they often accept the author's transliteration or use other transliteration standards. Therefore it has been possible for a Russian author, for example, to have his or her name appear in PubMed/MEDLINE in multiple transliterated formats.

Example:
Kal**iu**zhna**ia** OV (From a Russian language journal; see PMID: 25474883.)
Kal**u**zhna**ya** OV (From an English language journal; see PMID: 23831449.)

In response to expectations of authors who wish to see their names consistently transliterated in PubMed/MEDLINE records, and to clarify the NLM policy for Cyrillic-script author affiliations, the transliteration policy is being updated as follows:

New Policy for Author Names in Cyrillic-Script Journals
Author names will be presented in PubMed/MEDLINE records exactly as they are transliterated and published by Cyrillic-script journals.

If author names are published by the journal only in Cyrillic script they will be transliterated into Roman script according to the transliteration rules outlined in the ALA-LC Romanization Tables.

Clarification of Policy for Author Affiliations in Cyrillic-Script Journals
Author affiliations in Cyrillic-script journals will be presented in PubMed/MEDLINE citations as they are published by the journal, that is, transliterated, translated into English, or in Cyrillic script.

Effective Date of New Policy
The new policy was effective for citations with a publication date of 2015 and later that have not been processed when the policy is announced.

By Stella Koppel
Index Section

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New Grant Funding Organizations Added for Europe PMC

Kwan YK. New Grant Funding Organizations Added for Europe PMC. NLM Tech Bull. 2015 May-Jun;(404):e6.

2015 May 18 [posted]

Effective May 2015, the manuscript submission system for Europe PMC (also known as Europe PMC plus) is adding two additional grant funding organizations. These new granting agencies may appear on records for manuscripts that designate financial support. The two agencies are:

Alzheimer's Society
Leukaemia and Lymphoma Research

In addition, please note a name change for an existing Europe PMC agency, Marie Curie Cancer Care will now be known as Marie Curie.

PubMed Display

The grant number information format in the PubMed Abstract display will be:

grant number/organization name/country name

For example:

Grant Support
123/Alzheimer's Society/United Kingdom
14028/Leukaemia and Lymphoma Research/United Kingdom

Searching Grant Numbers

Search for Europe PMC grant number information in the following ways:

- Grant number to retrieve citations with a specific grant:
  14028 [gr]
- Full organization name or pieces of the name to retrieve citations with grants from a specific granting organization:
  leukaemia and lymphoma research [gr]
  lymphoma [gr]
- Country name to retrieve all citations with grants for granting organizations from a specific country:
  united kingdom [gr]

Comprehensive searching for a grant number can be more complicated because the information is not necessarily reported in a standardized format. Include the country name or the organization name in the search to be sure that the results are for the correct organization of interest, especially if searching only on a number string, e.g.:

123 [gr] AND alzheimer's society [gr]

The NLM Web resource page, Grant Number Information Found in the GR Field in MEDLINE/PubMed has been updated with these two new non-US funding organizations.

By Y. Kathy Kwan
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PubMed Save Search Link Renamed

Canese K. PubMed Save Search Link Renamed. NLM Tech Bull. 2015 May-Jun;(404):e5.

2015 May 15 [posted]
2015 June 04 [Editor's note added]

[Editor's note: These changes were implemented in PubMed on June 3, 2015.]

To help users easily find the feature to create My NCBI e-mail alerts, the "Save search" link will soon be renamed to "Create alert." The save search feature has not been modified. Additionally, the "RSS" link to create an RSS feed for a search will be renamed to "Create RSS" (see Figure 1).

