



**UNIVERSITÉ  
DE LORRAINE**



**FACULTÉ DE  
MÉDECINE / MAÏEUTIQUE /  
MÉTIER S DE LA SANTÉ à NANCY**

**IPA2**

**SÉANCES 5 & 6 : OUTILS POUR LES ILLUSTRATIONS, ÉCRIRE LE TEXTE**

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# TYPOLOGIE & PRINCIPES DE BASE

- Tableaux
- Graphiques
  - Histogrammes
  - Courbes
  - Camemberts
  - Etc.
- Cartes
- Diagrammes
- Photographies
- Dessins
- Logos

Pertinence

Texte d'accompagnement

Couleurs cohérentes et compatibles

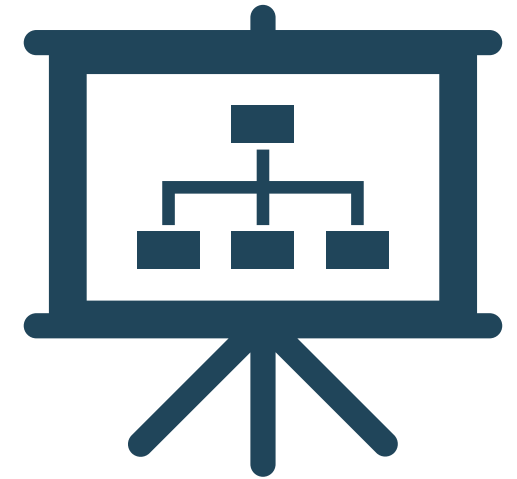
Respect de l'échelle

Pas de distractions

Droits d'auteur !

# 10 OUTILS EN LIGNE POUR LES GRAPHIQUES

1. <https://venngage.com/features/graph-maker>
2. <https://developers.google.com/chart/>
3. <https://rawgraphs.io/>
4. <https://livegap.com/charts/index.php?lan=en>
5. <https://www.onlinecharttool.com/>
6. <https://www.canva.com/graphs/>
7. <https://www.rapidtables.com/tools/chart-maker.html>
8. <https://www.visme.co/graph-maker/>
9. <https://www.chartgo.com/index.jsp>
10. <https://infogram.com>



# LE TEXTE

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## Quantité

400-600 mots



## Taille

Titre

En-têtes

Corps



## Structure

# LE TITRE

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- Concis
- Précis
- Sujet et méthode ou déclaratif
- Lisible à 2 mètres

