

HATASIZ KUL OLMAZ

Haluk VAHABOĐLU

Annals of Internal Medicine

REVIEW

Benefits and Harms of Treating Gestational Diabetes Mellitus: A Systematic Review and Meta-analysis for the U.S. Preventive Services Task Force and the National Institutes of Health Office of Medical Applications of Research

Lisa Hartling, PhD; Donna M. Dryden, PhD; Alyssa Guthrie, MSSc; Melanie Mulse, MA; Ben Vandermeer, MSc; and Lois Donovan, MD

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of Medical Applications of Research

Ann Intern Med. 2013;159:123-129.



Effects of vitamin D supplements on bone mineral density: a systematic review and meta-analysis

Ian R Reid, Mark J Bolland, Andrew Grey

Lancet 2014; 383: 146–55

Interpretation Continuing widespread use of vitamin D for osteoporosis prevention in community-dwelling adults without specific risk factors for vitamin D deficiency seems to be inappropriate.

Mechanisms of Recovery From Type 2 Diabetes After Malabsorptive Bariatric Surgery

Caterina Guidone¹, Melania Manco¹, Elena Valera-Mora¹,
Amerigo Iaconelli¹, Donatella Gniuli¹, Andrea Mari²,
Giuseppe Nanni³, Marco Castagneto³, Menotti Calvani¹ and
Geltrude Mingrone¹

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Diabetologia (2011) 54:2506–2514

DOI 10.1007/s00125-011-2204-7

ARTICLE

Reversal of type 2 diabetes: normalisation of beta cell function in association with decreased pancreas and liver triacylglycerol

**E. L. Lim • K. G. Hollingsworth • B. S. Aribisala •
M. J. Chen • J. C. Mathers • R. Taylor**

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Why we can't trust clinical guidelines

Despite repeated calls to prohibit or limit conflicts of interests among authors and sponsors of clinical guidelines, the problem persists. **Jeanne Lenzer** investigates

BMJ 2013;346:f3830 doi: 10.1136/bmj.f3830 (Published 14 June 2013)

Manufacturing consensus

Guidelines are usually issued by large panels of authors representing specialty and other professional organisations. While it might seem difficult to bias a guideline with so many experts participating under the sponsorship of large professional bodies, a worrying number of cases suggests that it may be common.

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Bilimsel Araştırmalarda Karıştırıcı Faktör ilaç sektörü

Haluk VAHABOĞLU

İSTANBUL MEDENİYET ÜNİVERSİTESİ
GÖZTEPE EĞİTİM ve ARAŞTIRMA HASTANESİ

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Göztepe, 2013

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One result of the bias in this literature is that
physicians learn to practice a very

drug-intensive style of medicine

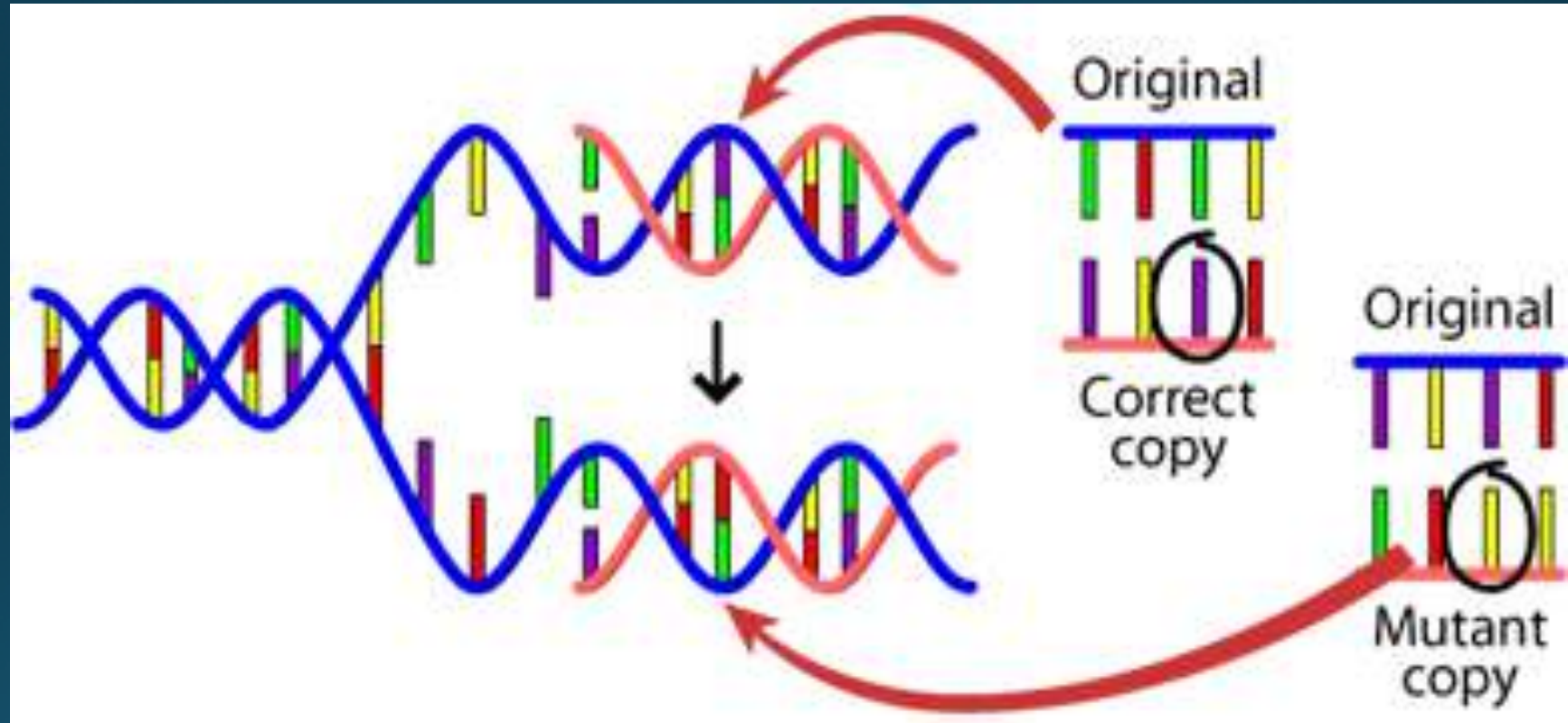
KUL HATASIZ OLABİLİR Mİ ?