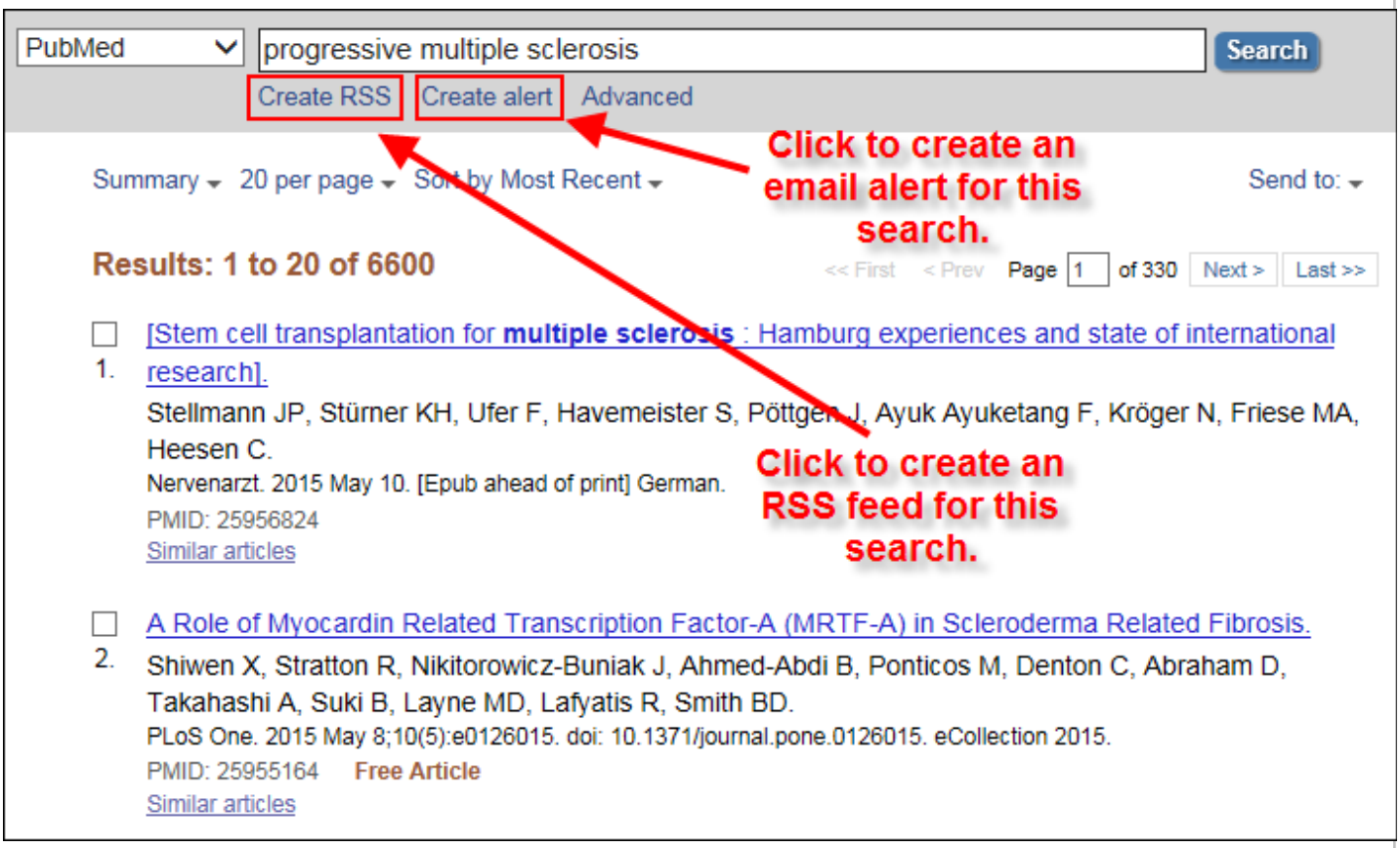

Figure 1: PubMed Summary Display with new names for e-mail alert (saved search) and RSS feed.

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UMLS 2015AA Release Available

Wilder V. UMLS 2015AA Release Available. NLM Tech Bull. 2015 May-Jun;(404):e4.

2015 May 12 [posted]

The 2015AA release of the Unified Medical Language System (UMLS) Knowledge Sources is available for download as of May 11, 2015.

In the new UMLS Release there are:

- More than 3.1 million concepts and 12 million unique concept names from over 170 source vocabularies
- The full Metathesaurus requires 24.1 GB of disk space; the active release requires 23.2 GB of disk space.
- One new RxNorm subsource
    - Metathesaurus CMS Formulary Reference File (MTHCMSFRF)
- 32 updated English sources and 19 updated translation sources including MeSH, MedDRA, RxNorm, and SNOMED CT (English and Spanish)
- SPECIALIST Lexicon and Lexical Tools 2015 Releases

Semantic Types

- As of 2015AA, six previously deprecated semantic types have been removed. Any CUIs that were categorized with the deprecated semantic types are re-categorized with the parent of the deprecated semantic type. The following table lists the semantic types that were removed along with their replacements.

Deleted Semantic Type	Replacement Semantic Type
Neuroreactive Substance or Biogenic Amine	Biologically Active Substance
Organophosphorus Compound	Organic Chemical
Carbohydrate	Organic Chemical
Lipid	Organic Chemical
Steroid	Organic Chemical
Eicosanoid	Organic Chemical

MetamorphoSys
MetamorphoSys now allows an additional connection option, TNS service name, when browsing RRF data in an Oracle database.

