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Issue Completed December 28, 2017

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NIH All of Us Research Program Partners with NLM to Reach

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FHIR Terminology Service for VSAC Resources API Available

FHIR Terminology Service for VSAC Resources API Available. NLM Tech Bull. 2017 Nov-Dec;(419):b16.

2017 December 26 [posted]

On December 18, 2017, the National Library of Medicine Value Set Authority Center (VSAC) announced the implementation of a Fast Healthcare Interoperability Resources (FHIR®) Terminology Service for VSAC value sets and code systems.

The FHIR Terminology Service for VSAC Resources is a RESTful API service for accessing the current VSAC value sets and supported code systems. This service requires a free Unified Medical Language System Metathesaurus License, due to usage restrictions on some of the codes included in the value sets.

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General Material Designations Removed from NLM Bibliographic Records

General Material Designations Removed from NLM Bibliographic Records. NLM Tech Bull. 2017 Nov-Dec;(419):b15.

2017 December 21 [posted]

The project to replace the General Material Designation (MARC 21 field 245 \$h) on pre-*Resource Description & Access (RDA)* records in the catalog and substitute the appropriate MARC 21 33X fields, described in *Removing General Material Designations from NLM Cataloging Records*, has been completed. There will not be a separate distribution of these files. Subscribers who wish to receive updated records with the new 33X fields should download the complete base files which will be made available on January 2, 2018 in MARC and XML formats.

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PubMed Central Canada Permanently Offline on February 23, 2018

PubMed Central Canada Permanently Offline on February 23, 2018. NLM Tech Bull. 2017 Nov-Dec;(419):b14.

2017 December 19 [posted]

[Editor's Note: This is a reprint of an announcement from PubMed Central (PMC). To be notified of announcements like this subscribe to the PMC-Announce email list.] To be notified of announcements like this subscribe to the PMC-Announce email list.]

PubMed Central Canada (PMC Canada), sponsored by the Canadian Institutes of Health Research (CIHR), with operational support provided by the National Research Council (NRC), has been a valued partner in the PMC International network since 2009. CIHR and NRC notified the National Library of Medicine of their decision to permanently take PMC Canada offline on February 23, 2018. Details of this decision are available on the PMC Canada Web site.

The decision to decommission PMC Canada does not affect the status or operations of the National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed Central (US) or Europe PubMed Central. PMC Canada content will remain in the PMC archive and be publicly searchable on the NIH/NLM PMC (US) and through Europe PMC. CIHR researchers who publish in journals that deposit their articles directly into the NIH/NLM PMC or deposit manuscripts co-funded with current PMC-participating funders will continue to be considered in compliance with the Tri-Agency Open Access Policy on Publications.

The NIH and NLM have appreciated our cooperation with CIHR and NRC over the last several years and will continue to identify new opportunities to work together to support open access and research excellence.

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NLM Resource Sharing Availability via OCLC Delayed

NLM Resource Sharing Availability via OCLC Delayed. NLM Tech Bull. 2017 Nov-Dec;(419):e13.

2017 December 21 [posted]

The new National Library of Medicine (NLM) interlibrary loan (ILL) resource sharing program through the Online Computer Library Center (OCLC) has been delayed until after January 1, 2018. For additional information, see *NLM Interlibrary Loan Service: Two Changes Effective January 1, 2018*.

We will provide notice when a new 2018 implementation date is determined and when resource sharing through OCLC is available.

Until then, DOCLINE and the NLM ILL Web Portal remain as options for borrowing from NLM.

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ICNP to SNOMED CT Release Files Available for Download

ICNP to SNOMED CT Release Files Available for Download. NLM Tech Bull. 2017 Nov-Dec;(419):b12.

2017 December 15 [posted]

Two ICNP (International Classification for Nursing Practice) to SNOMED CT released files are available for download:

- **New** ICNP to SNOMED CT Interventions Release. The ICNP to SNOMED CT nursing interventions equivalency table covers just one semantic type – nursing interventions – with equivalent ICNP and SNOMED CT concepts for each intervention. The table comprises 993 equivalents, representing a subset of ICNP and a subset of SNOMED CT – equivalents have not been identified for all ICNP interventions, or for all SNOMED CT Procedures.
- **Updated** ICNP to SNOMED CT Diagnoses Release. The ICNP to SNOMED CT nursing diagnoses (problems) equivalency table covers just one semantic type – nursing diagnoses (problems) – with equivalent ICNP and SNOMED CT concepts for each problem. The table comprises 531 active equivalencies, representing a subset of ICNP and a subset of SNOMED CT – equivalencies have not been identified for all ICNP diagnoses, or for all SNOMED CT Clinical Findings.

To download the above releases, you must have agreed to the UMLS Metathesaurus License and have a UMLS Terminology Services login. To learn more about the license and to sign up for an account, please see the additional information on the SNOMED CT License page. Any inquiries may be sent to NLM Customer Support.

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Medical Subject Heading Webinars: 2018 Highlights and PubMed Searching in January 2018

Medical Subject Heading Webinars: 2018 Highlights and PubMed Searching in January 2018. NLM Tech Bull. 2017 Nov-Dec;(419):b11.

2017 December 13 [posted]

Please join the National Library of Medicine (NLM) and National Network of Libraries of Medicine (NNLM) Training Office for two events in January 2018, introducing you to 2018 MeSH and teaching you how to adjust to MeSH changes in your PubMed searches and alerts.

1. NLM Webinar: 2018 MeSH Highlights

Join NLM staff for a highlight tour of the 2018 Medical Subject Headings (MeSH). A 20-minute presentation will feature:

- Change of contraindications from a subheading to a MeSH heading
- New publication types
- Updates to the terminology for isotopes and radioisotopes
- Additional terminology for viruses, smoking, and sugars
- Restructuring in the plant and animal terminology

Following the presentation, Indexing and MeSH experts will be available to answer your questions.

Date and time: Friday, January 5, 2018, 1:00 PM - 1:30 PM EST

To register: <https://nnlm.gov/class/2018-mesh-highlights/8055>

2. NNLM Webinar: MeSH Changes and PubMed Searching

Every year, the Medical Subject Headings are updated. Join us for "MeSH Changes and PubMed Searching" to learn:

- How does this affect your PubMed searches?
- What happens when a term gets changed, or added, or removed; or moved to a different part of the MeSH hierarchy?
- How do you accommodate vocabulary changes over time in your comprehensive searches?
- How do you check your saved searches and alerts?

This class incorporates content from the previous class Advanced PubMed: MeSH.

Date and time: Friday, January 19, 2018, 1:00 PM - 2:00 PM EST

To register: <https://nnlm.gov/class/mesh-changes-and-pubmed-searching/8043>

For more information about 2018 MeSH, see *What's New for 2018 MeSH* and the Introduction to MeSH - 2018.

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New Program Release Feature in VSAC

New Program Release Feature in VSAC. NLM Tech Bull. 2017 Nov-Dec;(419):b10.

2017 December 05 [posted]

The National Library of Medicine Value Set Authority Center (VSAC) is pleased to announce a new user interface that displays program releases of value sets on the VSAC homepage. Additionally, our Search Value Sets page has a sleek new look and intuitive filters for program-related value sets. All functionality and underlying data remain the same.

With this new user interface, we display our current program releases, Centers for Medicare & Medicaid Services electronic clinical quality measure (eCQM) Value Sets and Health Level Seven International Consolidated Clinical Document Architecture (HL7 C-CDA) Value Sets, and introduce our newest program release of value sets, CMS Hybrid Value Sets. Core Clinical Data Elements and Hybrid Measures use a set of core clinical data elements, clinical variables from electronic health records (EHRs), that are routinely collected and can be extracted for use in risk-adjusted hospital-level hybrid outcome measures.

Do you have a program, quality measures, data registries or other applications that specify value sets you published in VSAC?

Learn more about creating a program release of your value sets in VSAC, display your published value sets in a program release on the front page of VSAC, and enable easy search and download for your value set consumers.

Send your questions and feedback to NLM Customer Support.

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CORE Problem List Subset of SNOMED CT Available for Download

CORE Problem List Subset of SNOMED CT Available for Download. NLM Tech Bull. 2017 Nov-Dec;(419):b9.

2017 December 04 [posted]

A new Clinical Observations Recordings and Encoding (CORE) Problem List Subset of SNOMED CT is available now for download by UMLS licensees.

This November 2017 subset is derived from the SNOMED CT July 2017 International Release as well as the UMLS Metathesaurus version 2017AB.

Please contact NLM Customer Support with any questions.

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RxNorm December 2017 Release

RxNorm December 2017 Release. NLM Tech Bull. 2017 Nov-Dec;(419):b8.

2017 December 04 [posted]

The RxNorm December 2017 full monthly release is available as of Monday, December 4, 2017. The United States Food and Drug Administration (FDA) started adding 4-letter suffixes to the nonproprietary ingredient name of new biological products. The FDA-designated distinguishing suffix is devoid of meaning and composed of four lowercase letters.

RxNorm is representing the nonproprietary ingredient name lacking the 4-letter suffix as an ingredient (TTY=IN). The more granular ingredient name with the 4-letter suffix is represented as a precise ingredient (TTY=PIN).

