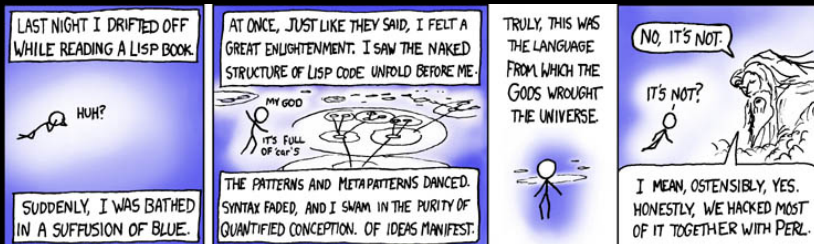# Literature Management with Perl and Emacs

Stefan Washietl

EMBL-European Bioinformatics Institute, Hinxton/Cambridge, UK

Part 1. A PubMed Interface for Emacs

Part 2. Automatic downloading of PDFs

Part 1.

A PubMed Interface for Emacs

EMACS
The Extensible, Customizable Self-Documenting Display Editor

by

Richard M. Stallman

Abstract: EMACS is a display editor which is implemented in an interpreted high level language. This allows users to extend the editor by replacing parts of it, to experiment with alternative command languages, and to share extensions which are generally useful. The ease of extension has contributed to the growth of a large set of useful features. This paper describes the organization of the EMACS system, emphasizing the way in which extensibility is achieved and used.

Keywords: Display, Editor, Extensible, Interactive, Self-documenting

Motivation

- Apparently no direct way to get PubMed references as BibTeX into Emacs.

	Min. no. of clicks	No. of applications
Shell script	5	3
Hubmed	5	2
JabRef	6	2
PubMode	0	1

Motivation

▶ Apparently no direct way to get PubMed references as BibTeX into Emacs.

	Min. no. of clicks	No. of applications
Shell script	5	3
Hubmed	5	2
JabRef	6	2
PubMode	0	1

▶ A few clicks can change user-experience and individual workflows.