Release Information
For more information about the release, see the What's New and Updated Sources sections of the Release Documentation. Additional release statistics are published on the UMLS Web site.

To access the UMLS Release files, you must have an active UMLS Metathesaurus License and a valid UTS account. You will be prompted for your UTS username and password when downloading the files.

Additional information regarding the UMLS is available on the UMLS homepage. New users are encouraged to take the UMLS Basics Tutorial and to explore the new UMLS Quick Start Guide, training materials and other information on the New Users' homepage.

Source Release Documentation
2015AA Source Release Documentation Web pages will be published following the release.

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PubMed for Trainers: Sign Up for This Free Hybrid Class

Zipser J. PubMed for Trainers: Sign Up for This Free Hybrid Class. NLM Tech Bull. 2015 May-Jun;(404):e3.

2015 May 04 [posted]

> *"Thanks for the great course. It was extremely helpful and has increased my confidence in not only teaching PubMed, but also in my general use. The instructional design portion increased my understanding of the process and provided great ideas on how to make teaching PubMed relevant to the students as well as keeping them focused and engaged."*
>
> *"I thoroughly enjoyed the sessions. I came into the sessions with what I would say was an intermediate level of knowledge and facility of use with PubMed and I feel that the sessions really bumped up my skill level."*
>
> *-- Comments from recent "PubMed for Trainers" class participants*

Improve your PubMed searching skills and create effective training strategies. Join the National Library of Medicine Training Center (NTC) for "PubMed for Trainers." Registration is now available for upcoming classes via the NTC Web site: http://nnlm.gov/ntcc/classes/schedule.html. This class is designed as a "train the trainers" class and is taught in three online sessions and one all-day in-person session. The instructional design portion of the class is optional.

You will:

1. enhance your knowledge of the MEDLINE database;
2. improve your ability to analyze and implement Medical Subject Headings (MeSH);
3. employ the features and functions of PubMed for use in searching and training;
4. discuss instruction techniques with fellow trainers; and
5. experience peer collaboration and learning.

For more information about PubMed for Trainers and to register for a class please visit the NTC Class Information/Training Calendar: PubMed for Trainers. Please Note: classes are added throughout the year so please check back periodically.

Questions? Contact the NTC at: ntc@utah.edu or 800-338-7657, press 2.

By Janet Zipser
MEDLARS Management Section

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Responsive Web Design for MedlinePlus: Access from Your Phone, Tablet or Desktop

Huston M, Jentsch J. Responsive Web Design for MedlinePlus: Access from Your Phone, Tablet or Desktop. NLM Tech Bull. 2015 May-Jun;(404):e2.

2015 May 04 [posted]

The National Library of Medicine (NLM) released responsive versions of MedlinePlus and MedlinePlus en español in April 2015 (see Figure 1). Users now have one destination for MedlinePlus when using any device. We invite you to try out the full responsive design on your smartphone, tablet or desktop by visiting MedlinePlus in English at http://medlineplus.gov/ and in Spanish at http://medlineplus.gov/spanish/.

Responsive Web Design optimizes your interaction with a site by adjusting each page for the device you are using, whether that is a desktop monitor or mobile touchscreen. Responsive pages automatically change their layout to fit your screen.

Figure 1: New homepage designs for MedlinePlus on a tablet, desktop, smartphone, and laptop.

Features of Responsive MedlinePlus

The key features of the redesigned sites are:

- tailored access from any device to all the content available on MedlinePlus and MedlinePlus en español (see

Figure 2);
- a streamlined homepage layout (see Figure 3); and
- updated look and feel with a refreshed design on all pages, including health topic pages (see Figure 4).

Figure 2: Find health information on a desktop, tablet, and smartphone.

Figure 3: The new homepage layout.

Health Topic pages boast an improved architecture, with the table of contents (On this page) now appearing above the topic summary for easy access. Additionally, the Overviews section has been merged into the Start Here section, now found just below the topic summary.

Figure 4: New Health Topic page designs for MedlinePlus on a desktop, tablet, and smartphone.

Mobile and tablet users will also enjoy:

- a collapsed menu for site navigation, with a search drop-down (see Figure 5);
- section headings that open and close areas of a page for easier reading on a smaller screen (see Figure 6); and
- text that is readable without zooming, and links spaced for easy tapping.