To illustrate, here are several RxNorm forms for the biological product Renflexis:

TTY	RXCUI	String
SBD	1927290	infliximab-abda 100 MG Injection [Renflexis]
SCD	1927285	infliximab-abda 100 MG Injection
PIN	1927283	infliximab-abda
IN	191831	infliximab

For more information, see *Nonproprietary Naming of Biological Products: Guidance for Industry* (PDF format) from the FDA.

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Newly Maintained MEDLINE for 2018 MeSH Now Available in PubMed

Newly Maintained MEDLINE for 2018 MeSH Now Available in PubMed. NLM Tech Bull. 2017 Nov-Dec;(419):b7.

2017 November 29 [posted]

As of November 27, PubMed/MEDLINE citations and the MeSH translation tables were updated to reflect 2018 MeSH with full searching functionality for Supplementary Concept Record (SCR) data and mapping in place on November 28. The citations newly indexed with 2018 MeSH since November 13 were available in PubMed for searching on November 29.

Now that end-of-year activities are complete, MEDLINE/PubMed may be searched using 2018 MeSH vocabulary. See *MEDLINE Data Changes — 2018* for details on the data changes. NLM has resumed daily MEDLINE updates to PubMed.

Other pertinent articles:

What's New for 2018 MeSH

2018 MeSH Available for Download

Cataloging and Metadata News—2018

MEDLINE Data Changes—2018

2018 MeSH Headings Available in the MeSH Browser

MEDLINE/PubMed Year-End Processing Activities for 2018

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Updated Guidance on Data Deposit and Linking in PMC

Updated Guidance on Data Deposit and Linking in PMC. NLM Tech Bull. 2017 Nov-Dec;(419):b6.

2017 November 07 [posted]

In response to the growing interest in the availability of data associated with articles, PubMed Central (PMC) is reviewing current practices around data and seeking feedback on how to best serve the data needs of the research community.

As part of these efforts, the PMC policy statement on supplementary data was recently updated to more clearly articulate the requirement that any supplementary data (images, tables, video, or other documents / files) that are associated with an article must be deposited in PMC with an article. The search filter "has suppdata[filter]" can be used in PMC to discover records with associated supplementary data files.

In addition to providing supplementary data with an article, NLM is also encouraging journals and authors to make research data available in a public repository and to include the relevant data citation(s) in the paper. Guidance for PMC data providers on tagging data citations is available in the Tagging Guidelines. This guidance is based on the JATS4R recommendations on data citations.

Starting October 2017, the NIH Manuscript Submission (NIHMS) system will also accept deposits of small datasets accompanying deposits of funded author manuscripts for inclusion of PMC. Guidance for authors is available in the NIHMS FAQ.

If you have suggestions on future directions in data for PMC to consider, please let us know at pubmedcentral@ncbi.nlm.nih.gov.

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RxNorm November 2017 Release

RxNorm November 2017 Release. NLM Tech Bull. 2017 Nov-Dec;(419):b5.

2017 November 07 [posted]

The November 2017 full monthly release of RxNorm is available as of Monday, November 6, 2017.

The November 2017 release is consistent with the 2017AB Unified Medical Language System (UMLS) Metathesaurus Release Files. A new Qualitative Distinction "Matrix Delivery" is included to distinguish the nonequivalence of tramadol containing products which cannot be prescribed interchangeably.

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SNOMED CT: Spanish Edition of the International Release Available

SNOMED CT: Spanish Edition of the International Release Available. NLM Tech Bull. 2017 Nov-Dec;(419):b4.

2017 November 07 [posted]

The National Library of Medicine is pleased to announce that the SNOMED CT Spanish International Edition October 2017 is available for download. This release includes the Spanish translations of the July 2017 SNOMED CT International Edition and Release Notes that highlight the changes for this release.

Please note, the release is available to users with a valid UMLS Terminology Services login. To learn more about the license and to sign up for an account see the SNOMED CT License page. Inquiries may be sent to NLM Customer Support.

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NCBI Minute Webinar: New API Keys for Better E-utilities & EDirect Access to NCBI Data on November 8, 2017

NCBI Minute Webinar: New API Keys for Better E-utilities & EDirect Access to NCBI Data on November 8, 2017. NLM Tech Bull. 2017 Nov-Dec;(419):b3.

2017 November 06 [posted]

On Wednesday, November 8, 2017, National Center for Biotechnology Information (NCBI) staff will present a Webinar on API keys for E-utilities.

In this Webinar, you will learn how to get and start using your API key with the E-utilities and the command line EDirect programs.

Date and time: Wednesday, November 8, 2017, 12:00-12:30PM EDT

Register here: <http://bit.ly/2ifNDyV>

After registering, you will receive a confirmation email with information about attending the Webinar. After the live presentation, the Webinar will be uploaded to the NCBI YouTube channel. You can learn about future Webinars on the Webinars and Courses page.

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Upgraded US Edition of SNOMED CT Content Request System Available; Webinar on November 2, 2017

Upgraded US Edition of SNOMED CT Content Request System Available; Webinar on November 2, 2017. NLM Tech Bull. 2017 Nov-Dec;(419):b2.

2017 November 01 [posted]

The National Library of Medicine (NLM) is pleased to announce an upgraded US Edition SNOMED CT Content Request System (USCRS). The USCRS is the SNOMED International content request system is specific for user content requests for the US Edition of SNOMED CT. It allows users to request, modify, or make additions to SNOMED CT.

The USCRS tool is important in the effort to support the development, enhancement, and distribution of clinically specific vocabularies to facilitate the exchange of clinical data and improve retrieval of health information. SNOMED CT is one in a suite of designated standards for use in US Federal Government systems for the electronic exchange of clinical health information and is also a required standard in interoperability specifications of the US Healthcare Information Technology Standards Panel.

On Thursday, November 2, 2017, there will be a live Webinar hosted by SNOMED International (SI). Staff from SI and NLM will demonstrate the new tool and answer any questions you may have about the new system.

Date and time: Thursday, November 2, 2017 12:00 (EDT)

Attend remotely: <https://snomed.zoom.us/j/594835162>

Or by phone:

+1 669 900 6833 (US Toll)

+1 408 638 0968 (US Toll)

+1 646 876 9923 (US Toll)

Meeting ID: 594 835 162

International numbers available:

<https://snomed.zoom.us/join?m=hem1MAC9zSC90cjM2eGYsAyP16LyBRzp>

The Webinar will be recorded and uploaded to the US CRS User Guide page located on SNOMED International Confluence. This User Guide provides documentation and links to help pages on how to use the US CRS application.

Please send your questions to: uscrs@snomed.org.

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Five New and Updated SNOMED CT Releases Available

Five New and Updated SNOMED CT Releases Available. NLM Tech Bull. 2017 Nov-Dec;(419):b1.

2017 November 01 [posted]

The National Library of Medicine is pleased to announce five new and updated SNOMED CT related releases available for download. The releases are based on the July 2017 SNOMED CT International Edition.

- **SNOMED CT Odontogram Refset Package (New)**
The SNOMED CT Odontogram release is a reference set (refset) to exchange basic oral health status information between dental clinicians using a standardized format and to support gathering of research and quality data based on the most common visualizations for clinicians worldwide.
- **SNOMED CT Nursing Activities Refset Package (New)**
The SNOMED CT Nursing Activities Reference Set is intended to support nursing care and enable effective decision-making, and to provide information to inform nursing education and health policy. The purpose of this refset is to provide a subset of frequently used SNOMED CT concepts for use in nursing practice within the Nursing Activities data field.
- **SNOMED CT Nursing Health Issues Refset Package (New)**
The SNOMED CT Nursing Activities Reference Set is intended to support nursing care and enable effective decision-making, and provide information to inform nursing education and health policy. The purpose of this refset is to provide a subset of frequently used SNOMED CT concepts for use in nursing practice within the Nursing Health Issues data field.
- **General Practitioner/Family Practice Reference Sets and SNOMED CT to ICPC2 Map (Updated)**
The SNOMED CT International General/Family Practice subset (GP/FP Subset) and map from the GP/FP Subset to the International Classification of Primary Care (ICPC-2). This release is resulting work from the harmonization agreement between the IHTSDO and WONCA. Access to the SNOMED CT to ICPC-2 map is provided through a collaboration agreement between WONCA and IHTSDO. Users of the map must comply with the licensing agreements of both ICPC-2 and SNOMED CT.
- **SNOMED CT General Dentistry Refset (Updated)**
The SNOMED CT General Dentistry (GD) Diagnostic release is a reference set (refset) of diagnostic terms designed to provide dentistry with a relatively easy to implement set of terms that covers the vast majority of care provided in the dental field. The release is based on the July 2017 SNOMED CT International Edition.

To download the above releases, you must agree to the UMLS Metathesaurus License and have a UMLS Terminology Services login. To learn more about the license and to sign up for an account, please see the SNOMED CT License page for additional information. Any inquiries may be sent to the NLM Customer Support.

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ClinicalTrials.gov: Further Enhancements to Functionality

Wolf K, Yu A, Ide N, Williams RJ, Tse T. ClinicalTrials.gov: Further Enhancements to Functionality. NLM Tech Bull. 2017 Nov-Dec;(419):e9.

2017 December 18 [posted]

On December 18, 2017, the National Library of Medicine (NLM) released a new set of updates to ClinicalTrials.gov as part of its ongoing effort to enhance the usability of the database (see *ClinicalTrials.gov: First in a Series of Changes to Improve Usability for Stakeholders*). Most of the features provided in the current release were previously available for public testing on the beta site starting in November (see *New ClinicalTrials.gov Beta Version Available for Public Testing*). This article highlights newly added key features, which were informed by research with end-users representing various stakeholder groups and the NLM partnership with 18F, a federal government digital services consultancy. Information about future changes to ClinicalTrials.gov will be provided on a new What's New page.