Titre

Auteurs

En-tête

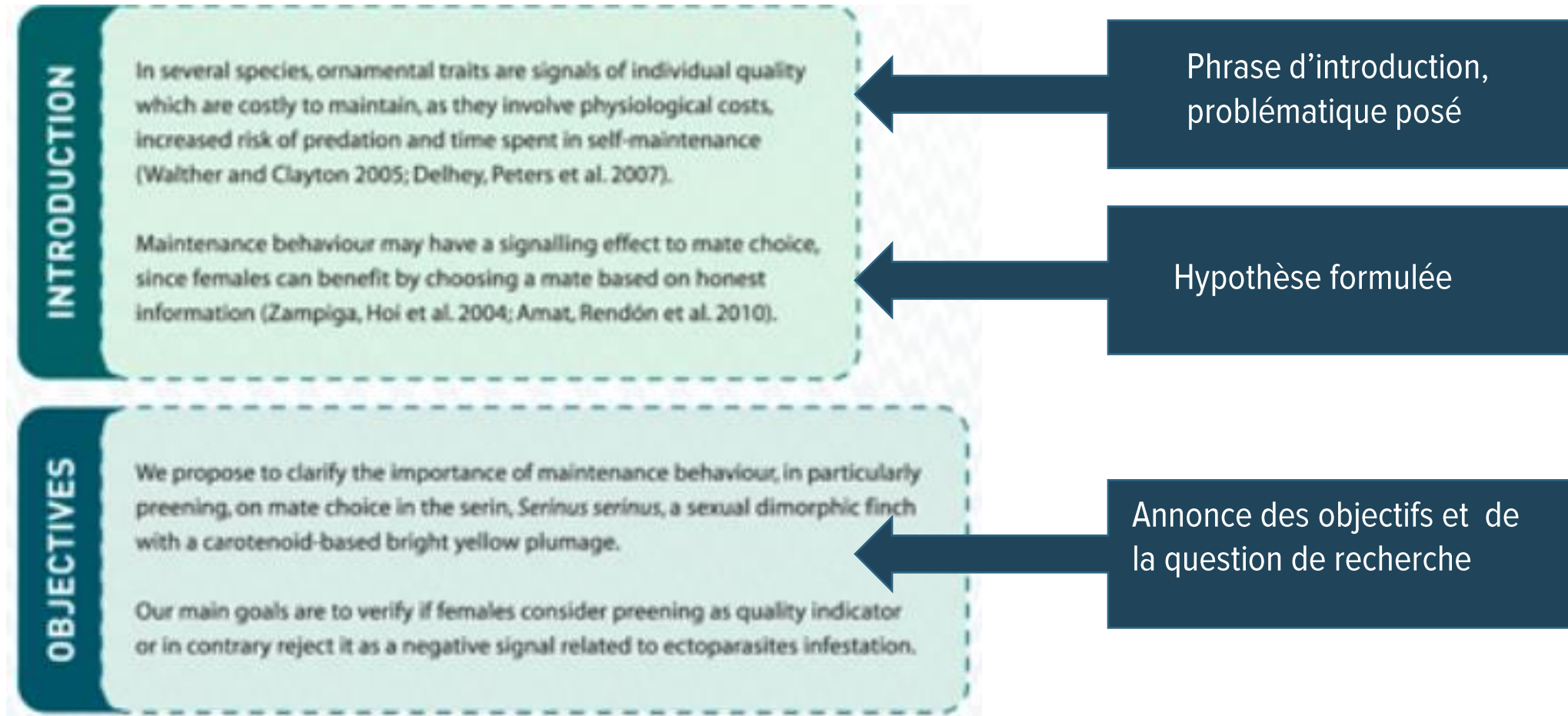
Corps du texte

En-tête

Corps du texte

# INTRODUCTION

Intitulés alternatifs : context, background, study rationale



# MÉTHODES

Reprise des éléments du protocole

- Sources
- Mots clés
- Dates
- Critères d'inclusion et exclusion
- Analyse de qualité
- Eventuel traitement de données

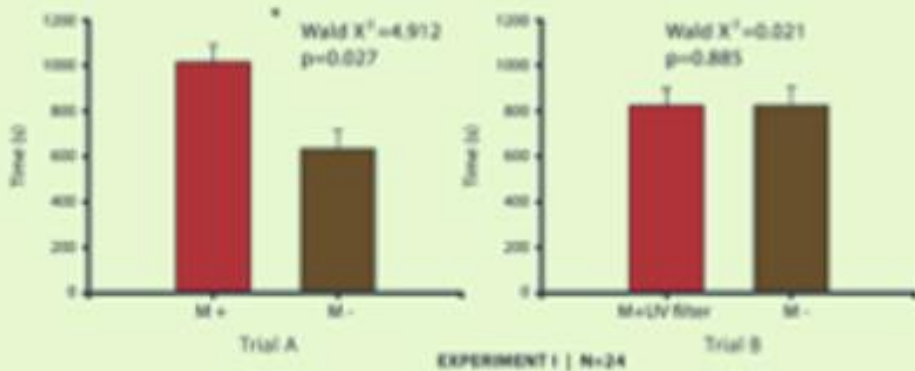


# RÉSULTATS

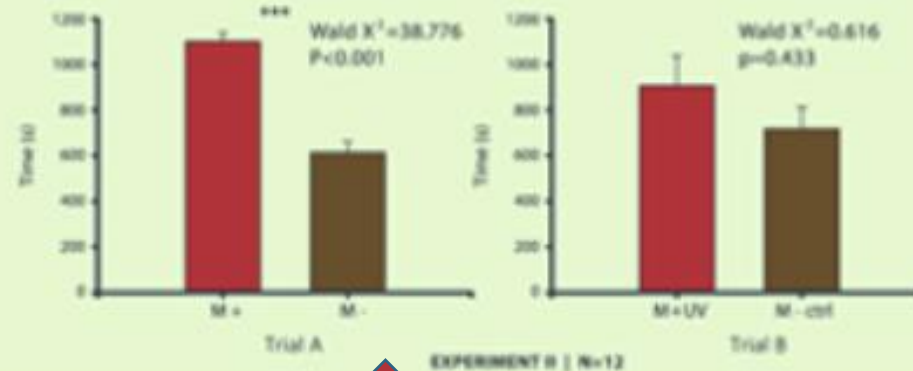
Phrase courte et claire pour accompagner le graphique

Place aux illustrations !

Females preferred more colourful males (A). When the UV-light of the preferred ones was blocked, females stop exhibiting preference (B).