ADAPTİF MUTASYON

- In general, the mutation rate in unicellular eukaryotes and bacteria is roughly 0.003 mutations per genome per cell generation
- This means that a human genome accumulates around 64 new mutations per generation because each full generation involves a number of cell divisions to generate gametes

ADAPTİF MUTASYON

- The highest per base pair per generation mutation rates are found in viruses, which can have either RNA or DNA genomes.
 - DNA viruses have mutation rates between 10^{-6} to 10^{-8} mutations per base per generation,
 - RNA viruses have mutation rates between 10^{-3} to 10^{-5} per base per generation



Rates of Spontaneous Mutation

John W. Drake,^{*} Brian Charlesworth,[†] Deborah Charlesworth[†] and James F. Crow[‡]

^{}Laboratory of Molecular Genetics, National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina 27709-2233, [†]Institute of Cell, Animal and Population Biology, University of Edinburgh, Edinburgh EH9 3JT, Scotland, United Kingdom, and [‡]Genetics Department, University of Wisconsin, Madison, Wisconsin 53706*

Mutation rates per genome per replication in lytic RNA viruses

Virus	Median μ_g
Bacteriophage Q β	6.5
Poliovirus	0.8
Vesicular stomatitis virus	3.5
Influenza A	≥ 1.0

Values are medians from Drake (1993a).

Quantification of random genomic mutations

Jason H Bielas & Lawrence A Loeb

NATURE METHODS

We have established a method that has permitted us to detect and identify rare random mutations in human cells, at a frequency of 1 per 10^8 base pairs. The assay is based on gene

Table 1 | Single-base substitutions at *TaqI* recognition site

Base substitution	Percentage
G:C → A:T	28
G:C → T:A	0
G:C → C:G	4
A:T → G:C	12
A:T → T:A	44
A:T → C:G	12

Research Article

Error Rate Comparison during Polymerase Chain Reaction by DNA Polymerase

Peter McInerney,^{1,2} Paul Adams,^{1,3} and Masood Z. Hadi^{1,3,4}

Table 1: Published fidelity (error rate) values for DNA polymerases used in this study. Due to the numerous methodological and analytical differences among studies, values are often reported as ranges. Furthermore, the references listed are meant to provide representative, but not necessarily exhaustive, documentation for error rate values. All values are given using *Taq* as the reference (1x).

Enzyme	Published error rate (errors/bp/duplication)	Fidelity relative to <i>Taq</i>	References
<i>Taq</i>	$1-20 \times 10^{-5}$	1x	[4, 7, 9]
AccuPrime- <i>Taq</i> , HF	N/A	9x better	Vendor website
KOD	N/A	4x better, 50x better	[13, 14]
<i>Pfu</i>	$1-2 \times 10^{-6}$	6-10x better	[4, 15]
Phusion Hot Start	4×10^{-7} (HF buffer), 9.5×10^{-7} (GC buffer)	>50x better (HF buffer), 24x better (GC buffer)	[16], Vendor website

authenticity.