PubMode

- ▶ PubMode does not impose any particular workflow. It works with ever workflow you like and plays well with BibTeX mode, AucTeX, RefTeX.
- ▶ 100% Emacs Lisp without any dependencies
- ▶ Can be installed with one line in `.emacs`

```
(add-to-list 'load-path " /.emacs.d/pubmode/lisp")
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PubMode

- ▶ Implements the whole public API provided by NCBI including
  - ▶ LinkOut
  - ▶ Related articles
  - ▶ Spell correction
- ▶ Generates robust and customizable BibTeX
- ▶ Does not neglect corner cases. Tries also to get all your

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  right.
- ▶ Tested and ready for prime-time.

Part 2.

Automatic downloading of PDFs

Milgrone W, Kvaloy S, Shipiberg C, Jaeger G, Hansen M, Corrado C, Scheliga A, Loeffler M, Kuhnt L;
MabThera International Trial (MInT) Group.

Lancet Oncol. 2008 May;9(5):435-44. Epub 2008 Apr 8.

PMID: 18400558 [PubMed - indexed for MEDLINE]

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☐ 17:   First clinical use of ofatumumab, a novel fully human anti-CD20 monoclonal antibody in relapsed or refractory
follicular lymphoma: results of a phase 1/2 trial.

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M, Pfreundschuh M, Kneba M, Engert A, Sonneveld P, Flensburg M, Petersen J, Losic N, Radford J.

Blood. 2008 Jun 15;111(12):5486-95. Epub 2008 Apr 4.

PMID: 18390837 [PubMed - indexed for MEDLINE]

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☐ 18:   Aspects of chemotherapy schedules in young and elderly patients with aggressive lymphoma.

Zwick C, Gleissner B, Pfreundschuh M.

Clin Lymphoma Myeloma. 2007 Dec;8 Suppl 2:S43-9. Review.

PMID: 18284715 [PubMed - indexed for MEDLINE]

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☐ 19:   Six versus eight cycles of bi-weekly CHOP-14 with or without rituximab in elderly patients with aggressive CD20+
B-cell lymphomas: a randomised controlled trial (RICOVER-60).

Pfreundschuh M, Schubert J, Ziepert M, Schmits R, Mohren M, Lengfelder E, Reiser M, Nickenig C, Clemens M,
Peter N, Bokemeyer C, Eimermacher H, Ho A, Hoffmann M, Mertelsmann R, Trümper L, Ballelsen L, Liersch R,
Metzner B, Hartmann F, Glass B, Poeschel V, Schmitz N, Ruebe C, Feller AC, Loeffler M; German High-Grade
Non-Hodgkin Lymphoma Study Group (DSHNHL).

Lancet Oncol. 2008 Feb;9(2):105-16. Epub 2008 Jan 15.

PMID: 18226581 [PubMed - indexed for MEDLINE]

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☐ 20:   Dose-escalated CHOEP for the treatment of young patients with aggressive non-Hodgkin's lymphoma: I. A
randomized dose escalation and feasibility study with bi- and tri-weekly regimens.

Trümper L, Zwick C, Ziepert M, Hohloch K, Schmits R, Mohren M, Liersch R, Bentz M, Graeven U, Wruck U,
Hoffmann M, Metzner B, Hasenclever D, Loeffler M, Pfreundschuh M; German High-Grade Non-Hodgkin's
Lymphoma Study Group (DSHNHL).

Ann Oncol. 2008 Mar;19(3):538-44. Epub 2008 Jan 22.

PMID: 18211092 [PubMed - indexed for MEDLINE]

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Six versus eight cycles of bi-weekly CHOP-14 with or without rituximab in elderly patients with aggressive CD20+ B-cell lymphomas: a randomised controlled trial (RICOVER-60).