Females preferred more colourful males (A). When the UV was blocked directly in M+ plumage, females didn't show any preference (B).



Informations pertinentes sur le graphique

RESULTS

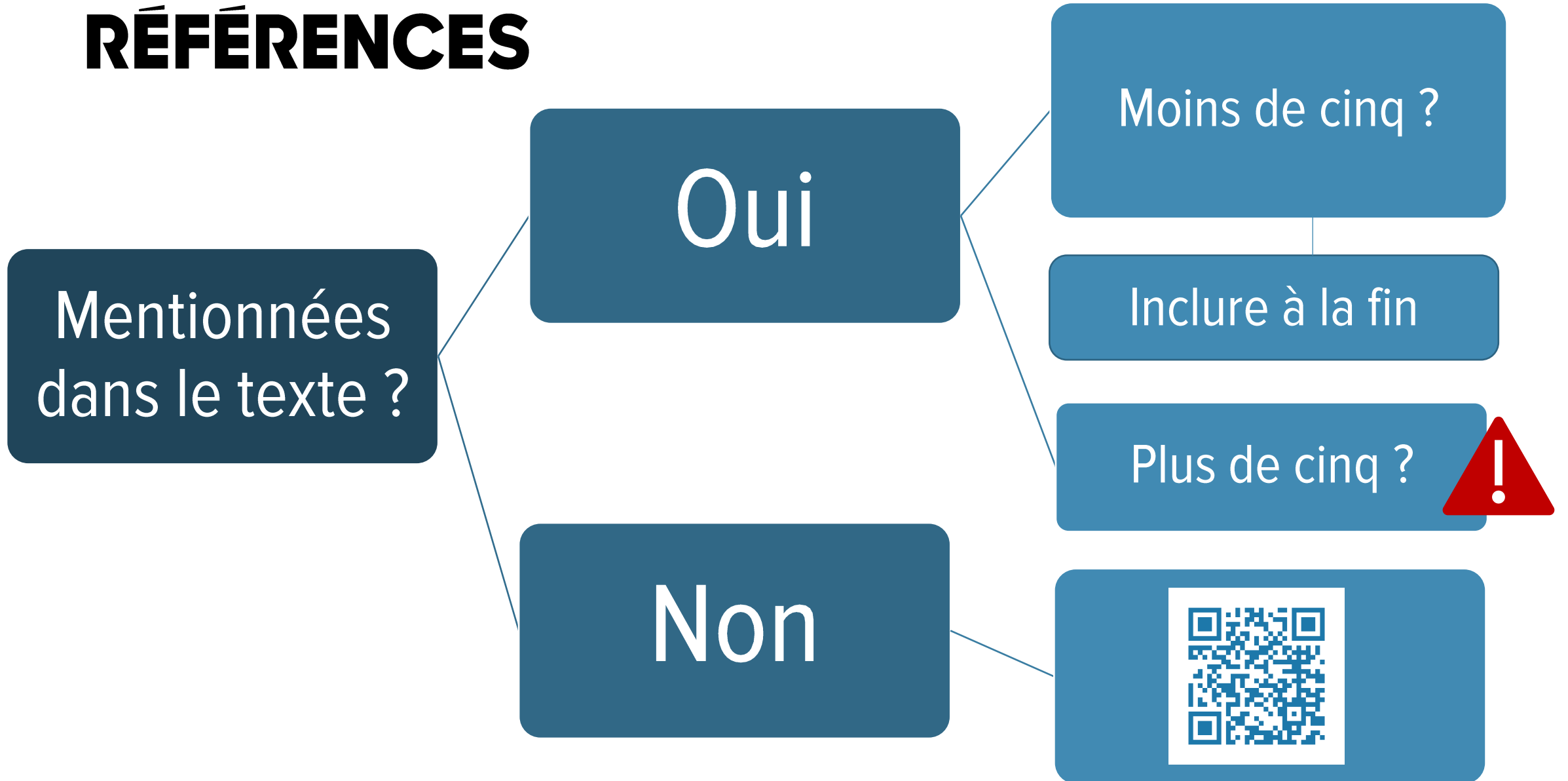


# CONCLUSION(S?)

## CONCLUSIONS

- Individuals showed repeatability in the four behavioural tests.
- Males and females differed in their consistency and behavioural responses across the different tests.
- Behavioural traits were correlated, indicative of a possible behavioural syndrome, but differed between females and males: More neophobic males were also more sociable, and females that were more sociable were less fearful and marginally less explorative.
- In mate choice tests, female personality was related with its own behavioural performance.
- Our results stress the importance of looking for sex differences in personality, and for considering the influence of personality in mate choice context.