ClinicalTrials.gov is a database of privately and publicly funded clinical studies conducted around the world operated by NLM. The database contains information on over 261,000 clinical studies and expanded access (or "compassionate use") to investigational new drugs. Summary results entries for over 29,000 of these studies are also posted in a tabular format on ClinicalTrials.gov. Information listed on ClinicalTrials.gov is provided and updated by the study sponsor or investigator, and listing does not mean it has been evaluated by the U.S. Federal Government.

Updated Search on Homepage

The updated homepage includes a new way for users to limit their searches to studies that are currently recruiting or will be recruiting participants (see **A** in Figure 1). Additionally, users can now search for studies located within a specified distance from a city (see **B** in Figure 1, which shows a query for recruiting or not yet recruiting studies for lung cancer within a 50-mile radius of Chicago, Illinois). Together, these new features will help users find information about potential studies in which to participate.

ClinicalTrials.gov is a database of privately and publicly funded clinical studies conducted around the world.

Explore 254,799 research studies in all 50 states and in 200 countries.

ClinicalTrials.gov is a resource provided by the U.S. National Library of Medicine.

IMPORTANT: Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

Before participating in a study, talk to your health care provider and learn about the [risks and potential benefits](#).

Find a study (all fields optional)

A Recruitment status ⓘ

Recruiting and not yet recruiting studies

All studies

Condition or disease ⓘ (For example: breast cancer)

Lung Cancer X

Other terms ⓘ (For example: NCT number, drug name, investigator name)

X

Country ⓘ

United States X

State ⓘ **B** City ⓘ Distance ⓘ

Illinois X Chicago X 50 miles X

[Search](#) [Advanced Search](#)

[Help](#) | [Studies by Topic](#) | [Studies on Map](#) | [Glossary](#)

Figure 1: Updated ClinicalTrials.gov homepage.

Updated Modify Search on Results Page

After a query is submitted, the Search Results page displays the number of studies found in ClinicalTrials.gov, the user-entered query terms and filters, and related terms that are automatically searched (see **A** in Figure 2, which shows synonyms for "lung cancer"). The Modify Search link (see **B** in Figure 2) allows users to refine the current search directly on the Search Results page. Note that the Modify Search fields (see **B** in Figure 3) are initially hidden to ensure that the list of study records found is visible on the screen (see **C** in Figure 2). The Start Over link (see **D** in Figure 2) returns users to the homepage to conduct a new search.

NIH U.S. National Library of Medicine
ClinicalTrials.gov
 Find Studies ▾ About Studies ▾ Submit Studies ▾ Resources ▾ About Site ▾

Home > Search Results

B Modify Search Start Over **D**

A 98 Studies found for: **Recruiting, Not yet recruiting Studies | Lung Cancer | within 50 miles of Chicago, Illinois, U.S.**
 Also searched for **Lung Neoplasm, Neoplasm, Lung carcinoma** and more. [See Search Details](#)

Applied Filters: Recruiting Not yet recruiting

List By Topic On Map Search Details

Hide Filters Download Subscribe to RSS Show/Hide Columns

Showing: 1-10 of 98 studies 10 studies per page

C

Row	Saved	Status	Study Title	Conditions	Interventions	Locations
1	<input type="checkbox"/>	Recruiting	Stereotactic Body Radiation Therapy for Un-biopsied Early- Stage Non Small Cell Lung Cancer	• Non Small Cell Lung Cancer	<ul style="list-style-type: none"> • Radiation: Group 1: Peripherally Located Tumors • Radiation: Group 2: Peripherally Located Chest Wall Adjacent Tumors • Radiation: Group 3: Centrally Located Tumors 	• Loyola University Medical Center Maywood, Illinois, United States
2	<input type="checkbox"/>	Recruiting	Evaluate Concurrent Or Sequential Ipilimumab, Nivolumab, and Stereotactic Body Radiotherapy in Patients With Stage IV Non-Small Cell Lung Cancer	• Stage IV Small Cell Lung Cancer	<ul style="list-style-type: none"> • Drug: Nivolumab • Drug: Ipilimumab • Radiation: Stereotactic body radiation therapy 	• University of Chicago Chicago, Illinois, United States
3	<input type="checkbox"/>	Not yet recruiting	Nivolumab and Metformin Hydrochloride in Treating Patients With Stage B-IV Non-small Cell Lung Cancer That Cannot Be Removed by Surgery	<ul style="list-style-type: none"> • Recurrent Non-Small Cell Lung Carcinoma • Stage II Non-Small Cell Lung Cancer • Stage IIIA Non-Small Cell Lung Cancer • Stage IIA Non-Small Cell 	<ul style="list-style-type: none"> • Other: Laboratory Biomarker Analysis • Drug: Metformin Hydrochloride • Biological: Nivolumab 	• Northwestern University Chicago, Illinois, United States

Figure 2: Search Results page with Modify Search feature hidden.

To refine a search, use Filters to add or remove limits (see **A** in Figure 3) and Modify Search to display and update the search fields and terms used in the current query (see **B** in Figure 3, in which a drug name, "Nivolumab," has been added in the Other terms field to narrow the search query shown in Figure 2).

NIH U.S. National Library of Medicine
ClinicalTrials.gov

Find Studies ▾ About Studies ▾ Submit Studies ▾ Resources ▾ About Site ▾

Home > Search Results

Hide Search Start Over

Condition or disease ⓘ Other terms ⓘ
Lung Cancer X Nivolumab X

Country ⓘ State ⓘ City ⓘ Distance ⓘ
United States X Illinois X Chicago X 50 miles ▾

Search Advanced Search

98 Studies found for: **Recruiting, Not yet recruiting Studies | Lung Cancer** | within 50 miles of Chicago, Illinois, U.S.
Also searched for **Lung Neoplasm, Neoplasm, Lung carcinoma** and more. [See Search Details](#)

Applied Filters: Recruiting Not yet recruiting

List By Topic On Map Search Details

Hide Filter A Download Subscribe to RSS Show/Hide Columns

Showing: 1-10 of 98 studies 10 studies per page

Row	Saved	Status	Study Title	Conditions	Interventions	Locations
1	<input type="checkbox"/>	Recruiting	Stereotactic Body Radiation Therapy for Un-biopsied Early- Stage Non Small Cell Lung Cancer	• Non Small Cell Lung Cancer	• Radiation: Group 1: Peripherally Located Tumors • Radiation: Group 2: Peripherally Located Chest Wall Adjacent Tumors • Radiation: Group 3: Centrally Located Tumors	• Loyola University Medical Center Maywood, Illinois, United States
2	<input type="checkbox"/>	Recruiting	Evaluate Concurrent Or Sequential Ipilimumab, Nivolumab, and Stereotactic Body Radiotherapy in Patients With Stage IV Non-Small Cell Lung Cancer	• Stage IV Small Cell Lung Cancer	• Drug: Nivolumab • Drug: Ipilimumab • Radiation: Stereotactic	• University of Chicago Chicago, Illinois, United States

Figure 3: Search Results page with Modify Search feature displayed.

In-Context Glossary Display

The new glossary feature allows users to look up definitions of terms used on ClinicalTrials.gov while continuing to view the page on which a term appears (i.e., in context). Terms linked to glossary entries are identified by an information icon ("i" in a blue circle) throughout the ClinicalTrials.gov site (see **A** in Figure 4). Clicking on a term opens a glossary panel from the right side of the screen to display the description for that term (see **B** in Figure 4, which shows the glossary entry for Intervention/treatment, which appears on the study record at **A**). The search box at the top of the glossary panel allows users to find entries for other terms. Note that clicking the "x" next to the glossary search box (see **C** in Figure 4) clears the box and reveals a full list of glossary entries. This glossary feature will help users understand words and phrases frequently used on ClinicalTrials.gov. (Sponsors and investigators should refer to the ClinicalTrials.gov Data Element Definitions documents for help with the data items required during registration and results submission.)

Sponsor:
Northwestern University

Collaborators:
Bristol-Myers Squibb
National Cancer Institute (NCI)

Information provided by (Responsible Party):
Northwestern University

Study Details | **Tabular View** | **No Results Posted** | Disclaimer | How to Read a Study Record

Study Description

Brief Summary:
The purpose of this study is to find the benefits of combining nivolumab with metformin in advanced non-small cell lung cancer with also be looking at the safety of the combination. Nivolumab is currently approved in certain cancers such as melanoma, lung cancer and Food and Drug Administration (FDA) to treat diabetes. In this study, Metformin is being used to treat cancer. This use is not approved experimentally. Experimental means the U.S. FDA has not approved the drug for use in your type of cancer. Nivolumab is an antibody (immune cells) designed to allow the body's immune system to work against tumor cells. It is believed that metformin has immune system. As a result, it may help certain cancer treatments, known as immunotherapy, to work better.

Condition or disease ⓘ	Intervention/treatment ⓘ
Recurrent Non-Small Cell Lung Carcinoma	Other: Laboratory Biomarker Analysis
Stage III Non-Small Cell Lung Cancer	Drug: Metformin Hydrochloride
Stage IIIA Non-Small Cell Lung Cancer	Biological: Nivolumab
Stage IIIB Non-Small Cell Lung Cancer	
Stage IV Non-Small Cell Lung Cancer	

Glossary

Study record managers: refer to the [Data Element Definitions](#) if submitting registration or results information.

