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**RESEARCH REPORTS**

**Background**
Brief (2–3 sentences) description of why the study is needed and its importance to the field.

**Objective**

1. Concise (1–2 sentences) statement of the objective or hypothesis to be addressed.
2. Primary objective identified and stated first, followed by any key secondary objectives.

**Methods**

1. **Design:** Clear statement of the study’s design, including all aspects (eg, parallel group, randomized, blinded). Indicate if Institutional Review Board or other ethical considerations were needed and/or approved.
2. **Participants and setting:** The most pertinent inclusion and exclusion criteria, and the setting within which the study was conducted.
3. **Interventions:** Complete details on treatment (eg, drug dose, route of administration, and duration of administration) and, if pertinent, control interventions.
4. **Outcome:** Primary and secondary outcome measures, identified as such.

**Results**

1. **Number of participants:** Total number, with breakdown into defined groups (eg, treatment, control) shown, followed by number of participants analyzed, again with breakdown into defined groups shown.
2. **Outcome:** Numbers of participants and events shown, with summary of the outcome in each group reported as effect size (eg, relative risk, odds ratio) and precision (confidence interval). Data on all outcome measures and any negative and/or non-significant findings must be included.
3. **Adverse events/safety:** Any unintended effects shown; if none, that should be stated.
4. **Limitations:** Factors affecting accuracy or generalizability of results (eg, small sample size, open-label design).

**Conclusions**

1. Conclusions (not summary) of the study, based
only on the results shown, with balance of benefits and harms.
2. Clinical application of the findings, based only on the data obtained (ie, avoid overgeneralization) and whether more study is needed before findings should be implemented into clinical practice

Research Report abstract example:

**Background:** Argatroban is the only commercially available Food and Drug Administration (FDA)–approved anti-coagulant for managing heparin-induced thrombocytopenia (HIT). However, bivalirudin may be an attractive alternative. **Objective:** To assess the efficacy and safety of argatroban and bivalirudin in patients with suspected HIT. **Methods:** This single-center, retrospective analysis included patients who received argatroban or bivalirudin for at least 24 hours between January 1, 2000, and June 30, 2012. The primary end point assessed anticoagulation goals, specifically time to therapeutic activated partial thromboplastin time (aPTT) goal and percentage of aPTT values within therapeutic range. Secondary end points included new thromboembolic events, bleeding, and mortality. **Results:** Of the 68 patients who met the inclusion criteria, 48 received argatroban and 20 received bivalirudin. Baseline characteristics were similar between the 2 groups except for age, percentage of patients with liver dysfunction, aPTT immediately prior to drug initiation, and the serotonin release assay results. The mean ± SD times to reach therapeutic aPTT goal for argatroban and bivalirudin were 14 ± 15 and 7 ± 8 hours, respectively \((P = 0.024)\). The mean ± SD percentage of aPTT values within therapeutic aPTT goal was 69% ± 23% for argatroban and 84% ± 18% for bivalirudin \((P = 0.005)\). Rates of thromboembolic events were similar between the 2 groups, as were the rates of bleeding and all-cause mortality. **Conclusions:** Bivalirudin appears to reach therapeutic aPTT goal faster with more aPTT values within therapeutic aPTT goal while achieving similar clinical outcomes. Although not approved by the FDA for managing HIT, bivalirudin may be an attractive alternative anticoagulant.

**REVIEW ARTICLES**

**Objective**
Explain the rationale and goals for the review.

**Data Sources**
Provide specific search details in the abstract and specify the resources employed in the search and include date ranges, search terms, and limits.

**Study Selection and Data Extraction**
Quantify the original reports included and how they were chosen, as well as the methods used for abstracting the data. **Data Synthesis**
Summarize main results and provide interpretation of the data from various studies.

**Conclusions**
Summarize the key “take-home” points from the review. **NOTE:** Reviews that can only conclude with the suggestion that “additional studies are needed” will be of a lower priority than reviews that can provide direct clinical recommendations or assessments as based on the literature being reviewed.

**Review Article abstract example:**

**Objective:** To evaluate the safety and efficacy of droperidol for the relief of acute migraine headaches. **Data Sources:** A MEDLINE search (1946 to August 2014) was performed using the following keywords and associated medical subject headings: droperidol, inapsine, headache, migraine, and migraine disorder. **Study Selection and Data Extraction:** The search was conducted to identify randomized controlled trials comparing droperidol with placebo or an active control in adult patients with acute migraine headaches that were published in English. **Conclusions:** Parenteral droperidol is an effective option for the treatment of acute migraine. The minimum effective dose is 2.5 mg given IM or IV. Clinicians must be aware of the risk for adverse events, select appropriate patients, perform EKG monitoring for patients at risk of QTc prolongation, and institute treatment if necessary.

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**Article**

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**Abstract**

**Journal Supplement**
Loghin C, De La Pena A, Cui X, Geiser JS, Chien JY. Pharmacokinetics of once daily dulaglutide in special populations. *Diabetologia.* 2014; 57(suppl 1):A880.23.

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