This module will show you effective ways of searching for journal articles using PubMed.
PubMed is a free MEDLINE search engine from the National Library of Medicine and the National Institutes of Health.

Although it is freely available, you need to use the library's customized link to access the full text of the journals that the library purchases.

To access PubMed, please click on the PubMed link found under "Resources" on the right navigation bar.
Let's do a search for articles about prostate cancer screening.

Type prostate cancer screening into the search box at the top of the screen and click Search.

Before we look at our results, let's see exactly what PubMed searched for to find these articles.

1. Structures of complexes of type 5,17b-hydroxysteroid dehydrogenase with structurally divergent inhibitors: insights into the conformational changes upon inhibitor binding.
   Amaro Y, Yamaguchi T, Niimi T, Sakashita H.
   PMID: 25640402

2. Measurements of FSA and of vitamin D: a period of 3-months of use of special forms based on guidelines of the Haute autorité de santé shows a clear improvement of prescription behavior.
   Watine J.
   PMID: 25643758
After scrolling down the page, the "Search details" section appears on the right.

The "Search details" section lets you know what's going on in the background during a search of PubMed.

Select the See more... link below the "Search details" box to view all of the search terms.
Let's go back to our search results.

You can return to your search results by clicking on the number of results (68,751 in this case) found in the "Result" section to the left.

You can also see that PubMed searched for the word screening, as well as diagnosis, mass screening, early detection of cancer, and more.
Review articles are summaries of what has been written in the journal literature on a topic over time. They can provide you with a nice overview on a topic.

Under Article types, select the Review link to narrow our search to only review articles.

Summary: 20 per page  Sort by Most Recent

Results: 1 to 20 of 2509

   PMID: 2584996

2. Young-age prostate cancer.
   Turda E, Agarwal A, Alkhuwami N.
   PMID: 25837470  Free Article
PubMed automatically displays your citations in the Summary view. Displaying your search results in the Abstract format will allow you to view the School of Medicine Library full text cons. Select the Summary drop-down menu near the top of the page.

Next, select Abstract.
Can Urinary PCA3 Supplement PSA in the Early Detection of Prostate Cancer?


Abstract

Purpose Given the limited sensitivity and specificity of prostate-specific antigen (PSA), its widespread use as a screening tool has raised concerns for the over-diagnosis of low-risk and the under-diagnosis of high-grade prostate cancer. To improve early-detection biopsy decisions, the National Cancer Institute conducted a prospective validation trial to assess the diagnostic performance of the prostate cancer antigen 3 (PCA3) urinary assay for the detection of prostate cancer among men screened with PSA.

The full text appears. Let's look at another citation.

The adult well male examination.

Annebra L. Treado, M.D.
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Abstract

The adult well male examination should incorporate evidence-based guidance toward the promotion of optimal health and wellbeing, including screening tests known to improve health outcomes. A well-organized USPSTF statement on screening has primary care physicians. The medical history should include activities and symptoms of depression, physical activity, smoking, family history, and a review of systems, including gastrointestinal symptoms, genitourinary symptoms, and depression.

This icon lets you know that the library has the full text available in print.
Is Testosterone Treatment Good for the Prostate? Study of Safety during Long-Term Treatment.

Felix C. Pitts, M.D., F.R.C.S., F.A.C.S.
Institute of Urology and Technology, University College Hospital, London, UK Centre for Medical Ethics, London, UK.

Abstract

Introduction. For men with androgen deficiency, testosterone replacement therapy (TRT) clinical outcome relates to the development of prostate cancer (CaP). Aim. An updated audit of prostate safety from the UK Andrologist Study was carried out to analyze the incidence of CaP during long-term TRT. Main Outcome Measures. Diagnoses of CaP in men receiving TRT, by serum prostate-specific antigen (PSA) testing and digital rectal examination (DRE), and its relation to different testosterone preparations. Methods. Over a thousand three hundred fifty men aged 40 to 85 years (mean 65 years) with symptomatic androgen deficiency and receiving TRT have been monitored for up to 20 years. All patients were prescreened for CaP by DRE and PSA along with endocrine, biochemical, hemato logically, and urinary profiles at baseline and every 6 months. Abnormal findings or rising PSA were investigated by transrectal ultrasound and prostate biopsy. The data were compared for the four different testosterone preparations introduced at various times. Results. Fourteen cases of CaP were identified. Time to diagnosis was variable, with rising PSA levels detected in 7 cases. Conclusion. The study adds to the risk of CaP and improves the awareness of patients and providers of the potential for CaP Study of safety during long-term treatment J Sex Med. 2012 Jan; 9(1): 109-115, 2012, International Society for Sexually Medicine, 600 Madison Avenue, New York, NY 10022, 800-255-1799, www.iissm.org. 