Search for terms

Intervention/treatment

A process or action that is the focus of a clinical study. Interventions include drugs, medical devices, procedures, vaccines, and other products that are either investigational or already available. Interventions can also include noninvasive approaches, such as education or modifying diet and exercise.

Figure 4: Glossary display while viewing a study record.

Results Submitted Tab

Information submitted by a study sponsor or investigator undergoes a quality control (QC) review process before being displayed on ClinicalTrials.gov. NLM staff members review all submissions for apparent errors, deficiencies, or inconsistencies. If "major issues" are identified by ClinicalTrials.gov during QC review, the submission is returned to the study sponsor or investigator with comments. Submitted information is publicly displayed (i.e., posted) after all major issues have been corrected or addressed.

The new Results Submitted tab displays a table that helps users track the QC review status for submitted results information that are not yet posted on ClinicalTrials.gov. After a study sponsor or investigator initially submits results information, the No Results Posted tab on a study record is updated to "Results Submitted" (see Figure 5).

Clicking on this tab displays a table of dates. Each submission of results information *prior to* first posting is shown in a table row that is identified by sequential numbers in the Submission Cycle column (see **A** in Figure 5). The date on which results information is submitted to ClinicalTrials.gov within each cycle is listed in the second column (see **B** in Figure 5). If at least one major issue is identified during QC review in a submission cycle, the date on which NLM returns results information to a study sponsor or investigator with QC review comments is listed in the third column (see **C** in Figure 5). For example, Figure 5 shows that study results were first submitted to ClinicalTrials.gov on December 15, 2016 and returned to the study sponsor or investigator after QC review on February 7, 2017. Overall, results information has been submitted two times without posting (i.e., 2 submission cycles), with the last event being the return of QC review comments from NLM to the sponsor or investigator on September 1, 2017. After all identified major issues have been corrected or addressed by a study sponsor or investigator and submitted, the results information will be posted as part of the study record on ClinicalTrials.gov and the tab label will be changed to "Results Posted."

Study Details Tabular View **Results Submitted** Disclaimer How to Read a Study Record

Results Submitted - Not Posted on ClinicalTrials.gov

Results information has been submitted to ClinicalTrials.gov by the sponsor or investigator, but is not yet publicly available (or "posted") on ClinicalTrials.gov. The submitted information may not be available if it is pending [Quality Control \(QC\) Review](#) by the National Library of Medicine (NLM) or if issues identified during QC review are being addressed or corrected by the sponsor or investigator. NLM's limited QC review assesses for apparent errors, deficiencies, or inconsistencies. NLM staff do not verify the scientific validity or relevance of the submitted information.

Recruitment Status	Completed
Primary Completion Date	January 2010
Study Completion Date	January 2010

Submission Cycle	Results Submitted to ClinicalTrials.gov	Results Returned after Quality Control Review
1	December 15, 2016	February 7, 2017
2	August 1, 2017	September 1, 2017

Figure 5: New Results Submitted tab.

Key Record Dates

A listing of key dates for record-related milestones (see **A** in Figure 6) is accessible by clicking the Key Record Dates link at the bottom of a study record (see **B** in Figure 6). The Key Record Dates page allows users to identify when registration and, if applicable, results information was first submitted to ClinicalTrials.gov by the sponsor or investigator and first posted on ClinicalTrials.gov, as well as the date of the first submission that met QC criteria. It also lists when the last update was submitted and posted, and the date of submission for the last update that met QC criteria.

Note that when the QC review process for submitted information requires only a single submission cycle (i.e., no major issues are identified after initial submission), the dates displayed for "submitted that met QC criteria" and "submitted" will be the same (e.g., Last Update Submitted and Last Update Submitted that Met QC Criteria are both listed as "June 27, 2017" in Figure 6). In contrast, when the QC review process takes two or more submission cycles, the date displayed for "submitted that met QC criteria" will be later than the date for "submitted" (e.g., Results First Submitted is "March 20, 2017" while Results First Submitted that Met QC Criteria is "June 27, 2017"). For descriptions of each key record date, see Glossary of Common Site Terms.

Criteria

Inclusion Criteria:

- Subjects who were enrolled in and completed Study RIV-PH-402

Exclusion Criteria:

- Subjects who were unblinded for potential rescue therapy in Study.

Contacts and Locations

No Contacts or Locations Provided

More Information

Responsible Party: United Therapeutics

ClinicalTrials.gov Identifier: [NCT03055221](#) [History of Changes](#)

Other Study ID Numbers: RIV-PH-403

First Posted: February 16, 2017

Results First Posted: July 28, 2017

Last Update Posted: October 11, 2017

Last Verified: June 2017

Individual Participant Data (IPD) Sharing Statement:
Plan to Share IPD: No

Studies a U.S. FDA-regulated Drug Product: Yes

Studies a U.S. FDA-regulated Device Product: No

NIH U.S. National Library of Medicine
ClinicalTrials.gov

Key Record Dates

ClinicalTrials.gov Identifier: NCT03055221

Brief Title: TRUST-2: Safety and Efficacy of Intravenous Remodulin® in Patients in India With Pulmonary Arterial Hypertension (PAH) (TRUST-2)

First Submitted ⓘ: February 9, 2017

First Submitted that Met QC Criteria ⓘ: February 13, 2017

First Posted ⓘ: February 16, 2017

Results First Submitted ⓘ: March 20, 2017

Results First Submitted that Met QC Criteria ⓘ: June 27, 2017

Results First Posted ⓘ: July 28, 2017

Last Update Submitted ⓘ: June 27, 2017

Last Update Submitted that Met QC Criteria ⓘ: June 27, 2017

Last Update Posted ⓘ: October 11, 2017 (Estimate)

Record Last Processed by ClinicalTrials.gov: November 23, 2017

[^ TO TOP](#)

Figure 6: Listing of Key Record Dates for a study record.

Updated Study Record Layout

The design and layout of the study record page was updated to make the most relevant information more prominent. "Go to" links allow users to access the major sections of a record more easily (see Figure 7).

TRUST-2: Safety and Efficacy of Intravenous Remodulin® in Patients in India With Pulmonary Arterial Hypertension (PAH) (TRUST-2)

ClinicalTrials.gov Identifier: NCT03055221

⚠ The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

Recruitment Status: Completed
 First Posted: February 16, 2017
 Results First Posted: July 28, 2017
 Last Update Posted: October 11, 2017

Sponsor:

United Therapeutics

Information provided by (Responsible Party):

United Therapeutics

- Study Details
- Tabular View
- Study Results
- Disclaimer
- How to Read a Study Record

Study Description

Brief Summary:

This was an open-label extension of Study RIV-PH-402, TRUST-1: Treprostinil for Untreated Symptomatic Pulmonary Arterial Hypertension (PAH) Trial. Subjects were eligible to enroll.

Condition or disease	Intervention/treatment	PH
Pulmonary Arterial Hypertension	Drug: Intravenous Treprostinil	

- Go to
- Study Description
 - Study Design
 - Arms and Interventions
 - Outcome Measures
 - Eligibility Criteria
 - Contacts and Locations
 - More Information

Study Design

Study Type: Interventional (Clinical Trial)
 Actual Enrollment: 20 participants
 Intervention Model: Single Group Assignment

Figure 7: Updated layout of the study record page.

We welcome your comments, questions, and suggestions. To contact us, please click on "Customer Support" in the footer of the ClinicalTrials.gov site which will take you to the NLM Customer Support page. Then click on "Contact NLM" at the top of the NLM Customer Support page.

By Karl Wolf, Allison Yu, Nicholas Ide, Rebecca J. Williams, Tony Tse
 National Center for Biotechnology Information

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Last updated: 18 December 2017

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 U.S. Department of Health and Human Services Freedom of Information Act

Table of Contents: 2017 NOVEMBER–DECEMBER No. 419

What's New for 2018 MeSH

What's New for 2017 MeSH. NLM Tech Bull. 2017 Nov-Dec;(419):e8.

2017 November 30 [posted]

MeSH is the National Library of Medicine (NLM) controlled vocabulary thesaurus that is updated annually. NLM uses the MeSH thesaurus to index articles from thousands of biomedical journals for the MEDLINE/PubMed database and for the cataloging of books, documents, and audiovisuals acquired by the library.

Overview of Vocabulary Development and Changes for 2018 MeSH

- 474 Descriptors added
- 106 Descriptor terms replaced with more up-to-date terminology
- 7 Descriptors deleted
- 1 Qualifier (Subheading) deleted

Totals by Type of Terminology

- 28,939 MeSH Descriptors
- 79 Qualifiers
- 116,909 Total Descriptor Terms
- 244,154 Supplementary Concept Records

Changes of Note for 2018

The following changes are detailed in *MEDLINE Data Changes—2018*.

1. The MeSH qualifier (subheading) /contraindications was deleted.
2. Three new Publication Types are available for 2018:
 - Adaptive Clinical Trial
 - Equivalence Trial

Note three new related MeSH headings:

 - Adaptive Clinical Trials as Topic
 - Equivalence Trials as Topic
 - Proof of Concept
 - Expression of Concern
3. Expanded and updated terminology areas:
 - Isotopes and Radioisotopes
 - Smoking
 - Sugars
 - Virus terminology and new Supplementary Concept Record (SCR) class for Organisms

Table of Contents: 2017 NOVEMBER–DECEMBER No. 419

Cataloging and Metadata News—2018

Boehr D, Willis S. Cataloging and Metadata News—2018. NLM Tech Bull. 2017 Nov-Dec;(419):e7.