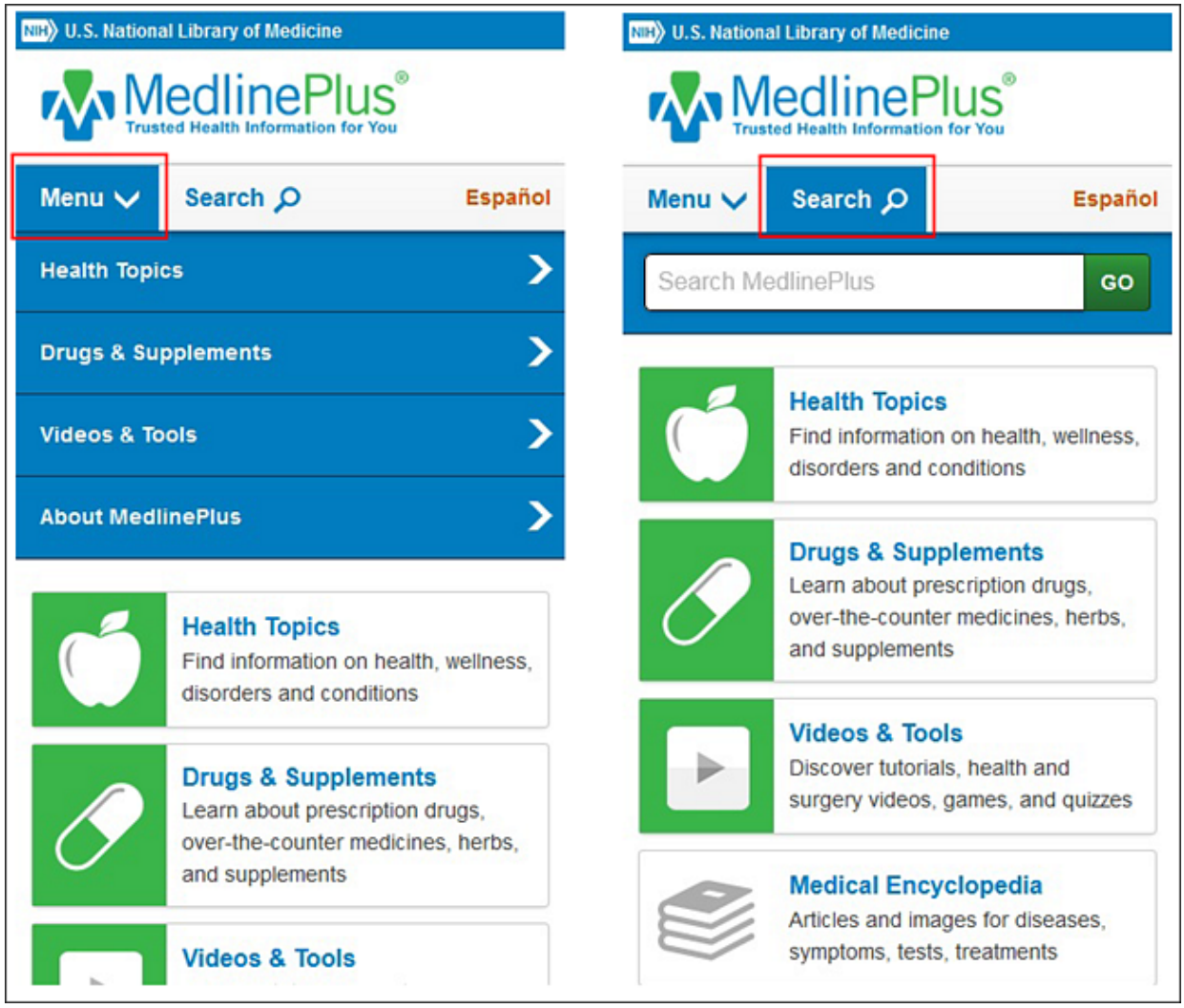

Figure 5: Use the menus to access major content areas of the site and the site search.

