

Website updates, EMS  
Reminders, *Evidence-Based Practice*  
November 2015, and this month's  
PURLs journal club toolkit



# FPIN Community Bulletin

February 2016

Dear <<First Name>>,

**Some members have been experiencing technical difficulties with some areas of our website. We sincerely apologize for the inconvenience.**

Our IT department has informed us that this is an external firewall issue outside of FPIN. There are certain networks that cannot access our pages because of their internal security settings.

**We recommend trying either of the following:**

1. Ask your IT department to add permissions for Java and ActiveX plugins.
2. Try disconnecting from your University/clinic's Wi-Fi network and use your cell

phone/tablet/laptop on your personal data/hotspot plan to connect to our webpage.

If after attempting these solutions you are still encountering error messages or issues logging in please contact our office for assistance: (573) 256-2066.

We appreciate your patience and assistance while we attempt to resolve this issue.

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## Keeping up with FPIN's EMS!

### Name your files the right way:

Authors, please remember to submit each file with the following in the file name:

1. Two or three word descriptor from the question (ie, Tylenol for Headaches)
2. Version number - number of drafts you have submitted to the EMS (V1, V2, V3, etc.)

Your document name should like this: **Tylenol for Headaches V1**

The order of files in your EMS submission should be as follows:

1. Most recent manuscript draft
2. Table (if applicable)
3. References
4. Author Disclosure
5. Previous drafts of manuscript

### For HDA Faculty Corresponding Authors, always remember to...

- Submit your Author Disclosure form when you are submitting your first drafts. The form must be filled out by the corresponding author and any additional co-authors and be saved as one PDF copy. You can obtain a copy of the form [here](#).
- Only submit first drafts as **Microsoft Office Word Documents**. References and tables can be in the form of a PDF or an Excel file.
- Respond to your invitation within **10 days!** If you did not respond but would still like to author the question, please contact Adelina Colbert via email or at 573-256-2066.

For more EMS resources, including a FAQ section, check out the [EMS Help Page](#)! Get in touch with Adelina Colbert at [Adelina@fpin.org](mailto:Adelina@fpin.org) or at 573-256-2066 for any other EMS-related questions.

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## FPIN Reminders:

### Universal member password update --

The member universal password was updated as of July 1, 2015. The new password is: **family1516**

This password is for everyone at your program as we no longer have individual u/p. You can use this password to:

- [Access the FPIN Institute](#), including the PURLs Journal Club
- [Sign-up or propose you own questions](#)
- [Read past issues of \*Evidence-Based Practice \(EBP\)\*](#)
- [Access past FPIN Community Bulletins](#)

If you need additional support with accessing the website content, you can email [membership@fpin.org](mailto:membership@fpin.org) or call 573-256-2066.

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## ATTENTION: News from the *Evidence-Based Practice* Editorial Staff

Please note that due to lack of participation, *Evidence-Based Practice* will no longer be able to offer CME after December 31, 2015. If you have any questions or concerns regarding this, please don't hesitate to contact us at [ebp@fpin.org](mailto:ebp@fpin.org).

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FPIN  
presents  
**Evidence-Based  
Practice**

### February issue highlights:

- Treatment of hairy leukoplakia



- Manual extraction of the placenta
- Conservative treatment options for pelvic floor dysfunction

View the February Issue

#### IN DEPTH

### What is the risk of restenosis after drug-eluting stent placement?

#### Evidence-based answer

The rates of restenosis requiring revascularization for drug-eluting stents are 4% to 6% at 6 months and 7% to 10% at 3 years (SOR: A, systematic review of RCTs). Newer generation drug-eluting stents with everolimus and zotarolimus provide better results, with revascularization rates of 3% at 2 years (SOR: B, retrospective cohort study).

#### Evidence summary

A 2010 systematic review of 47 RCTs compared drug-eluting stents and bare metal (non-eluting) stents in 14,891 patients with stable angina or acute coronary syndrome who underwent percutaneous transluminal coronary angioplasty.<sup>1</sup> Patients were followed for up to 5 years after stent placement.

Antiproliferative agents studied in some of these RCTs included the 3 drugs currently approved by the US FDA in drug-eluting stents: everolimus, paclitaxel, and zotarolimus. This systematic review examined 3 RCTs containing 76 patients treated with everolimus-eluting stents, 16 RCTs containing 3,514 patients treated with paclitaxel-eluting stents, and 1 RCT containing 598 patients treated with zotarolimus-eluting stents.<sup>1</sup>

Restenosis, defined as narrowing of a previously stented coronary vascular lesion, can occur after treatment with drug-eluting stents. Target lesion revascularization (TLR) rate is a measure of clinically significant restenosis requiring repeat revascularization. The TLR rates for coronary stents with the 3 FDA-approved antiproliferative agents are provided below (see TABLE), but were not compared statistically.<sup>1</sup>

A 2012 retrospective cohort study in Sweden compared "new-generation" drug-eluting stents (n-DES), "old-generation" drug-eluting stents (o-DES), and bare metal stents (BMS) in all patients with coronary stent placement from November 2006

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## PURLs Journal Club



The nature of PURLs is that they are practice-changing updates from current research literature. This means that occasionally there are times when no research is considered to be "practice changing" by FPIN experts and therefore no PURL articles are written. On months like this one, we've decided to update previous PURLs Journal Club materials.

The toolkit below will take you to the October 2015 Journal Club, with an added teaching point on "confounding".

February 2016: UPDATE--It's time to reconsider Aneuploidy Screening: Newer noninvasive test gains transaction

#### Includes:

Instructions

Detailed presenter/speaker notes

This month features the teaching points: Clinical vs Statistical Significance, Confounding (Updated)

Journal club worksheet

Copy of the published PURL

Potential PURL review form

Log into the [FPIN Institute](#) to access the journal club toolkits. Remember to enter the new universal password: family1516

***“FPIN supports a collaborative learning community for primary care clinicians, learners, and faculty to promote and disseminate evidence-based scholarship. We improve patient care by translating research into practice.”***



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