2017 November 21 [posted]

MeSH 2018

The National Library of Medicine (NLM) adopted the 2018 MeSH vocabulary for cataloging on November 20, 2017.

Implications for LocatorPlus and the NLM Catalog

Accordingly, MeSH subject headings in LocatorPlus were changed to reflect the 2018 MeSH vocabulary and appear in that form as of November 20, 2017.

When year-end processing activities are completed in late November, the NLM Catalog database and translation tables will be updated to reflect 2018 MeSH. Until then, there will be a hiatus in the addition of new and edited bibliographic records to the NLM Catalog.

Implications for the NLM Classification

The Winter version of the *NLM Classification* to be published in mid-to-late-January 2018 will encompass changes resulting from new and changed MeSH terms for 2018 as well as additional minor updates to the index. The main index terms will continue to link to 2017 MeSH until the Winter 2018 edition is published in January 2018.

An *NLM Classification* number appears in many terms in the MeSH Browser and is supplied annually by the NLM Cataloging and Metadata Section (CaMMS) when the MeSH term points to a single classification number in the Classification Index. These class numbers are current as of the Winter 2017 edition of the *NLM Classification*. They will be updated with the publication of the 2018 Winter edition in January 2018.

Changes in NLM Bibliographic Records

Generally, vocabulary changes in NLM bibliographic records for books, serials, and other materials were implemented as they were applied for citations in MEDLINE. For additional information, see *MEDLINE Data Changes—2018*.

2018 MeSH Descriptor Not Used by Catalogers

Expression of Concern: This publication type is the only new 2018 Descriptor that cannot be used for cataloging.

2018 Geographic Descriptors

Six new geographic descriptors were added. Most of these place names already have Table G notations in the *NLM Classification*. The rest will be added with the 2018 Winter edition of the *NLM Classification*.

By Diane Boehr and Sharon Willis
Cataloging and Metadata Management Section (CaMMS)

- What's New for 2018 MeSH
- 2018 MeSH Available for Download
Cataloging and Metadata News—2018
- Newly Maintained MEDLINE for 2018 MeSH Now Available in PubMed
- MEDLINE Data Changes—2018
- 2018 MeSH Headings Available in the MeSH Browser
- MEDLINE/PubMed Year-End Processing Activities for 2018

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Table of Contents: 2017 NOVEMBER–DECEMBER No. 419

2018 Medical Subject Headings (MeSH) Available for Download

2018 Medical Subject Headings (MeSH) Available for Download. NLM Tech Bull. 2017 Nov-Dec;(419):e6.

2017 November 16 [posted]

Introduction to MeSH 2017

The Introduction to MeSH 2018 is available now, including information on its use and structure, as well as recent updates and availability of data.

Download MeSH

Download 2018 MeSH in XML and ASCII formats. Also available for 2018 from the same MeSH download page are:

- MeSH Publication Types
- MeSH Replaced Headings (Fate of Deleted Descriptors)
- New Headings by major Tree Category
- New Headings with Scope Notes, Annotations and Tree Locations
- Qualifier Changes

Pharmacologic Actions are available from the MeSH FTP download site.

MeSH Browser

The default year in the MeSH Browser has been changed to 2018 MeSH. The alternate link provides access to 2017 MeSH.

- What's New for 2018 MeSH
- 2018 MeSH Available for Download
- Cataloging and Metadata News—2018
- Newly Maintained MEDLINE for 2018 MeSH Now Available in PubMed
- MEDLINE Data Changes—2018
- 2018 MeSH Headings Available in the MeSH Browser
- MEDLINE/PubMed Year-End Processing Activities for 2018

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Table of Contents: 2017 NOVEMBER–DECEMBER No. 419

MEDLINE Data Changes—2018

Tybaert S. MEDLINE Data Changes—2018. NLM Tech Bull. 2017 Nov-Dec;(419):e5a.

2017 November 16 [posted]

This article collects the notable data changes made to MEDLINE during annual National Library of Medicine (NLM) maintenance known as Year-End Processing (YEP) for 2018:

- MeSH Vocabulary Updated for 2018
- Updated MeSH in MEDLINE Citations
- Changes to MeSH Headings
- New MeSH Headings and Concepts
- MeSH Publication Types
- MeSH Qualifier (Subheading) Changes
- MeSH Tree Changes
- Do Not Confuse
- One MeSH Concept Split into Two
- Entry Combination Revisions
- New Databank Sources
- Data Distribution Notes
- Policy Updates and PubMed Notes

- What's New for 2018 MeSH
- 2018 MeSH Available for Download
- Cataloging and Metadata News—2018
- Newly Maintained MEDLINE for 2018 MeSH Now Available in PubMed
- MEDLINE Data Changes—2018
- 2018 MeSH Headings Available in the MeSH Browser
- MEDLINE/PubMed Year-End Processing Activities for 2018

MeSH Vocabulary Updated for 2018

The MeSH Browser currently points to the 2018 MeSH vocabulary with a link to the 2017 MeSH vocabulary. Searchers should consult the Browser to find MeSH headings of interest and their relationships to other headings. The Browser contains MeSH heading records that may include Scope Notes, Annotations, Entry Terms, History Notes, Allowable Qualifiers (Subheadings), Previous Indexing, and other information. It also includes Subheading records and Supplementary Concept Records (SCRs) for substances and diseases that are not MeSH headings.

You can download 2018 MeSH from links on the MeSH homepage:

- Under the section "What's New," click on 2018 MeSH files or
- Under the section "Obtaining MeSH," click on Download electronic copies of MeSH

The MeSH Tree Structures are available online under the "Changes to 2018 MeSH Hierarchy" section on the download page.

For highlights about 2018 MeSH, see the forthcoming article *What's New for 2018 MeSH*.

The PubMed MeSH database and translation tables will be updated to reflect 2018 MeSH by the end of November when YEP activities are complete and the newly maintained MEDLINE data are available in PubMed.

Updated MeSH in MEDLINE Citations

MEDLINE records with updated MeSH are anticipated to be in PubMed by the end of November 2017. See "Modifying a Saved Search Strategy" for details on revising My NCBI saved searches.

Changes to MeSH Headings

This year 113 MeSH headings were either changed or deleted and replaced with more up-to-date terminology. During YEP, NLM updates MeSH headings on MEDLINE citations.

New MeSH Headings and Concepts

471 new MeSH Headings, plus three new Publication Types, were added to MeSH in 2018.

A complete list of the new 2018 MeSH headings is available in PDF format, see [New Headings with Scope Notes, Annotations and Tree Locations](#).

Typically, NLM does not retrospectively re-index MEDLINE citations with new MeSH heading concepts. Therefore, searching PubMed for a new MeSH term tagged with [mh] or [majr] effectively limits retrieval to citations indexed after the term was introduced. PubMed Automatic Term Mapping (ATM) expands an untagged subject search to include both MeSH Terms and All Fields index terms and may retrieve relevant citations indexed before the introduction of a new MeSH term. Searchers may consult the MeSH Browser or the MeSH database to see the previous indexing terms most likely used for a particular concept before the new MeSH Heading was introduced.

Changes of particular interest to searchers:

MeSH Publication Types

Three new Publication Types are available for 2018. Two of the new Publications Types are types of clinical trials.

1. Adaptive Clinical Trial: Clinical study in which a prospectively planned opportunity is included to modify trial designs and hypotheses based on analysis of data from subjects in the study.
2. Equivalence Trial: Trial that aims to show a new treatment is no better and no worse than the standard treatment. This Publication Type is a child to Randomized Controlled Trial in the MeSH tree hierarchy.

New related MeSH headings:

- Adaptive Clinical Trials as Topic and Equivalence Trials as Topic are available for 2018. These are headings are used for the general design, methodology, and economics of the trials.
 - Proof of Concept: This heading is a child to Research in the MeSH tree hierarchy. It is used for an empirical investigation which pertains to the development of prototypes or models that demonstrate the feasibility of novel concepts, ideas, principles, schema or their practical application.
3. Expression of Concern: This new Publication Type is for a notification about the integrity of a published article that is typically written by an editor and should be labeled prominently in the item title. It is the responsibility of the editor to initiate appropriate investigative procedures, discover the outcome of the investigation, and notify readers of that outcome in a subsequent published item. The outcome may require the publication of a retraction notice.

MeSH Qualifier (Subheading) Changes

In order to improve indexing consistency and efficiency and to make MEDLINE searching easier and more straightforward, the subheading /contraindications was deleted. This change also helps to eliminate confusion between the use of the subheadings /adverse effects and /contraindications.

- Deleted Subheading: /contraindications

Three new MeSH headings were created to replace /contraindications. These new headings separate the concepts of contraindications for drugs from the contraindications for procedures. Note that Contraindications, Drug and Contraindications, Procedure are children to Contraindications in the MeSH tree hierarchy.