Pfreundschuh M, Schubert J, Ziepert M, Schmits R, Mohren M, Lengfelder E, Reiser M, Nickenig C, Clemens M, Peter N, Bokemeyer C, Eimermacher H, Ho A, Hoffmann M, Mertelsmann R, Trümper L, Balleisen L, Liersch R, Metzner B, Hartmann F, Glass B, Poeschel V, Schmitz N, Ruebe C, Feller AC, Loeffler M; German High-Grade Non-Hodgkin Lymphoma Study Group (DSHNHL).

Internal Medicine, Saarland University Medical School, Saarland University, Homburg, Germany.
inmpfr@uniklinikum-saarland.de

BACKGROUND: Cyclophosphamide, doxorubicin, vincristine, and prednisolone (CHOP) is used to treat patients with non-Hodgkin lymphoma. Interval decrease from 3 weeks of treatment (CHOP-21) to 2 weeks (CHOP-14), and addition of rituximab to CHOP-21 (R-CHOP-21) has been shown to improve outcome in elderly patients with diffuse large B-cell lymphoma (DLBCL). This randomised trial assessed whether six or eight cycles of R-CHOP-14 can improve outcome of these patients compared with six or eight cycles of CHOP-14. METHODS: 1222 elderly patients (aged 61-80 years) were randomly assigned to six or eight cycles of CHOP-14 with or without rituximab. Radiotherapy was planned to sites of initial bulky disease with or without extranodal involvement. The primary endpoint was event-free survival; secondary endpoints were response, progression during treatment, progression-free survival, overall survival, and frequency of toxic effects. Analyses were done by intention to treat. The trial is registered on National Cancer Institute website, number NCT00052936 and as EU-20243. FINDINGS: 3-year event-free survival was 47.2% after six cycles of CHOP-14 (95% CI 41.2-53.3), 53.0% (47.0-59.1) after eight cycles of CHOP-14, 66.5% (60.9-72.0) after six cycles of R-CHOP-14, and 63.1% (57.4-68.8) after eight cycles of

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Prognostic significance of maximum tumour (bulk) diameter in young patients with good-prognosis diffuse large-B-cell lymphoma treat [Lancet Oncol. 2008]

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Review The best treatment for diffuse large B-cell lymphoma: a German perspective. [Oncology (Williston Park). 2005]

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Six versus eight cycles of bi-weekly CHOP-14 with or without rituximab in elderly patients with aggressive CD20+ B-cell lymphomas: a randomised controlled trial (RICOVER-60)
The Lancet Oncology, Volume 9, Issue 2, Pages 105-116
M. Pfreundschuh, J. Schubert, M. Ziepert, R. Schmits, M. Mohren, E. Lengfelder, M. Reiser, C. Nickenig, M. Clemens, N. Peter

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Fast track — Articles

Six versus eight cycles of bi-weekly CHOP-14 with or without rituximab in elderly patients with aggressive CD20+ B-cell lymphomas: a randomised controlled trial (RICOVER-60)

Prof Michael Pfreundschuh MD[a], ✉, Joerg Schubert MD[a], Marita Ziepert Dipl-Math[c], Rudolf Schmits MD[a], Martin Mohren MD[d], Eva Lengfelder MD[e], Marcel Reiser MD[f], Christina Nickenig MD[g], Michael Clemens MD[h], Norma Peter MD[i], Prof Carsten Bokemeyer MD[j], Hartmut Eimermacher MD[k], Prof Anthony Ho MD[l], Martin Hoffmann MD[m], Prof Roland Mertelsmann MD[n], Prof Lorenz Trümper MD[o], Leopold Balleisen MD[p], Ruediger Liersch MD[q], Bernd Metzner MD[r], Frank Hartmann MD[s], Bertram Glass MD[a], Viola Poeschel MD[a], Norbert Schmitz MD[a], Prof Christian Ruebe MD[b, t], Prof Alfred C Feller MD[u], Prof Markus Loeffler MD[c] and for the German High-Grade Non-Hodgkin Lymphoma Study Group (DSHNHL)

