Publically Available Content

Date revised: 4 August 2021

Publicly Available Content is a collection of open access content from over 3,500 sources around the world including journal articles, pre-prints, conference papers and reports. About half the content comes from early-research working papers and pre-prints not available anywhere else making Publicly Available Content an excellent source of break-through science.

Designed to complement other databases and collections, the database provides the full text or links to the full text for publicly available scholarly content. It includes content from major subject repositories such as arXiv and BioRxiv as well as open access journals.

Full bibliographic information is provided along with the full text, and subject keywords facilitate precise subject retrieval.

Publicly Available Content covers a wide range of subject areas in the life sciences, physical sciences and engineering including (but not limited to):

Biology	Clinical trials	Chemistry
Genetics	Computer science	Economics
Medical research	Mathematics	Astronomy
Pharmacology	Statistical analysis	Climate change
Clinical medicine	Physics	Environmental science
Public health	Mechanical engineering	Electronics

A link to the full text of articles in Publicly Available Content will be presented with the results from other databases when a match is found, thus allowing seamless access to open access full text results in any Dialog search.

Use Publicly Available Content to answer such questions as:

- What is the latest evidence for anti-PD-1 therapies in the treatment of cancer?
- What is the influence of swab type on the results of point-of-care tests?
- Are there any systematic reviews on bone mineral density and ulcerative colitis?
- What are the adverse effects of heparin?

Date coverage 1970-present

Update frequency Daily

Geographic coverage International

Document types Journal articles, pre-prints, conference proceedings, reports.

Sources Over 3,500 journals and pre-print repositories in 81 countries.

Publisher

Publicly Available Content is produced by ProQuest.

ProQuest LLC
789 E. Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346
USA

Telephone: +1 (734) 761 4700
Toll-free within North America: 1 (800) 334 2564
Toll-free outside North America: 00 800 33 34 2564
E-Mail: customer@dialog.com

Sample document – citation & abstract

Publicly Available Content

Full text « Back to results

Add to selected items | Order full text | Save to My Research | Em

TI

Can Ipilimumab restore immune response in advanced NSCLC after progression on anti- PD -1/ PD-L1 agents?

AU,AUFN,AULN

Sternschuss, Michal; Peled, Nir; Allen, Aaron M; Dudnik, Elizabeth; Rotem, Ofer; et al.

PUB

Thoracic Cancer 11.8: 2331-2334. John Wiley & Sons, Inc. (Aug 2020)

Highlighting: Off | Single | Multi

AB

Abstract (summary) Translate [unavailable for this document]

Anti-PD-1/PD-L1 agents play a crucial part in the treatment of non-small cell cancer (NSCLC) demonstrating improved overall response rate (ORR) and overall survival (OS). Recent studies evaluating combination treatment with anti-PD-1 and anti-CTLA-4 suggests improved outcome but also increased toxicity. Evidence is scarce regarding subsequent treatment with immune checkpoint inhibitors (ICPI) after progression on anti-PD-1/PD-L1. A total of 15 patients were treated with a combination of anti-PD1 agent and ipilimumab after confirmed progression of disease on anti-PD1/PDL1 alone during 2017. Clinical data were retrieved retrospectively. Disease control rate (DCR) was defined as partial response (PR) or stable disease (SD). The overall DCR was 33.3% (n = 5); two patients with PR and three patients with SD, three of whom had prior documented disease control on anti-PD1. The immune-related adverse event (irAE) rate was 40% (n = 6); two patients had grade 3 AE and one patient died of pneumonitis. While the median time to progression was two months (range 0.5–16), four of the five patients with PR/SD experienced durable benefit for 8–16 months. This small retrospective cohort of heavily pretreated unselected patients suggests ipilimumab might reboost the immune response in patients with advanced NSCLC following progression of disease on anti-PD1 therapy, while delaying exposure to the higher toxicity rates associated with upfront combination therapy. This strategy should be explored prospectively.

Full text Translate [unavailable for this document]

Indexing (details) Cite

SU

Subject

Patients;
Dermatitis;
Histology;
Medical prognosis;
Melanoma;
Immunotherapy;
Chemotherapy;
Disease control

TI

Title

Can Ipilimumab restore immune response in advanced NSCLC after progression on anti- PD -1/ PD-L1 agents?