- Contraindications
 - Contraindications, Drug
 - Contraindications, Procedure

Indexing Policy:

- Use Contraindications for general or unspecified contraindications. Note that Contraindications can be coordinated with specific physical agent heading(s). Coordinate the physical agent heading(s) with the subheading /adverse effects.
- Coordinate Contraindications, Drug with specific drug heading(s). Coordinate the specific drug heading(s) with the subheadings /therapeutic use or /adverse effects.
- Coordinate Contraindications, Procedure with procedure heading(s). Coordinate the procedure heading(s) with the subheadings /adverse effects.

MEDLINE Citation Maintenance:

- The subheading /contraindications was deleted and an additional action replaced /contraindications with the new MeSH heading Contraindications on MEDLINE citations.

To eliminate the confusion between /adverse effects and the new MeSH Contraindications headings, two Entry Terms were deleted from the subheading /adverse effects:

- injurious effects

- undesirable effects

MeSH Tree Changes

See New Headings by major Tree Category for 2018 (PDF format).

Or see Descriptor Tree with Headings (PDF format) for a complete list of the MeSH heading tree hierarchy.

Other changes of particular interest include:

Several special projects undertaken by MeSH Section for the 2018 MeSH vocabulary.

Isotope and Radioisotope Terminology

This project expanded and updated the isotope terminology with the goal of making more of the isotope terminology found in the literature available in the MeSH vocabulary.

The most common isotope was added as an Entry Term to the MeSH heading for the specific element.

- Example: Helium-4 is a new Entry Term for Helium.

New Supplementary Concept Records (SCRs) were created for specific isotopes that occur frequently in the literature.

- Example: Helium-3 is a new SCR.

The appropriate element and appropriate isotope or radioisotope term were added in the Heading Mapped to field for the new SCRs.

- Example: Helium and Radioisotopes are the Heading Mapping To terms for Helium-6.

The MeSH tree hierarchy was updated when inconsistencies were found.

Transactinide Series Elements was created as a new MeSH heading.

Smoking Terminology

The MeSH vocabulary for smoking and smoking-related terms was updated and expanded.

Several smoking-related terms were promoted from Entry Terms to new MeSH headings.

- Examples: Tobacco Smoking, Cigar Smoking, and Cigarette Smoking

New MeSH headings were created as children to Smoking.

- Examples: Smoking, Non-Tobacco Products and Smoking Reduction

Other new smoking-related MeSH headings to note are Smokers, Smoking Devices, and Smoking Prevention.

Existing smoking-related headings were re-treed in the MeSH hierarchy to account for the new terminology.

Sugars Terminology

The terminology and treeing in the MeSH hierarchy of sugars were updated to better reflect their structure and properties.

Sugars was created as a new MeSH heading. Prior to 2016, Sugars was an Entry Term to Carbohydrates.

Dietary Sugars was created as a new MeSH heading. Prior to 2017, Dietary Sugars was an Entry Term to Dietary Sucrose.

Virus Terminology and New SCR Class for Organisms

The MeSH vocabulary for viruses was updated to conform to the International Committee on Taxonomy of Viruses (ICTV) nomenclature.

Entry Terms were added to existing virus terms to cover alternate or older names.

New virus MeSH headings were added under Coronavirus.

- See Alphacoronavirus, Betacoronavirus, and Gammacoronavirus.
- Existing Coronavirus headings were re-treed in the MeSH hierarchy under these specific headings.

Note the introduction of SCRs (Class 4) for organisms. 387 new SCRs were created to expand coverage of viruses in the MeSH vocabulary. All SCR organisms are mapped to a MeSH heading. For example:

- SCR Organism: Lagos bat lyssavirus

- MeSH Heading Mapped to: Lyssavirus

That is, all citations for articles indexed with Lagos bat lyssavirus will also be indexed with the MeSH heading, Lyssavirus.

Do Not Confuse:

- Comorbidity and Multimorbidity. Prior to 2018, Multimorbidity was an Entry Term to Comorbidity. In 2018, Multimorbidity is a new MeSH heading and a child to Comorbidity.
- Pipe Smoking and Smoking Pipes. Pipe Smoking is the behavior and Smoking Pipes are the devices.
- Water Pipe Smoking and Smoking Water Pipes. Water Pipe Smoking is the behavior and Smoking Water Pipes are the devices.

Other Changes:

In addition to changes and deletions of MeSH terms on MEDLINE citations, YEP includes other adjustments to reflect 2018 MeSH vocabulary and enhance search retrieval. These follow-on adjustments are largely to add additional MeSH headings or Supplementary Concept Record Names to citations in order to help searchers refine retrieval. In some cases, the changes clarify areas where a single concept existed before, but is now represented by two or more specific concepts.

One MeSH Concept Split into Two

Examples for 2018 MeSH include the following:

- Egypt, Ancient and Greece, Ancient were created as new MeSH headings. They are treed in the MeSH hierarchy under Ancient Lands. The existing MeSH headings Egypt and Greece were removed from the Ancient Lands tree. Because of these treeing changes, the MEDLINE citations indexed with Egypt or Greece were adjusted accordingly.

These types of changes, along with others documented on the Annual MEDLINE/PubMed Year-End Processing (YEP): Background Information Web page, suggest the importance of routinely using the PubMed Details feature when searching to see how terms are mapped with the new year's vocabulary and then checking the MeSH Browser or the MeSH database for clarification. Additional information is also available in the article, *Skill Kit: The Effects of Year End Processing (YEP) on Saved Searches or RSS Feeds*.

Entry Combination Revisions

This year during YEP, NLM will again retrospectively replace certain MeSH heading/subheading combinations, known as Entry Combinations, with the new precoordinated MeSH heading. If you get no retrieval for a MeSH heading/subheading combination check the heading in the 2018 MeSH Browser to see if the Entry Combination information indicates a different term.

There are seven new Entry Combinations for 2018.

Previous MeSH Heading/Subheading (Entry Combination)	Replaced-by Heading for 2018
Blood Transfusion/adverse effects	Transfusion Reaction
Factor IXa/deficiency	Hemophilia B
Factor VIIa/deficiency	Factor VII Deficiency
Metals, Heavy/poisoning	Heavy Metal Poisoning
Receptors, Enterotoxin/agonists	Guanylyl Cyclase C Agonists
Smoking/prevention & control	Smoking Prevention
Synovial Membrane/surgery	Synovectomy

Other News:

New Databank Sources

During 2017 NLM began including the databank names for the following three World Health Organization (WHO) Primary Registries when they are provided by the publisher in their XML submissions.

- JapicCTI: Japan Pharmaceutical Information Center (Japan Registry Member)
- JMACCT: Center for Clinical Trials, Japan Medical Association (Japan Registry Member)
- UMIN CTR: University Hospital Medical Information Network Clinical Trial Registry (Japan Registry Member)

The MEDLINE Databank Sources Web page is up to date and includes this new listing.

Data Distribution Notes

Beginning with the 2018 baseline, PubMed export files on the FTP server will be named as follows to better reflect the file contents.

- Baseline files will begin with pubmed18n0001.xml.gz
- Daily update files will continue with this naming convention: pubmed18nxxxx.xml.gz
- Associated .md5 files will follow this convention beginning with pubmed18n0001.xml.gz.md5
- Stats files will follow this convention beginning with pubmed18n0001_stats.html

Changes to 2018 production year PubMed: pubmed_180101.dtd:

- Added Organism to the allowed values for SupplMeshName @Type.
- Deleted DateCreated. The allowed value <PubMedPubDate PubStatus="entrez"> indicates the date that a citation was created.

Additional information and announcements can be found at Download MEDLINE/PubMed Data.

Policy Changes and PubMed Notes

As noted in the Data Distribution Notes above, the "DateCreated" element was deprecated and deleted from the 2018 PubMed XML DTD. In PubMed, this is reflected in two ways:

- The "DA" field was removed from the MEDLINE format view.
- [DA] was removed as a search tag.

The date a PubMed citation was created will continue to be displayed in the MEDLINE format view in the "CRDT" field.

It is searchable by using the [CRDT] or [Date – Create] search tags.

By Sara Tybaert
MEDLARS Management Section

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Changed and Deleted MeSH Headings—2018

Changed and Deleted MeSH Headings—2018. NLM Tech Bull. 2017 Nov-Dec;(419):e5b.

2017 November 16 [posted]

Return to *MEDLINE Data Changes—2018* article.

The Replaced-by Term replaces the heading in NLM databases and links to the full record in the MeSH Browser.

2018 Changed MeSH Headings

For the following 106 MeSH Headings, the preferred term was replaced by another term in the same record.