↑ Current Issue | vol. 99 no. 10 > Gang Xia, 6597–6602, doi: 10.1073/pnas.102577799



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Directed evolution of novel polymerase activities: Mutation of a DNA polymerase into an efficient RNA polymerase

Gang Xia, Liangjing Chen, Takashi Sera, Ming Fa, Peter G. Schultz*, and Floyd E. Romesberg*

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**BU MİKROORGANİZMADA NEDEN
DAHA AZ HATA YAPAN POLİMERAZ
ENZİMİ YOK ?**

DURUM A

1. Nabız
2. Solunum
3. Vücut ısısı

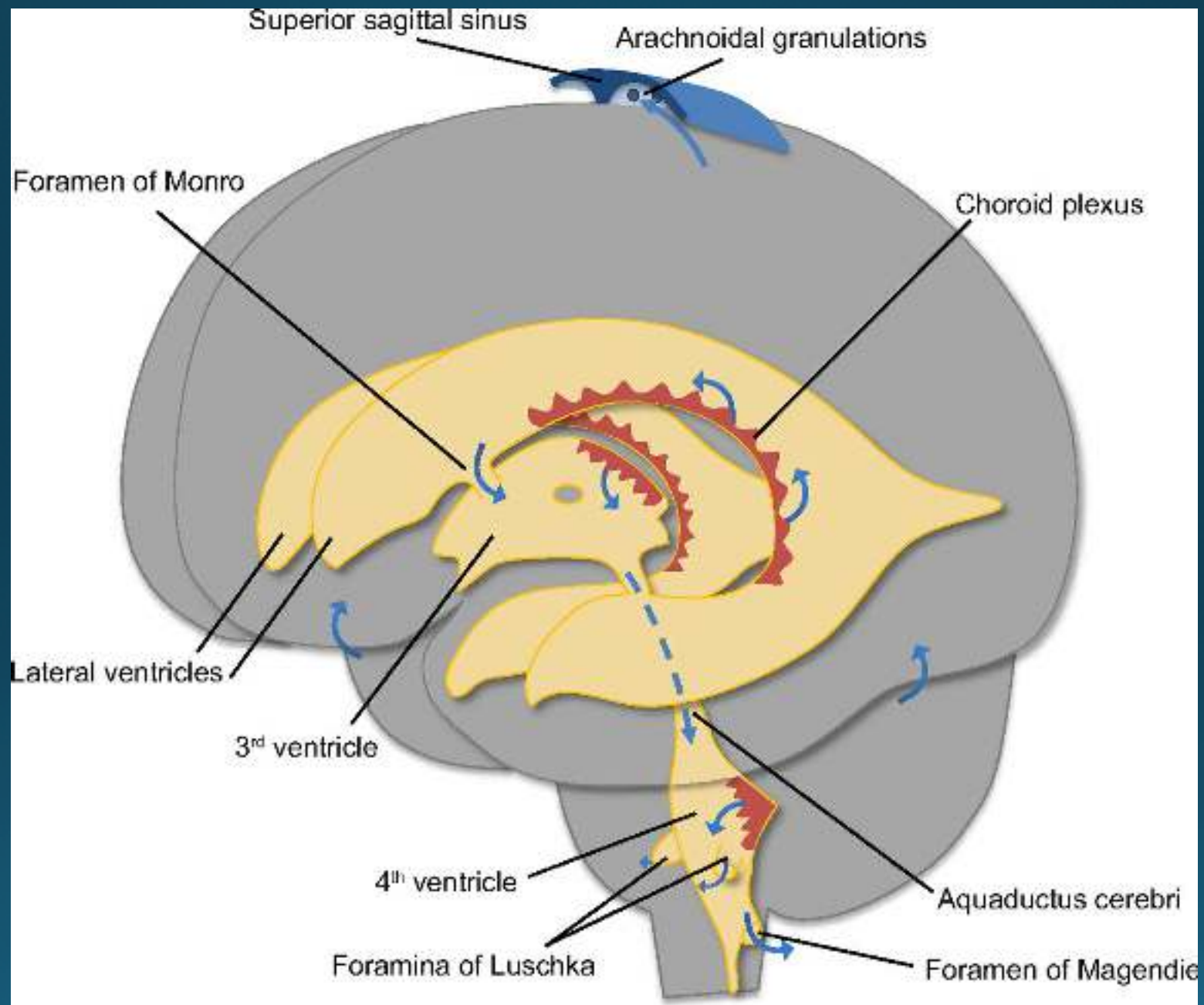
80 atım/dk
16 kez/dk
37 °C

ENFEKSİYON

DURUM B

1. Nabız
2. Solunum
3. Vücut ısısı

100 atım/dk
22 kez/dk
38.3 °C



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Is Hypothermia in the Victim of Major Trauma Protective or Harmful?

A Randomized, Prospective Study

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