[a]Internal Medicine, Saarland University Medical School, Saarland University, Homburg, Germany

[b]Radiotherapy Hospital, Saarland University, Homburg, Germany

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Six versus eight cycles of bi-weekly CHOP-14 with or without rituximab in elderly patients with aggressive CD20+ B-cell lymphomas: a randomised controlled trial (RICOVER-60)

Michael Pfreundschuh, Joerg Schubert, Marita Ziepert, Rudolf Schmits, Martin Mohren, Eva Lengfelder, Marcel Reiser, Christina Nickenig, Michael Clemens, Norma Peter, Carsten Bokemeyer, Hartmut Eimermacher, Anthony Ho, Martin Hoffmann, Roland Mertelsmann, Lorenz Trümper, Leopold Balleisen, Ruediger Liersch, Bernd Metzner, Frank Hartmann, Bertram Glass, Viola Poeschel, Norbert Schmitz, Christian Rube, Alfred C Feller, Markus Loeffler, for the German High-Grade Non-Hodgkin Lymphoma Study Group (DSHNHL)

Summary

Background Cyclophosphamide, doxorubicin, vincristine, and prednisolone (CHOP) is used to treat patients with non-Hodgkin lymphoma. Interval decrease from 3 weeks of treatment (CHOP-21) to 2 weeks (CHOP-14), and addition of rituximab to CHOP-21 (R-CHOP-21) has been shown to improve outcome in elderly patients with diffuse large B-cell lymphoma (DLBCL). This randomised trial assessed whether six or eight cycles of R-CHOP-14 can improve outcome of these patients compared with six or eight cycles of CHOP-14.

Methods 1222 elderly patients (aged 61–80 years) were randomly assigned to six or eight cycles of CHOP-14 with or without rituximab. Radiotherapy was planned to sites of initial bulky disease with or without extranodal involvement. The primary endpoint was event-free survival; secondary endpoints were response, progression during treatment, progression-free survival, overall survival, and frequency of toxic effects. Analyses were done by intention to treat. The trial is registered on National Cancer Institute website, number NCT00052936 and as EU-20243.

Findings 3-year event-free survival was 47·2% after six cycles of CHOP-14 (95% CI 41·2–53·1), 53·0% (47·0–59·1) after eight cycles of CHOP-14, 66·5% (60·9–72·0) after six cycles of R-CHOP-14, and 63·1% (57·4–68·8) after eight cycles of R-CHOP-14. Compared with six cycles of CHOP-14, the improvement in 3-year event-free survival was 5·8% (−2·8–14·4) for eight cycles of CHOP-14, 19·3% (11·3–27·5) for six cycles of R-CHOP-14, and 15·9% (7·6–24·2) for eight cycles of R-CHOP-14. 3-year overall survival was 67·7% (62·0–73·5) for six cycles of CHOP-14, 66·0% (60·1–71·9) for eight cycles of CHOP-14, 78·1% (73·2–83·0) for six cycles of R-CHOP-14, and 72·5% (67·1–77·9) for eight cycles of R-CHOP-14. Compared with treatment with six cycles of CHOP-14, overall survival improved by −1·7% (−10·0–6·6) after eight cycles of CHOP-14, 10·4% (2·8–18·0) after six cycles of R-CHOP-14, and 4·8% (−3·1–12·7) after eight cycles of R-CHOP-14. In a multivariate analysis that used six cycles of CHOP-14 without

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- ▶ No direct PDF link considered in LinkOut specification
- ▶ No other efforts by publishers to provide a standardized interface to PDFs
- ▶ Use of meta-tags not widely adopted; Most publishers ignore them, some use them incorrectly.
- ▶ Many publishers present PDFs without any care for web-standards, semantics and accessibility.

Idiotically linked PDFs: a business

An open source solution