AU,AUFN,AULN

Author

Sternschuss, Michal [1] ; Peled, Nir [2] ; Allen, Aaron M [1] ; Dudnik, Elizabeth [1] ; Rotem, Ofer [1] ; Kurman, Noga [1] ; Gal, Omer [1] ; Reches, Hiba [1] ; Zer, Alona [3]

AF

[1] Davidoff Cancer Center, Rabin Medical Center, Petah Tikva, Israel

[2] The Legacy Heritage Oncology Center, Soroka Medical Center, Beer-Sheva, Israel; Ben Gurion University of Negev, Beer-Sheva, Israel

[3] Davidoff Cancer Center, Rabin Medical Center, Petah Tikva, Israel; Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel

LA SL	**Language**	English
	Language of abstract	English
DTYPE	**Document type**	Journal Article
PUB	**Publication title**	Thoracic Cancer
VO	**Volume**	11
IS	**Issue**	8
PG	**Pagination**	2331-2334
PBLOC	**Publisher location**	Tianjin
DOI	**DOI**	http://dx.doi.org/10.1111/1759-7714.13502
PD	**Publication date**	Aug 2020
PD	**Electronic publication date**	2020-06-16
	Document URL	https://dialog.proquest.com/professional/docview/2429598368?accountid=174335
CY	**Copyright**	© 2020. This work is published under http://creativecommons.org/licenses/by/4.0/ (the "License"). Notwithstanding the ProQuest Terms and Conditions, you may use this content in accordance with the terms of the License.
FAV UD	**First available**	2020-08-03
	Updates	2020-08-03
	Database	Publicly Available Content (1970 - current)

Sample document – full text PDF

Thoracic Cancer

Open Access

Thoracic Cancer ISSN 1759-7706

BRIEF REPORT

Can Ipilimumab restore immune response in advanced NSCLC after progression on anti-PD-1/PD-L1 agents?

Michal Sternschuss[1], Nir Peled[3,4], Aaron M. Allen[1], Elizabeth Dudnik[1], Ofer Rotem[1], Noga Kurman[1], Omer Gal[1], Hiba Reches[1] & Alona Zer[1,2]

1 Davidoff Cancer Center, Rabin Medical Center, Petah Tikva, Israel
2 Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel
3 The Legacy Heritage Oncology Center, Soroka Medical Center, Beer-Sheva, Israel
4 Ben Gurion University of Negev, Beer-Sheva, Israel

Keywords
Immune-related adverse events; ipilimumab; nivolumab; NSCLC.

Correspondence
Michal Sternschuss, Davidoff Cancer Center, Rabin Medical Center, Kaplan St., Petah Tikva 49100, Israel.
Tel: +972 3 9378007; +972 528526844
Fax: +972 3 9378044
Email: michalst3@clalit.org.il, avrahami.michal@gmail.com

The study was presented at the WCLC 2018 conference as a poster presentation.

Received: 22 January 2020;
Accepted: 7 May 2020.

doi: 10.1111/1759-7714.13502

Thoracic Cancer **11** (2020) 2331–2334

Abstract

Anti-PD-1/PD-L1 agents play a crucial part in the treatment of non-small cell cancer (NSCLC) demonstrating improved overall response rate (ORR) and overall survival (OS). Recent studies evaluating combination treatment with anti-PD-1 and anti-CTLA-4 suggests improved outcome but also increased toxicity. Evidence is scarce regarding subsequent treatment with immune checkpoint inhibitors (ICPI) after progression on anti-PD-1/PD-L1. A total of 15 patients were treated with a combination of anti-PD1 agent and ipilimumab after confirmed progression of disease on anti-PD1/PDL1 alone during 2017. Clinical data were retrieved retrospectively. Disease control rate (DCR) was defined as partial response (PR) or stable disease (SD). The overall DCR was 33.3% (n = 5); two patients with PR and three patients with SD, three of whom had prior documented disease control on anti-PD1. The immune-related adverse event (irAE) rate was 40% (n = 6); two patients had grade 3 AE and one patient died of pneumonitis. While the median time to progression was two months (range 0.5–16), four of the five patients with PR/SD experienced durable benefit for 8–16 months. This small retrospective cohort of heavily pretreated unselected patients suggests ipilimumab might reboost the immune response in patients with advanced NSCLC following progression of disease on anti-PD1 therapy, while delaying exposure to the higher toxicity rates associated with upfront combination therapy. This strategy should be explored prospectively.

