How To Create a MyBibliography Link

Followed by Managing your NCBI Bibliography
Creating Your MyBibliography Link
Why We Need It

• Your MyBibliography link is required for the new NIH Biosketch format.

• The link is placed after the Contribution to Science Section.

• This is the way it will look in your biosketch:

  Complete List of Published Work in MyBibliography:
  http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending
Logging In

• Go to NCBI

• In the top right, click Sign in to NCBI
Click the eRA commons button to login with your eRA commons account.
After logging in you should see this screen:
Click on MyNCBI
Make your bibliography public

My Bibliography says it is Private, click here to make Public

To manage or see your bibliography, this is the quickest way to get there
Click on Public

Then click Save
After clicking Save - Your screen will look like this

This is the URL you must Copy and Paste into your new NIH Biosketch.
Check Your Bibliography

• Do a pass through of your bibliography and make sure it is correct and that all of the articles comply.

• If it is not correct and you need to make changes, see the following slides
Checking Your Articles for Compliance
The Green Check means that this article is compliant. No further action required. If you have a Red Check or a Question Mark you need to edit status. Click Edit Status.
After Clicking Edit Status: You See This Screen

Choose Yes or No. If the answer is No then you are done. If Yes then see below

Choose that which applies

Click Save and Close
Adding and Removing Articles
To make changes, click the box by the Journal Article
Then use the menu buttons to move or delete publications as needed.
After clicking Add Citation this window appears.

Choose the appropriate database from the drop down. PubMed should have most journal articles.

Then click here.
Adding an Article From PubMed

This is the screen you are brought to, click Advanced.
Use the Search Function to find your articles. We suggest starting with Author. If you know the article information, use multiple authors to find the exact article.
Once you click Search either a specific article or a list will appear.
List View

Select those articles you would like to add to your Bibliography

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Click Add to My Bibliography
Antifungal prophylaxis in chemotherapy-associated neutropenia: a retrospective, observational study

Background: In August 2002, the antifungal prophylaxis algorithm for neutropenic hematologic/oncology (HBO) patients was changed from conventional amphotericin B (AMB) to an azole (AZ) based regimen (fluconazole [FLU] in low-risk and voriconazole [VOR] in high-risk patients). The aim of our study was to compare outcomes associated with these two regimens, including breakthrough infections and costs.

Methods: Adult, non-febrile, HBO patients who received prophylactic AMB from 1 August 2001-30 July 2002 or AZ from 1 August 2002-30 July 2003 were retrospectively evaluated. A total of 70 patients (AMB: n = 161; AZ: n = 216) associated with 560 hospitalizations (AMB: n = 259; AZ: n = 321) were included. The incidence of probable/possible breakthrough Aspergillus infections was similar among regimens (AMB: 2.4% vs. 1.2% p < 0.0001) and severe renal dysfunction (16.4% vs. 13.6%, p < 0.05) occurred more frequently in the AZ group. Patients treated with VOR were found to have an increased rate of severe hepatic toxicity (32.5% vs. 22.6% FLU 21.4%, p = 0.05). While the AMB period was associated with a $59,000 increase in mean total expanded hospitalization and mean acquisition cost associated with AMB was only $547/hospitalization more than AMB.

Conclusion: While an AZ-based regimen is associated with increased cost, the reduced rate of nephrotoxicity and availability of oral dosage forms suggests that azoles should be used preferentially over AMB. However, an increased rate of severe hepatic toxicity may be associated with the use of VOR.

PMID: 17865773 [PubMed - Index for MEDLINE]  PMC: PMC1925600
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