Replaced Term	Replaced-by Term
6-Mercaptopurine	Mercaptopurine
Advanced Glycosylation End Product-Specific Receptor	Receptor for Advanced Glycation End Products
Alismatidae	Alismatales
Angiosperms	Magnoliopsida
Antigen Peptide Transporter-1	ATP-Binding Cassette Sub-Family B Member 2
Antigen Peptide Transporter-2	ATP-Binding Cassette, Sub-Family B, Member 3
Antigens, CD11	CD11 Antigens
Antigens, CD11a	CD11a Antigen
Antigens, CD11b	CD11b Antigen
Antigens, CD11c	CD11c Antigen
Antigens, CD13	CD13 Antigens
Antigens, CD137	Tumor Necrosis Factor Receptor Superfamily, Member 9
Antigens, CD14	Lipopolysaccharide Receptors
Antigens, CD146	CD146 Antigen
Antigens, CD147	Basigin
Antigens, CD15	Lewis X Antigen
Antigens, CD151	Tetraspanin 24
Antigens, CD164	Endolyn
Antigens, CD18	CD18 Antigens
Antigens, CD2	CD2 Antigens
Antigens, CD24	CD24 Antigen
Antigens, CD27	Tumor Necrosis Factor Receptor Superfamily, Member 7
Antigens, CD274	B7-H1 Antigen

Antigens, CD28	CD28 Antigens
Antigens, CD29	Integrin beta1
Antigens, CD3	CD3 Complex
Antigens, CD30	Ki-1 Antigen
Antigens, CD31	Platelet Endothelial Cell Adhesion Molecule-1
Antigens, CD36	CD36 Antigens
Antigens, CD38	ADP-ribosyl Cyclase 1
Antigens, CD4	CD4 Antigens
Antigens, CD40	CD40 Antigens
Antigens, CD43	Leukosialin
Antigens, CD44	Hyaluronan Receptors
Antigens, CD45	Leukocyte Common Antigens
Antigens, CD46	Membrane Cofactor Protein
Antigens, CD47	CD47 Antigen
Antigens, CD5	CD5 Antigens
Antigens, CD53	Tetraspanin-25
Antigens, CD55	CD55 Antigens
Antigens, CD56	CD56 Antigen
Antigens, CD57	CD57 Antigens
Antigens, CD58	CD58 Antigens
Antigens, CD59	CD59 Antigens
Antigens, CD63	Tetraspanin 30
Antigens, CD70	CD27 Ligand
Antigens, CD79	CD79 Antigens
Antigens, CD8	CD8 Antigens
Antigens, CD80	B7-1 Antigen
Antigens, CD81	Tetraspanin 28
Antigens, CD82	Kangai-1 Protein
Antigens, CD86	B7-2 Antigen
Antigens, CD9	Tetraspanin-29
Antigens, CD95	fas Receptor
Antigens, CD98 Heavy Chain	Fusion Regulatory Protein 1, Heavy Chain
Antigens, CD98 Light Chains	Fusion Regulatory Protein 1, Light Chains
Antigens, CD98	Fusion Regulatory Protein-1
Antigens, CD99	12E7 Antigen
Antigens, Thy-1	Thy-1 Antigens
Architecture as Topic	Architecture
Beetles	Coleoptera
Bias (Epidemiology)	Bias
Cape Verde	Cabo Verde

Cell Aging	Cellular Senescence
Cell Phones	Cell Phone
Comoviridae	Secoviridae
Cycadophyta	Cycadopsida
Dictionaries, Classical	Dictionaries, Classical as Topic
Dictionaries, Dental	Dictionaries, Dental as Topic
Dictionaries, Pharmaceutic	Dictionaries, Pharmaceutic as Topic
Dictionaries, Polyglot	Dictionaries, Polyglot as Topic
Dissertations, Academic as Topic	Academic Dissertations as Topic
DNA (Cytosine-5-)-Methyltransferase	DNA (Cytosine-5-)-Methyltransferases
Drug-Induced Liver Injury, Chronic	Chemical and Drug Induced Liver Injury, Chronic
Electronic Cigarettes	Electronic Nicotine Delivery Systems
Epidemiologic Study Characteristics as Topic	Epidemiologic Study Characteristics
Fluticasone Propionate, Salmeterol Xinafoate Drug Combination	Fluticasone-Salmeterol Drug Combination
Formularies, Dental	Formularies, Dental as Topic
Giant Lymph Node Hyperplasia	Castleman Disease
Glycosylation End Products, Advanced	Glycation End Products, Advanced
Hemocyanin	Hemocyanins
Hemoglobin A, Glycosylated	Glycated Hemoglobin A
Heterozygote Detection	Genetic Carrier Screening
Human Engineering	Ergonomics
Hydrogel	Hydrogel, Polyethylene Glycol Dimethacrylate
Insects	Insecta
Ketogenic Diet	Diet, Ketogenic
Manuscripts, Medical	Manuscripts, Medical as Topic
Medicine in Art	Medicine in the Arts
Metabolic Syndrome X	Metabolic Syndrome
Metrizoate	Metrizoic Acid
Motion Pictures as Topic	Motion Pictures
NADPH Oxidase	NADPH Oxidases
National Institute of Neurological Disorders and Stroke	National Institute of Neurological Disorders and Stroke (U.S.)
P-Glycoprotein	ATP-Binding Cassette, Sub-Family B, Member 1
P-Glycoproteins	ATP Binding Cassette Transporter, Sub-Family B
Pharmacological and Toxicological Phenomena and Processes	Pharmacological and Toxicological Phenomena
Pinnipedia	Caniformia
Psychological Phenomena and Processes	Psychological Phenomena
Sexual Minorities	Sexual and Gender Minorities
Sodium-Hydrogen Antiporter	Sodium-Hydrogen Exchangers

Sphincterotomy, Transhepatic
Sublimation
Theales
Tracheobionta
Vetiveria

Sphincterotomy, Transduodenal
Sublimation, Psychological
Ericales
Tracheophyta
Chrysopogon

2018 Deleted MeSH Headings

The following seven MeSH Headings were deleted and replaced in 2018 MeSH.

Replaced Term

Anopheles gambiae
Cecropiaceae
Cobra Venoms
Entamoeba histolytica
Gymnosperms
Pseudocholinesterase
Secernentea

Replaced-by Term

Anopheles
Urticaceae
Elapid Venoms
Entamoeba histolytica
Cycadopsida
Butyrylcholinesterase
Nematoda

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UMLS 2017AB Release Available

Wilder V. UMLS 2017AB Release Available. NLM Tech Bull. 2017 Nov-Dec;(419):e4.

2017 November 07 [posted]

The 2017AB release of the Unified Medical Language System (UMLS) Knowledge Sources is available for download as of November 6, 2017.

The UTS Metathesaurus Browser and the UTS SOAP API and REST API include the updated release.

In addition, the UTS SNOMED CT Browser now features the September 2017 US Edition of SNOMED CT.

Metathesaurus

The 2017AB Metathesaurus contains approximately 3.64 million concepts and 13.9 million unique concept names from 201 source vocabularies.

One new NCI sub-source:

- NCI_NCI-HGNC (NCI HUGO Gene Nomenclature)

One removed source:

- Medi-Span data (SAB=MDDDB) has been removed from RxNorm at Wolters Kluwer's request. As of October 2017, Medi-Span data will not be included in the RxNorm or UMLS releases.

Fifty-nine English sources and 30 translation sources were updated. These include MeSH, MedDRA, RxNorm, and SNOMED CT (English and Spanish). A complete list is available in the Updated Sources section of the Release Documentation. For more detailed information on changes in this version of the Metathesaurus, see the Updated Sources (Expanded) section. Additional release statistics may be found in the Statistics section.

Data Changes

- MRHIER file change: The maximum length for the HCD field is now 100 characters.

MetamorphoSys

- The full release requires 27.4 GB of disk space.
- NLM ceased production of the separate Active Release download for each UMLS Release. The full release includes the option to select the Active Subset during installation, as one of the options in the Default Subset Configuration window. The Active Subset option is equivalent to the Active Release.

Reported bugs may be viewed on the Release Notes and Bugs Web page.

MetamorphoSys can generate custom load scripts for MySQL, Oracle, or Microsoft Access when creating a Metathesaurus subset or installing the Semantic Network. Instructions are available on the UMLS Load Scripts homepage.

Release Information

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.

UMLS Learning Resources

2017AB Source Release Documentation Web pages will be published following the release.

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 UMLS Quick Start Guide, and other training materials.

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New ClinicalTrials.gov Beta Version Available for Public Testing

Tse T. New ClinicalTrials.gov Beta Version Available for Public Testing. NLM Tech Bull. 2017 Nov-Dec;(419):e3.

2017 November 03 [posted]

As of November 2, 2017, a new beta version of ClinicalTrials.gov is available for public testing. The test site can be accessed from a link on the page banner (see Figure 1) or directly at <https://clinicaltrials.gov/beta/>.

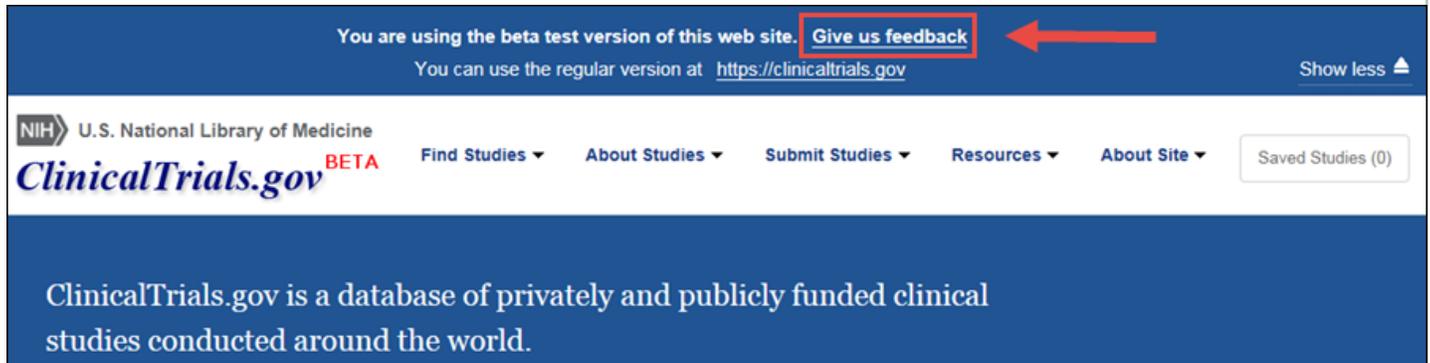


Figure 1: Link to new test version of ClinicalTrials.gov from the current site.