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Current Challenges in Prostate Cancer Management and the Rationale behind Targeted Focal Therapy.

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Abstract

Aging men, prostate cancer has a high prevalence and a relatively low cancer-specific mortality, compared to lung and colon cancer. Prostate-specific antigen (PSA), a tumor-specific antigen (PSA) screening tool about 20 years ago, has been shown to be the most effective marker for prostate cancer. Combined, increased incidence has largely been attributed to an increased sensitivity and an abnormality revealed by the high-risk of side effects that little or no survival benefit. The goals of this paper are to describe conceptualization problems, as well as high clinical challenge, cancer-related symptoms, detection and treatment in the care of men with prostate cancer treatment and to explore potential solutions.
Synthesis and positron emission tomography evaluation of 18F-Glu-Urea-Lys, a prostate-specific membrane antigen-based imaging agent for prostate cancer.

Authors: Wenwei Fan, Zhanpeng Wang, Feng Diao, X.

Abstract

In recent years, single-photon emission computed tomography and positron emission tomography (PET) have been used in addition to computed tomography and magnetic resonance imaging in targeting the diagnosis of prostate cancer. The aim of this study was to synthesize the prostate-specific membrane antigen (PSMA)-based imaging agent 2-β-[3-Carboxy-6-[18F]fluoro-benzylaminoo]pentylamido]pentanecarboxylic acid (18F-Glu-Urea-Lys18F) and to detect its PET imaging efficiency for high PSMA expression in prostate cancer. In this study, 18F-Glu-Urea-Lys was synthesized in two steps from the p-methoxybenzyl-protected Glu-Urea-Lys precursor using N-hydroxysuccinimidyl-4-[18F]fluorobenzoate (NHSFBF). PET imaging evaluation was conducted in nude mice using LNCaP (PSMA1), and PC-3, 221 and AS49 (all PSMA+) xenograft models. The results indicated that 18F-Glu-Urea-Lys was produced in radiochemical yields of 22±7%. The radiochemical purity was 99.1% and the mean biodistribution half-life was 9±2 h. In nude mouse models, 18F-Glu-Urea-Lys clearly delineated PSMA+ LNCaP prostate tumor xenografts on PET images. As expected, no significant uptake of labeled Glu-Urea-Lys was detected in normal tissue using xenografts.

KEYWORDS: 18F-Glu-Urea-Lys, PET, PSMA, prostate cancer, prostate-specific membrane antigen.
Early biological detection of prostate cancer: which test to use?

Lamy P1,2

Author information

Abstract
OBJECTIVE: Prostate cores from transrectal biopsies are usually sent in separate vials for pathological processing. Although this is a common practice, there are controversial studies on its usefulness. We wanted to compare the rate of prostate cancer diagnosis between processing samples in 2 containers and processing them in individual containers to see if there are differences. Our secondary objective was to check the rate of diagnoses of various tumour subtypes in each of the 2 groups.

MATERIAL AND METHODS: A retrospective observational study was conducted of 2,551 cases of prostate biopsies. Ten cores were extracted in each biopsy. We divided the samples into 2 groups: biopsies sent in 2 containers to the department of pathology (left and right lobes) or sent in 10 (one for each cylinder), according to the different criteria used in our centre in the past. We then classified the cases according to the absence of neoplasia, insignificant tumour (involvement of just 1 cylinder, ≤5%, Gleason score<7), Gleason 6 or Gleason 7. A bivariate statistical analysis was performed using the chi-squared test.


Abstract

Next-generation sequencing (NGS) of the genetic information of cancer cells has revolutionized the field of cancer biology, including prostate cancer (PCa). New recurrent alterations have been identified in PCa (e.g., TMPRSS2-ERG translocation, SPOP and CHD1 mutations, and chromoplexy), and many previous ones in well-established pathways have been validated (e.g., androgen receptor overexpression and mutations, PTEN, RB1, and TP53 loss/mutations). With its highly heterogeneous nature, PCa continues to pose a tremendous challenge in terms of diagnosis and prognosis. Combining the information gained through NGS studies with clinical-pathological and radiological data will help diagnose the aggressiveness of the cancer with confidence through single-cell or single-slice.
During this PubMed tutorial, we have added filters to narrow our search, looked at some examples of accessing full text, and used the “Similar articles” feature.