# RÉFÉRENCES



# EXEMPLE DE POSTER CRÉÉ À PARTIR D'UNE REVUE DE LA LITTÉRATURE



## A Pragmatic Literature Review to Identify Economic Outcomes for Repurposed Drugs in Rare Diseases

Emma Drane,<sup>1</sup> Kate Hanman,<sup>2</sup> Elizabeth Walker,<sup>2</sup> Rick Thompson<sup>3</sup>

<sup>1</sup>Costello Medical, Cambridge, UK; <sup>2</sup>Costello Medical, London, UK; <sup>3</sup>Findacure, Cambridge, UK

PSY158

### Objectives

- To conduct a two-stage pragmatic literature review (PLR):
  - Stage 1: Identify drugs that have been repurposed in rare diseases.
  - Stage 2: Identify economic evidence relating to these rare diseases and repurposed drugs.

### Background

- Repurposing generic drugs offers a quick and accessible route to deliver new treatments for rare diseases, however, there is limited research into how widely repurposed drugs are used and the associated costs.<sup>1</sup>

### Methods

#### Overview

- A PLR for Stage 1 was conducted, followed by the implementation of a prioritisation criteria to identify rare disease and repurposed drug combinations to be searched for in Stage 2.

#### Stages 1 and 2

- Search strategies are presented in Table 1.
- All records identified at the abstract/full-text phases were assessed by a single reviewer against the eligibility criteria, with a second reviewer assessing all included articles and 50% of excluded articles.
- Data extraction was performed by a single extractor and reviewed by a second extractor.

#### Prioritisation Criteria

- Following completion of Stage 1, identified rare disease/repurposed drug combinations were selected to inform the search strategies for Stage 2, based on:
  - Publication study type – case reports were de-prioritised.
  - Combinations previously highlighted as relevant by Findacure.

### Results

#### Overview

- Fifty-one articles were included, identifying 167 rare disease/repurposed drug combinations (Figure 1a).

Table 1. Search strategies for Stages 1 and 2

Search Strategy	Stage 1 <sup>a</sup>	Stage 2 <sup>b</sup>
Databases	MEDLINE, Embase, CDSR, CAME, CENTRAL, NHS-ED, HIND	MEDLINE, Embase, CDSR, CAME, CENTRAL, NHS-ED, HIND
Congresses	ICORD, ECRD, ISPOR Annual European and International Meetings, World Congress on Rare Diseases and Orphan Drugs, World Orphan Drug Congress	International Rare Diseases Research Consortium National Organization for Rare Diseases
Websites	Google	Google
Online Search Engines	Google	Google
Search Terms	General terms for rare diseases and repurposed-drugs	The specific names for rare diseases and drugs identified at Stage 1 and economic terms
Eligibility Criteria	Patients receiving a repurposed drug for a non-oncological rare disease	The specific names of the repurposed drug for a rare disease
Intervention	A drug that has been repurposed for a rare disease	The specific names of the repurposed drug for a rare disease
Comparator	Any or none	Any or none
Outcomes	Any	Economic outcomes including: • CUG • Leds • Incremental costs • QALYs • ICERs
Other	Articles in the English language of any study type	Articles in the English language of any study type

<sup>a</sup>Database searches performed on 30 June 2017. <sup>b</sup>Database searches performed on 6 November 2017. CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CAME: Cochrane Meta-Analysis; ECRD: European Congress on Rare Diseases and Orphan Drugs; HIND: Health Technology Assessment Database; ICOR: incremental cost-effectiveness ratio; ICER: Incremental Cost-Effectiveness Ratio; ISPOR: International Society for Pharmacoeconomics and Outcomes Research; NHS-ED: year period; NHS-ED: National Health Service Economic Evaluation Database; CDSR: quality-adjusted life years.