Key features of this beta version include:

- updated search for the "Recruiting and not yet recruiting" studies feature on the homepage
- new location search option enables you to limit your search based on the distance (number of miles radius) from a specified location
- updated "Search Results" page design that brings the list of studies found closer to the top of page
- updated "Glossary" design provides term definitions while continuing to view the page containing the terms

This beta version of ClinicalTrials.gov is the latest component in a series of changes that started earlier this year to enhance users' ability to search, display, and review information about clinical research studies (see *ClinicalTrials.gov: First in a Series of Changes to Improve Usability for Stakeholders*). Another set of ClinicalTrials.gov updates was released in September (see *ClinicalTrials.gov: More Changes to Improve Usability*).

Comments and Feedback

We welcome your comments, questions, and suggestions on this new beta version of ClinicalTrials.gov. There are two methods of providing feedback:

- Respond to the online survey by clicking on the "Give us feedback" link at the top of the beta site (see Figure 2).
- Click on "Customer Support" in the footer of both the ClinicalTrials.gov Web site and the beta version of the Web site to link to the NLM Customer Support page. Then click on Contact NLM at the top of the NLM Customer Support page.



Figure 2: "Give us feedback" link on the ClinicalTrials.gov beta version site.

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NLM Interlibrary Loan Service: Two Changes Effective January 1, 2018 [Editor's note added December 28, 2017: The NLM interlibrary loan resource sharing program through the OCLC has been delayed.]

NLM Interlibrary Loan Service: Two Changes Effective January 1, 2018. NLM Tech Bull. 2017 Nov-Dec;(419):e2.

2017 November 03 [posted]

2017 December 28 [Editor's note added]

[Editor's note added December 28, 2017: The new NLM interlibrary loan resource sharing program through the Online Computer Library Center (OCLC) has been delayed until after January 1, 2018. We will provide notice when a new 2018 implementation date is determined and when resource sharing through OCLC is available. Until then, DOCLINE and the NLM ILL Web Portal remain as options for borrowing from NLM. See the announcement, NLM Resource Sharing Availability via OCLC Delayed.]

In addition to using the National Library of Medicine (NLM) DOCLINE system, libraries can soon send interlibrary loan (ILL) requests to NLM via Online Computer Library Center (OCLC), saving libraries already using OCLC time and effort by integrating these requests into their existing workflows. The change gives libraries wanting to borrow materials from NLM three possible avenues for placing requests: DOCLINE, OCLC, and the NLM ILL Request Portal. DOCLINE, which has served medical libraries in the National Network of Libraries of Medicine since 1985, efficiently routed more than one million ILL requests in Fiscal Year 2017. As a national library, NLM will continue to serve as a library of last resort for ILL, meaning that libraries should first try to fill requests from local or regional libraries before submitting them to NLM.

In addition, NLM will raise the fee for filling an interlibrary loan request from \$9.00 to \$12.00. The long overdue price increase will help keep the NLM ILL service a national leader and ensure that NLM can continue to deliver efficient service and maintain a fast turnaround time to complete incoming requests.

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Lab Test Information Available in MedlinePlus

Coppess S. Lab Test Information Available in MedlinePlus. NLM Tech Bull. 2017 Nov-Dec;(418):e1.

2017 November 02 [posted]

MedlinePlus now has lab test information in English and Spanish. From "Albumin Blood Test" to "Yeast Infection Test," MedlinePlus currently has 50 lab tests listed with 75 more coming in the next year (see Figure 1).

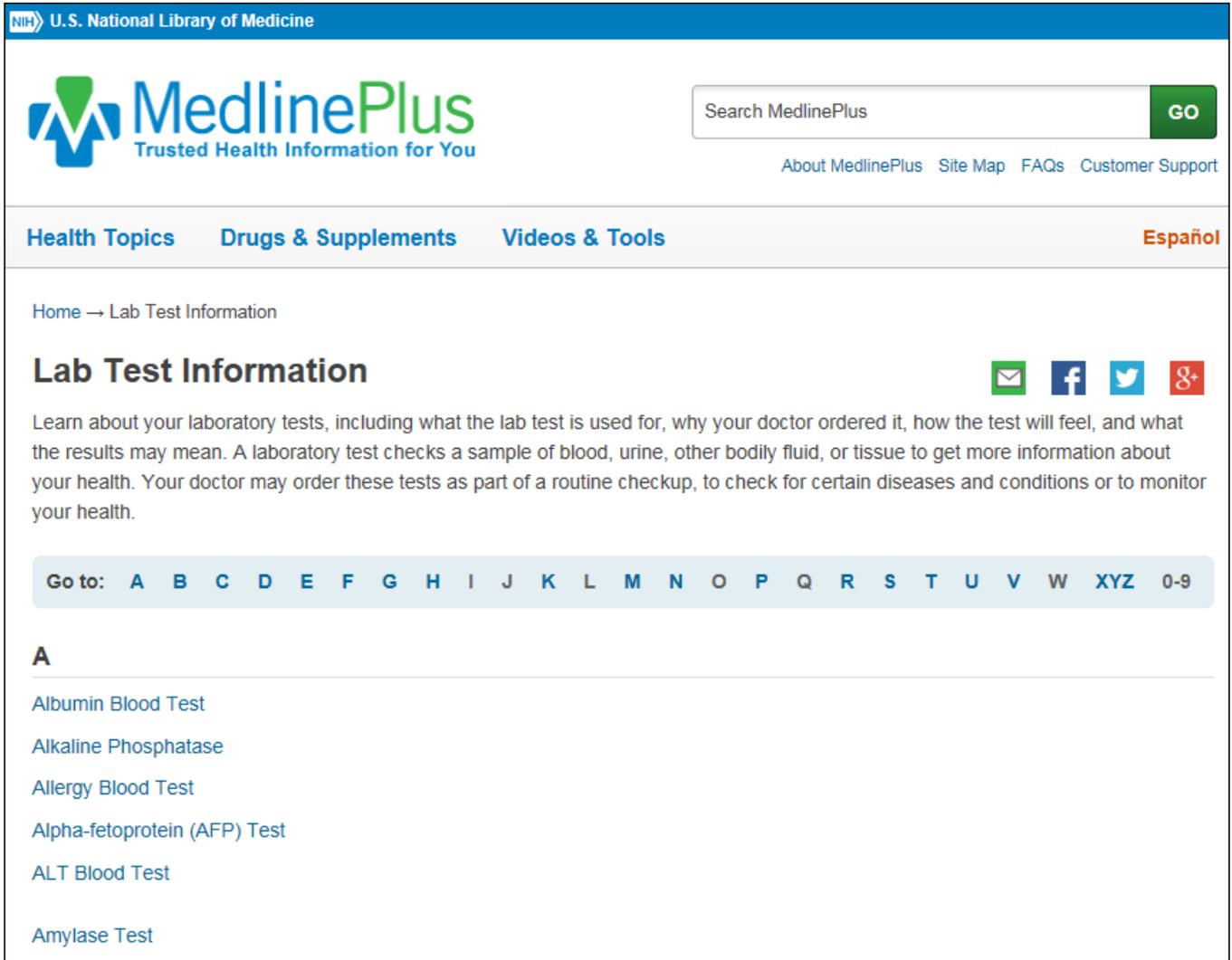


Figure 1: List of lab tests in MedlinePlus.

Visitors can learn about their laboratory tests, including what the lab test is used for, why their doctor ordered it, how the test will feel, and what the results may mean (see Figure 2).

Complete Blood Count

What is a Complete Blood Count?

A complete blood count or CBC is a blood test that measures many different parts and features of your blood, including:

- **Red blood cells**, which carry oxygen from your lungs to the rest of your body
- **White blood cells**, which fight infection. There are five major types of white blood cells. A CBC test measures the total number of white cells in your blood. A test called a **CBC with differential** also measures the number of each type of these white blood cells
- **Platelets**, which help your blood to clot and stop bleeding
- **Hemoglobin**, a protein in red blood cells that carries oxygen from your lungs and to the rest of your body
- **Hematocrit**, a measurement of how much of your blood is made up of red blood

A complete blood count may also include measurements of chemicals and other substances in your blood. These results can give your health care provider important information about your overall health and risk for certain diseases.

Other names for a complete blood count: CBC, full blood count, blood cell count

What is it used for?

A complete blood count is a commonly performed blood test that is often included as part of a routine checkup. Complete blood counts can be used to help detect a variety of disorders including infections, [anemia](#), diseases of the immune system, and blood cancers/>>.

Why do I need a complete blood count?

Your health care provider may have ordered a complete blood count as part of your checkup or to monitor your overall health. In addition, the test may be used to:

- Diagnose a blood disease, infection, [immune system and disorder](#), or other medical conditions
- Keep track of an existing blood disorder

What happens during a complete blood count?

Figure 2: MedlinePlus lab test information for "Complete Blood Count."

Lab test information articles were added in response to a need for Logical Observation Identifiers Names and Codes (LOINC) mappings in MedlinePlus Connect.

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Related MedlinePlus Health Topics

- [Bleeding Disorders](#)
- [Blood Count Tests](#)
- [Blood Disorders](#)