Introduction

Immune checkpoint inhibitors (ICPI) play an increasingly crucial role in the treatment paradigm of metastatic non-small cell lung cancer (mNSCLC) and are now considered the standard of care in both first and advanced lines setting, demonstrating improved objective response rate (ORR) and overall survival (OS) compared with traditional chemotherapy regimens.

Different approaches are being evaluated to maximize treatment efficacy. One approach is combination of inhibitors targeting different immune checkpoints. Anti-programmed death 1 (PD-1) and anticytotoxic T cell lymphocyte-4 (CTLA-4) antibodies have distinct, complementary mechanisms of action and thus, the combination may improve antitumor immunity as demonstrated in other malignancies. A phase 1 study evaluating combination therapy in unselected treatment naïve mNSCLC patients suggested improved ORR and durable responses, at a range of 33%–37% grade 3/4 immune-related adverse events (irAEs).[1] A more recently published phase 3 trial compared combination immunotherapy to standard chemotherapy in patients with a high tumor mutational burden (TMB) and found improved progression-free survival (PFS) and ORR.[2] This trial also reported a grade 3/4 irAE rate of 31.2% as compared with 7%–26% in the major randomized control trials of single agent anti-PD-1/PD-L1.

Search fields

Field Name	Field Code	Example	Description and Notes
Abstract	AB	ab(t near/1 cell near/1 lymphoma) ab("non-small cell cancer" OR nsclc)	Almost all articles in Publicly Available Content have an abstract. Use adjacency and/or Boolean operators to narrow or broaden your search and double quotes to search for a precise phrase.
Abstract present	ABANY	"t cell lymphoma" AND abany(yes)	Add: *AND ABANY(YES)* to a query to limit retrieval to records with abstracts. Use double quotes to search for a precise phrase.
All fields	ALL	all(icpi OR "immune checkpoint inhibitors")	'All' searches all fields except the full text. Use proximity and/or Boolean operators to narrow search results.
All fields + text	--	continuous pre/1 glucose pre/1 monitoring	To search all fields including the full text, do not use any field qualifier.
Author[1] Author First Name Author Last Name	AU AUFN AULN	au("dudnik, elizabeth") aufn(elizabeth) auln(dudnik)	Names are captured as they appear in the source, so you will sometimes find authors with surname and initial(s), sometimes with surname and full first name(s).
First author	FAU	fau(sternschuss)	First name listed in Author field. It is included in the Author browse, but its position cannot be specified in the Author browse.
Author affiliation	AF	af(davidoff cancer center) af(israel)	These are the authors' affiliations and countries, when available.
Company	CO	co(medtronic) co(merck)	If a company or organization is a prominent subject of the article it is indexed and searchable with CO.
Country of publisher			See Publisher location.
Document title			See Title
Document type[1]	DTYPE	dtype(article) dtype(pre-print) dtype(report) dtype(review)	The most common document types in Publicly Available Content are working paper (also known as pre-print), article, feature and conference proceeding, but several other types are present too.
DOI	DOI	doi(10.1111/1759-7714.13502)	Digital Object Identifier. Search the portion of the number that follows http://dx.doi.org
First available	FAV	fav(20200808)	This date indicates the first time a document was loaded on Dialog.
ISSN	ISSN	issn(17597706) issn(1759-7706)	The ISSN is searchable but not displayed.

[1] A Lookup/Browse feature is available for this field in the Advanced Search dropdown or in Browse Fields.