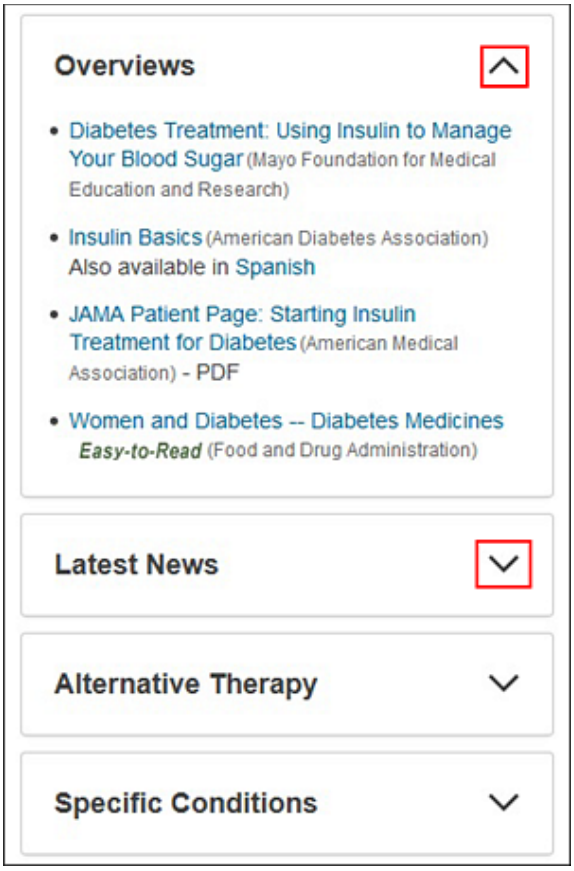

Figure 6: Open and close sections of the page for easier reading on smaller screens.

Development of Responsive Design for MedlinePlus

This new version is the final step in a phased plan to redesign MedlinePlus and MedlinePlus en español to behave responsively. Because this latest release enables all users, regardless of device, to access MedlinePlus.gov, there is no longer a need for the separate mobile locations at http://m.medlineplus.gov and http://m.medlineplus.gov/spanish/. These sites are now retired; visitors to them are redirected to the new version of MedlinePlus.gov.

An earlier phase in the plan was accomplished just six months ago in October 2014, when a responsive version of MedlinePlus for mobile devices was released to our mobile site locations at http://m.medlineplus.gov and http://m.medlineplus.gov/spanish/ (see MedlinePlus Mobile Update: Full Access from Your Phone). This design replaced our original mobile sites, launched in 2010.

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NLM Classification 2015 Edition

Willis SR. NLM Classification 2015 Edition. NLM Tech Bull. 2015 May-Jun;(404):e1.

2015 May 01 [posted]

The *NLM Classification*, available online at http://www.nlm.nih.gov/class/, incorporates all additions and changes to the schedules and index from April 2014 through March 2015. The PDF version will be updated with 2015 classification data by the end of May 2015.

The WE (Musculoskeletal System) and WG (Cardiovascular System) schedules were the major area of focus for the 2015 edition.

Changes Made to the WE Schedule Outline Headers

- WE 168-190 *Orthopedics. Reconstructive Orthopedics. Bone Transplantation* was changed to *Orthopedic Procedures*.
- WE 300-400 *Joint Tissues* was changed to *Joint and Connective Tissues*.
- WE 700-715 *Head and Trunk* was changed to WE 700-708 *Head and Neck*.
- WE 710-760 *Torso* was added.
- WE 720-755 *Back* was deleted.

Revisions to WE and WG Class Number Captions and Notes for Better Scope Definition of the Number

For example:

- At WE 21, the caption was changed from *Orthopedics as a profession. Osteology as a profession. Ethics. Peer review* to *Orthopedics, osteology or rheumatology as a profession. Ethics. Peer review*.
- At WE 103, the caption was changed from *Physical exertion* to *Movement. Locomotion*.
- At WE 104, the caption was changed from *Kinesthesis. Weight perception* to *Proprioception. Psychomotor performance*.
- At WE 170, the note was added: Classify here all works on amputation regardless of site.
- At WE 172, the caption was changed from *Prosthesis. Prosthesis implantation (General)* to *Artificial limbs*.
- At WE 400, the caption was changed from *Bursae* to *Synovial bursa. Bursitis*.
- At WE 544, the caption was changed from *Myositis. Fibrositis. Rheumatism* to *Rheumatic diseases*.
- At WE 700, the caption was changed from *Head and trunk* to *Head and neck*.
- At WE 835, the caption was changed from *Fingers. Toes* to *Fingers*.
- At WE 880, the caption was changed from *Ankle. Foot* to *Ankle. Foot. Toes*.
- At WG 202, the caption was changed from *Physiology. Heart beat mechanism* to *Physiology*.
- At WG 205, the caption was changed from *Cardiac emergencies* to *Cardiac emergency treatment*.
- At WG 320, the caption was changed from *Functional heart disease* to *Neurocirculatory asthenia*.
- At WG 330, the caption was changed from *Disorders of the heart beat* to *Cardiac arrhythmias (General)*.