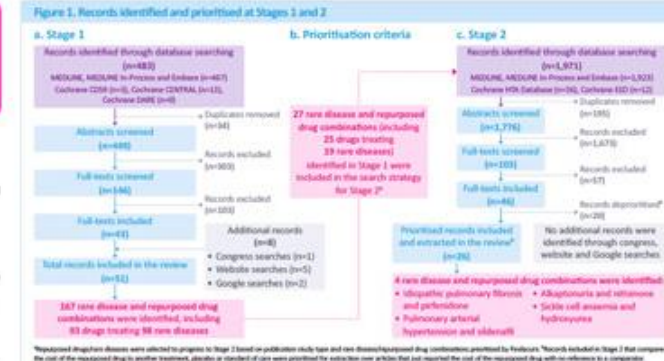
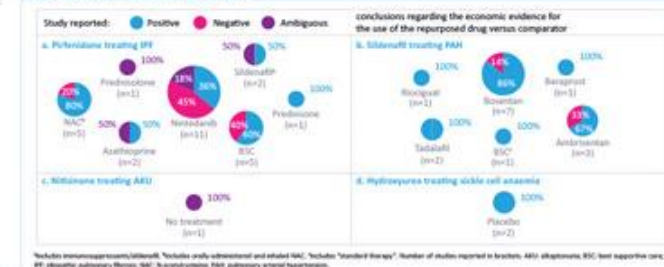


Figure 2. Economic conclusions from Stage 2



- Prioritisation: Following implementation of the criteria, 27 rare disease/repurposed drug combinations were prioritised, consisting of 25 repurposed drugs treating 19 rare diseases (Figure 1b).
- Forty-six articles fulfilled the Stage 2 eligibility criteria, of which 26 were prioritised for extraction as they compared the cost of the repurposed drug to another treatment, placebo or standard of care (Figure 1c).
- The 26 extracted articles identified four rare disease/repurposed drug combinations: pifedronil/idiopathic pulmonary fibrosis (IPF); sildenafil/pulmonary arterial hypertension (PAH); nifedipine/atrioventricular (AV) nodal block; hydroxyurea/sickle cell anaemia (Figure 1d).
- Two studies compared hydroxyurea treatment to placebo in sickle cell anaemia, with both authors reporting hydroxyurea to be cost-saving or cost-effective (Figure 2d).<sup>2,3</sup>

### Conclusions

- Given the substantial number of generic drugs repurposed for rare diseases and the potential cost-effectiveness benefits, only a small number of publications examined associated economic outcomes.
- Generic drugs show promising economic outcomes when repurposed in rare diseases. However, there is significant variation in results and limited published data, with a very wide variance in the included comparators and cost metrics used, indicating that further research is required.

References  
1. Han E, et al. Drug Repurposing. *The New England Journal of Medicine* 2017; 376: 100-108.  
2. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
3. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
4. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
5. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
6. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
7. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
8. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
9. Han E, et al. *Value Health* 2015; 18(1): 100-108.  
10. Han E, et al. *Value Health* 2015; 18(1): 100-108.



# EN PRATIQUE...

## INTRODUCTION

Enoncer le problème au sens large  
(1 à 2 phrases)

S'appuyer sur l'existant pour faire ressortir  
ce qui reste à savoir

Exprimer votre question de recherche ou  
hypothèse et l'objectif de l'étude

## EXEMPLE

Women have had to campaign to be able to take part in endurance running events such as the marathon which was not allowed until 1972 for reasons usually related to largely false claims about the physical risks specific to women. Over forty years later some of these claims are still commonly heard, such as the risk of pelvic organ prolapse. No studies in the literature seem to support this claim, and most focus on running after a prolapse. We therefore sought to identify the risk factors which have been shown to be statistically significant in order to establish the real causes.

## **METHODS**

A search was conducted in **DATABASE NAMES** for resources published between **YEAR1** and **YEAR2** in **LANGUAGES** and **OTHER CRITERIA**. The keywords '**KEYWORD1-N (list)**' were used in all relevant combinations, and inclusion criteria were **CRIT1...** This yielded a total of **X** records, from which we excluded **Y** because **REASON1** or **REASON2...** after evaluation.

## **Results**

Texte minimal. Place aux éléments visuels : Illustrations accompagnées d'explications

## **Conclusion**

Décrire les observations principales de vos lectures et mettre le doigt sur des problèmes qui demeurent le cas échéant. Evoquer d'éventuelles pistes de recherche.

# CALENDRIER

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DÉBUT OCTOBRE : RÉDACTION DE LA  
SECTION MÉTHODES  
FIN OCTOBRE – TERMINER REDACTION :  
ENVOYER TEXTE PAR MAIL



JUSQU'AU 15 NOVEMBRE :  
ENVOYER PREMIER JET DE LA  
MISE EN PAGE



22 NOVEMBRE : SÉANCE CE  
CRITIQUE COLLECTIVE



24 ET 29 NOVEMBRE :  
SÉMINAIRES D'ÉVALUATION