Field Name	Field Code	Example	Description and Notes
Issue	ISS	iss(8)	Issue is also searchable via the Look Up Citation tool.
Journal title	JN	jn("thoracic cancer")	This is the full journal name (periodical title). A Look-Up list available under Publication title.
Identifier (Keyword)	IF	if(ipilimumab) su(ipilimumab)	These are keywords provided by the authors. They are not available in every document. Searchable with both IF and SU
Language	LA	la(english)	This is the language in which the document was originally published.
Language of abstract	SL	sl(spanish)	Some documents have both an English and a foreign-language abstract. Both are searchable in their respective languages.
Pagination	PG	pg(2331) pg(2331-2334)	This may be a single page number or a range. Any part of it is searchable.
Publication date	PD	pd(20190501) pd(>20180415) pd(20200101-20201231)	This is the publication date of the article. Date range searching is supported.
Publication title[1]	PUB	pub("thoracic cancer") pub(biorxiv)	This is the title of the publication.
Publication type[1]	STYPE	stype("working papers") stype(journals) stype(conference)	Most documents are from journals or working paper repositories, but a small number of other publication types are available too.
Publication year	YR	yr(2020) yr(2013-2020)	Date range searching is supported.
Publisher	PB	pb(wiley)	This is the publisher of the journal.
Publisher location	PBLOC	pbloc(united kingdom)	This is the country of the journal's publisher.
Subject[1]	SU	su(immunotherapy) su(immunotherapy and ipilimumab)	Subject terms assigned by ProQuest appear in the SU field. A search in SU also includes author keywords from Keyword/Identifier (IF)
Text	TX	tx("oncolytic viruses") tx(virus oncoliticos)	Some articles are not in English
Title	TI	ti(nsclc AND anti pd 1) ti(sindrome congenita)	This is the title of the article. TI searches the Title, Alternate Title and Subtitle, when available. If the article is in a foreign language, the Title field usually contains the original language title, and the English translation is in the Alternate title field.
Title only	TIO	tio("continuous glucose monitoring")	TIO searches the Title only, not Subtitle or Alternate title.
Alternate title	OTI	oti(congenital pre/1 syndrome) oti(sindrome congenita)	For foreign language articles, the Alternate title usually contains the English translation (with the original language title in the Title field).
Updates	UD	ud(20200808)	The date(s) the record was loaded as a result of an update provided by the supplier.

Field Name	Field Code	Example	Description and Notes
Volume of publication	VO	vo(18)	The volume is also searchable via the Look Up Citation tool.

Search tools

Field codes are used to search document fields, as shown in the sample document. Field codes may be used in searches entered on the **Basic Search**, **Advanced Search**, and **Command Line** search pages. **Limit options**, **Look up lists**, and **"Narrow results by" filters** tools are available for searching. Some data can be searched using more than one tool.

Limit options

Limit options are quick and easy ways of searching certain common concepts**.** Check boxes are available for:

Full text, Peer reviewed

Short lists of choices are available for:

Source type, Document type, Language

Date limiters are available enabling you to select single dates or ranges for date of **publication** and **updated**.

Look up lists

You can browse the contents of certain fields by using Look up lists. These are particularly useful to validate spellings or the presence of specific data. Terms found while browsing may be selected and automatically added to the Advanced Search form. Look up lists are available in the fields drop-down for:

Author, Publication, Subject

"Narrow Results By" filters

When results of a search are presented, the results display is accompanied by a list of "Narrow results by" options shown on the right-hand panel. Click on any of these options and you will see a ranked list of the most frequently occurring terms in your results. Click on a term to apply it to ("narrow") your search results. "Narrow results by" filters in Publicly Available Content include
Full text, Peer reviewed, Source type, Publication title, Document type, Subject, Company/organization, Location, Language, Publication date

Look up citation

If you need to trace a specific bibliographic reference, use the Look Up Citation feature. Find a link to this toward the top left-hand corner of the Advanced Search page, or in the drop list under Advanced on any search form; click this and you will go to a form where you can enter any known details of the citation, including document title, author, journal name, volume, issue, page, publication date, ISSN.

Document formats

Document Format	Fields	Online	Export / Download
Brief view	Title, Author, Publication title, Pagination, Publisher and Publication date	✓	
Detailed view	Same as Brief view plus a 3-line KWIC window	✓	
KWIC (Keyword in Context)	Detailed view plus all occurrences of your search terms, highlighted within the fields where the terms occur	✓	✓
Preview	Title, Author, Publication title, Pagination, Publisher, Publication date, Abstract, Subject terms	✓	
Brief citation	Bibliographic record minus Abstract and Indexing	✓	✓
Citation / Abstract	Bibliographic record plus Abstract and Indexing	✓[2]	✓
Full text - PDF	PDF of the full text	✓	
Custom	Choose the fields you want, including full text		✓[3]

Dialog Standard Terms & Conditions apply.

Contact**: Dialog Global Customer Support**
Email: Customer@dialog.com
Within North America **1 800 334 2564**
Outside North America **00 800 33 34 2564**

[2] In Online-view mode, Dialog gives access to two Document Formats only: *Brief citation*, and the 'most complete' format available. Depending on the database, or the amount of data available for a record, the most complete format may be any one of *Citation*, *Citation/Abstract*, *Full text*, or *Full text – PDF*.

[3] Custom export/download format is available in the following mediums only: HTML, PDF, RefWorks, RTF, Text only, XLS.