Changes to Other Class Schedules

For example:

- At W 323, the caption was changed from *Medical missions* to *Missions. Missionaries*.
  The note was revised to: Classify biographical or autobiographical works of medical missionary doctors and nurses in WZ 100.
- At WP 155, the note was added: Classify works on the pelvic bones in WE 760.
- At WQ 202, the caption was changed from *Diagnosis* to *Pregnancy determination*.
- At WQ 225, the caption was changed from *Spontaneous abortion. Fetal death* to *Spontaneous abortion.*

Fetal death. Perinatal death.

Class Numbers Added and Canceled

Seventy-five (75) new class numbers were added. Three (3) class numbers were canceled.

Class Numbers Added — 2015

New Number	Class Name	Former Number(s)
QS 19	Schools, departments, and faculties of anatomy, histology, or embryology (Table G)	None
QS 19.1	[Schools, departments, and faculties of anatomy, histology, or embryology] General coverage (Not Table G)	None
QT 19.1	[Schools, departments, and faculties of physiology] General coverage (Not Table G)	QT 19
QV 19.1	[Schools, departments, and faculties of pharmacy] General coverage (Not Table G)	QV 19
QW 19	Schools, departments, and faculties of microbiology or immunology (Table G)	None
QW 19.1	[Schools, departments, and faculties of microbiology or immunology] General coverage (Not Table G)	None
QX 19.1	[Schools, departments, and faculties of parasitology] General coverage (Not Table G)	QX 19
QZ 19.1	[Schools, departments, and faculties of pathology] General coverage (Not Table G)	QZ 19
W 19.1	[Schools and colleges (General or not elsewhere classified)] General coverage (Not Table G)	W 19
W 20.55.C5	Clinical trials [General]	None
WA 19.1	[Schools, departments, and faculties of public health] General coverage (Not Table G)	WA 19
WA 487.5.E6	Emergency responders [Occupational accidents and injuries]	WA 487
WC 19.1	[Schools, departments, and faculties of infectious diseases] General coverage (Not Table G)	WC 19
WE 19.1	[Schools, departments and faculties of orthopedics] General coverage (Not Table G)	WE 19
WE 202	Bone physiology	WE 200
WE 504	Muscle physiology	WE 500
WE 552	Amyotrophic lateral sclerosis	WE 550
WE 560	Electromyography	WE 500
WE 710	Torso (General or not elsewhere classified)	None
WE 727	Spinal diseases	WE 725
WE 737	Spinal injuries	WE 725
WE 760	Pelvis	WE 750
WE 833	Hand deformities	WE 830
WE 862	Hip replacement	WE 860
WE 872	Knee and knee joint injuries	WE 870
WE 874	Knee replacement	WE 870
WE 882	Ankle injuries. Foot injuries. Toe injuries	Various numbers
WF 19.1	[Schools, departments, and faculties of pulmonary medicine] General coverage (Not Table G)	WF 19
WG 19.1	[Schools, departments, and faculties of cardiology] General coverage (Not Table G)	WG 19
WG 108	Blood pressure	WG 106

WG 166.5.C2	Artificial cardiac pacing	WG 168
WG 166.5.E5	Electric countershock	WG 330
WG 166.5.I7	Ischemic preconditioning. Ischemic postconditioning	QZ 170
WG 168.5	Extracorporeal circulation	WG 168
WG 214	Heart arrest	WG 205
WG 226	Heart neoplasms	None
WG 282	Myocardial ischemia	WG 300
WG 299	Coronary vessels	WG 300
WG 310	Myocardial infarction	WG 300
WG 330.5	Specific arrhythmias, A-Z	WG 330
WG 330.5.A5	Atrial fibrillation	WG 330
WG 330.5.A6	Atrial flutter	WG 330
WG 330.5.B7	Bradycardia	WG 330
WG 330.5.H4	Heart block	WG 330
WG 330.5.L6	Long QT syndrome	WG 330
WG 330.5.P7	Pre-Excitation syndromes	WG 330
WG 330.5.S5	Sinus arrhythmia	WG 330
WG 330.5.T2	Tachycardia	WG 330
WG 330.5.V4	Ventricular fibrillation	WG 330
WG 343	Pulmonary hypertension	WG 340
WG 345	Renal hypertension	WG 340
WG 350	Hypotension	WG 340
WG 505	Vascular diseases (General or not elsewhere classified)	WG 500
WH 19.1	[Schools, departments and faculties of hematology] General coverage (Not Table G)	WH 19
WI 19.1	[Schools, departments, and faculties of gastroenterology] General coverage (Not Table G)	WI 19
WJ 19.1	[Schools, departments, and faculties of urology] General coverage (Not Table G)	WJ 19
WK 19.1	[Schools, departments and faculties of endocrinology] General coverage (Not Table G)	WK 19
WL 19.1	[Schools, departments, and faculties of neurology] [General coverage (Not Table G)	WL 19
WL 141.5.M22	Magnetic resonance spectroscopy [Of the brain or nervous system]	WL 141
WM 19.1	[Schools, departments, and faculties of psychiatry] General coverage (Not Table G)	WM 19
WN 19.1	[Schools, departments, and faculties of radiology] General coverage (Not Table G)	WN 19
WO 19.1	[Schools, departments, and faculties of surgery] General coverage (Not Table G)	WO 19
WO 219.1	[Schools, departments, and faculties of anesthesiology] General coverage (Not Table G)	WO 219
WP 19.1	[Schools, departments, and faculties of gynecology] General coverage (Not Table G)	WP 19
WQ 19.1	[Schools, departments, and faculties of obstetrics] General coverage (Not Table G)	WQ 19.1
WQ 203	Preimplantation diagnosis	None
WR 19.1	[Schools, departments, and faculties of dermatology] General coverage (Not Table G)	WR 19
WS 19.1	[Schools, departments, and faculties of pediatrics] General coverage (Not Table G)	WS 19

WT 19.1	[Schools, departments, and faculties of geriatrics] General coverage (Not Table G)	WT 19
WU 19.1	[Schools, departments, and faculties of dentistry] General coverage (Not Table G)	WU 19.1
WV 19.1	[Schools, departments, and faculties of otolaryngology] General coverage (Not Table G)	WV 19
WW 19.1	[Schools, departments, and faculties of ophthalmology] General coverage (Not Table G)	WW 19
WX 19.1	[Schools, departments, and faculties of hospital administration] General coverage (Not Table G)	WX 19
WY 19.1	[Schools, departments, and faculties of nursing] General coverage (Not Table G)	WY 19
WY 167	Imaging nursing. Radiologic nursing	None

Class Numbers Canceled — 2015

Canceled Number	Class Name	Now Classed in
QY 19	Schools and colleges	QZ 19
QZ 45	Developmental defects	Various numbers
WG 110	Experimental studies	WG 20

Changes to Table G (Geographic Notations)

One change was made to Table G (Geographic Notations).

- GS3 — *Scandinavia* was changed to *Scandinavia and Nordic Countries*.

Changes to the Index

One hundred and thirty-one (131) new index entries were created of which twenty-three (23) are from the 2015 MeSH; the remainder are MeSH terms from previous years. All main index headings are now linked to the 2015 vocabulary in the MeSH Browser.

1. Absorbable Implants
2. Aneurysm, Dissecting -- WG 580
3. Aneurysm, False -- WG 580
4. Aortic Aneurysm, Abdominal -- WG 410
5. Aortic Aneurysm, Thoracic -- WG 410
6. Aortic Diseases -- WG 410
7. Aortic Rupture -- WG 410
8. Arthritis, Psoriatic -- WE 344
9. Arthritis, Reactive -- WE 344
10. Ataxia Telangiectasia -- WL 320
11. Atherectomy -- WG 170
12. Atherectomy, Coronary -- WG 169
13. Biological Products
14. Bioprinting -- QT 36
15. Bioprospecting
16. Blood Pressure Monitoring, Ambulatory -- WB 280
17. Blood Volume Determination -- WG 141
18. Bone Malalignment -- WE 225
19. Bone Nails -- WE 185
20. Bone Remodeling -- WE 202
21. Bony Callus -- WE 200
22. Brugada Syndrome -- WG 330
23. Budd-Chiari Syndrome -- WG 625.H3

24. Cardiac Care Facilities -- WG 27-28
25. Cardiac Resynchronization Therapy Devices -- WG 26
26. Cardiac Tamponade -- WG 275
27. Cardio-Renal Syndrome -- WG 370
28. Carney Complex -- WG 226
29. Catheters
30. Cerebral Amyloid Angiopathy -- WL 355
31. Cogan Syndrome -- WW 140
32. Coronary Aneurysm -- WG 580
33. Coronary Restenosis -- WG 300
34. Culturally Competent Care -- W 84.5
35. Defibrillators -- WG 26
36. DiGeorge Syndrome -- QS 675
37. Diskectomy -- WE 725
38. Endovascular Procedures -- WG 170
39. Fabry Disease -- WD 205.5.L5
40. Femur Head Necrosis -- WE 865
41. Fibromuscular Dysplasia -- WG 510
42. Foot Ulcer
43. Forehead -- WE 705-706
44. Forests -- QH 541.5.F6
45. Fracture Healing -- WE 180
46. Fractures, Cartilage -- WE 180
47. Gastric Antral Vascular Ectasia -- WI 387
48. Gated Blood-Pool Imaging -- WG 141.5.R3
49. Gray Matter -- WL 300
50. Health Information Exchange
51. Heart Arrest, Induced -- WG 169
52. Heart Bypass, Left -- WG 168.5
53. Heart Bypass, Right -- WG 169
54. Heart Neoplasms -- WG 226
55. Heart Rupture -- WG 210
56. Hemipelvectomy -- WE 170
57. Hemodiafiltration -- WJ 378
58. Hemorheology -- WG 106
59. Hemostatic Disorders -- WH 312
60. Hermeneutics
61. Hyperostosis -- WE 225
62. Hyperostosis, Cortical, Congenital -- WE 250
63. Hyperostosis, Diffuse Idiopathic Skeletal -- WE 727
64. Hypertrophy, Left Ventricular -- WG 210
65. Infant Death -- WS 430
66. Intracranial Hemorrhages -- WL 355
67. Ischemic Postconditioning
68. Jaw, Edentulous
69. Kyphoplasty -- WE 725
70. Laminoplasty -- WE 725
71. Laser-Doppler Flowmetry -- WG 104
72. Leukomalacia, Periventricular -- WS 410
73. Licensed Practical Nurses
74. Medical Writing -- WZ 345
75. Medication Therapy Management -- QV 737

76. Missionaries
77. Muscle Fatigue
78. National Institutes of Health (U.S.)
79. Neuroendocrine Cells -- WL 102.5
80. Neuroscience Nursing -- WY 160.5
81. Noonan Syndrome -- QS 675
82. Nuns
83. Nurse's Practice Patterns -- WY 128
84. Palliative Medicine -- WB 310
85. Pelvic Floor
86. Pericarditis, Tuberculous -- WG 275
87. Perinatal Death -- WQ 225
88. Periostitis -- WE 251
89. Photopheresis -- WB 480
90. Posterior Cruciate Ligament -- WE 870
91. Postthrombotic Syndrome -- WG 610
92. Practice Management, Veterinary -- SF 756.4
93. Pregnancy, Ovarian -- WQ 220
94. Preimplantation Diagnosis -- WQ 203
95. Pseudoxanthoma Elasticum -- WD 375
96. Psychology, Developmental
97. Purpura, Hyperglobulinemic -- WH 320
98. Rainforest -- QH 541.5.R27
99. Range of Motion, Articular -- WE 141
100. Retinal Vein Occlusion -- WG 625.R38
101. Rhinitis, Allergic -- WV 335
102. Robotic Surgical Procedures -- WO 505
103. Round Ligament -- WP 275
104. Sacrum -- WE 750
105. Sclerosing Solutions
106. Shy-Drager Syndrome -- WL 358.5
107. Slit Lamp
108. Social Capital -- HM 708
109. Social Skills
110. Social Theory -- H 61-61.4
111. Spastic Paraplegia, Hereditary -- WE 550
112. Sternoclavicular Joint -- WE 810
113. Surgeons
114. Tachycardia, Supraventricular -- WG 330.5.T2
115. Tachycardia, Ventricular -- WG 330.5.T2
116. Takayasu Arteritis -- WG 515
117. Temperance Movement -- HV 5701-5720.5
118. Tenodesis -- WE 600
119. Torso -- WE 710
120. Toxicokinetics -- QV 38
121. Transplant Recipients
122. Tropomyosin -- WE 500
123. Ultrafiltration -- QD 63.F5
124. Uterine Balloon Tamponade -- WP 440
125. Vasculitis, Leukocytoclastic, Cutaneous -- WG 505
126. Venous Thromboembolism -- WG 610
127. Ventricular Dysfunction -- WG 210

128. Ventricular Function -- WG 202
129. von Hippel-Lindau Disease -- QS 677
130. White Matter -- WL 300
131. Zygomatic Fractures

Numerous main index entries and cross references were modified to reflect changes in the MeSH vocabulary.

For example:

- *Consumer Satisfaction* was deleted as a main heading and made a cross reference to *Consumer Behavior*.
- *Food, Supplemented*, formerly a cross reference to *Dietary Supplements*, is now a cross reference to *Food, Fortified*.
- *Adolescent Psychology* was changed to *Psychology, Adolescent*.
- *Toxicokinetics*, formerly a cross reference to *Pharmacokinetics*, is now a main index heading.

To learn more about the *NLM Classification* see the Fact Sheet.

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