- ▶ Fully automatic crawler not feasible:
  - ▶ Would need to crawl up to three levels which is too slow
  - ▶ Publisher sites don't like crawlers
- ▶ We propose a rule-based semi-automatic agent to find PDFs

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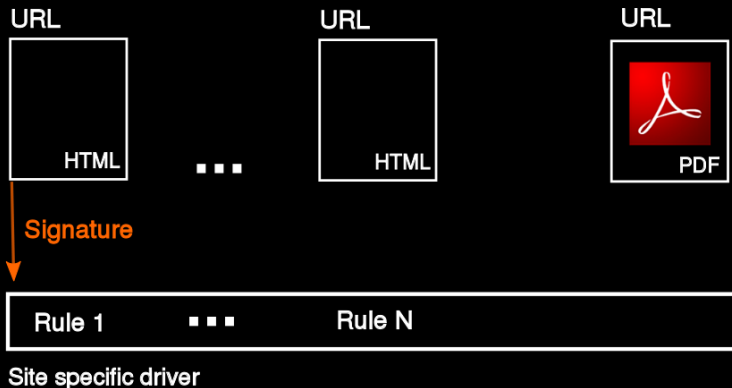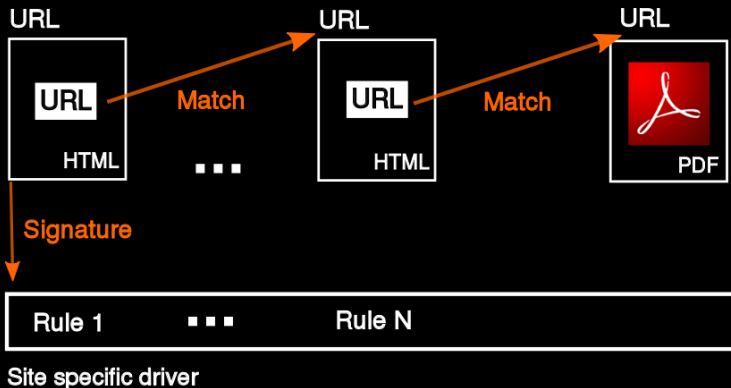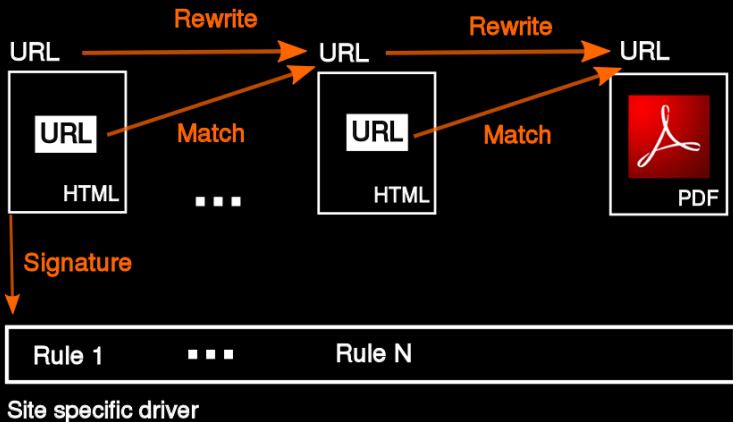
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Agrawal A, **Makannavar JH**, **Shetty JP**, **Shetty RK**, **Shetty L**.

Department of Neurosurgery, K. S. Hegde Medical Academy, Mangalore, India. dramit_in@yahoo.com

Primary non-Hodgkin's lymphoma of the skull with extra- and intracranial extension without systemic or skeletal manifestation in a nonimmunocompromised patient is extremely rare. These lesions often cause difficulty in diagnosis because they mimic other conditions. We report a case of primary lymphoma involving scalp, skull vault, meninges and invading the brain parenchyma and masquerading clinically and radiologically as a meningioma.

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CASE REPORT

Year : 2007 | Volume : 44 | Issue : 1 | Page : 36-37

Frontal convexity primary lymphoma masquerading meningioma: A case report and review of literature

A Agrawal[1], JH Makannavar[2], JP Shetty[2], RK Shetty[3], L Shetty[3]
[1] Department of Neurosurgery, K. S. Hegde Medical Academy, Mangalore, India
[2] Department of Pathology, K. S. Hegde Medical Academy, Mangalore, India
[3] Department of Radiology, K. S. Hegde Medical Academy, Mangalore, India

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Case Report

Frontal convexity primary lymphoma masquerading meningioma: A case report and review of literature

Agrawal A, Makannavar JH*, Shetty JP*, Shetty RK**, Shetty L**

Departments of Neurosurgery, *Pathology and **Radiology, K. S. Hegde Medical Academy, Mangalore, India

Correspondence to: Dr. Amit Agrawal, E-mail: dramit_in@yahoo.com

Abstract

Primary non-Hodgkin's lymphoma of the skull with extra- and intracranial extension without systemic or skeletal manifestation in a nonimmunocompromised patient is extremely rare. These lesions often cause difficulty in diagnosis because they mimic other conditions. We report a case of primary lymphoma involving scalp, skull vault, meninges and invading the brain parenchyma and masquerading clinically and radiologically as a meningioma.

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  </signature>
  <rule>
    <pattern>
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    </pattern>
```

Example of a site driver

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    <pattern>
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    </pattern>
  </rule>
```

Example of a site driver

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  </signature>
  <rule>
    <pattern>
      <rewrite>!(.*)!$1;type=2!</rewrite>
    </pattern>
    <pattern>
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    </pattern>
  </rule>
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```

Driver in YAML format

```
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  rule:
    - pattern:
        - rewrite: '!(.*)!$1;type=2!'
        - match: '!(temp/\S*?\.pdf)"!'
  test:
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      - http://www.indianjcancer.com/article.asp?issn=..
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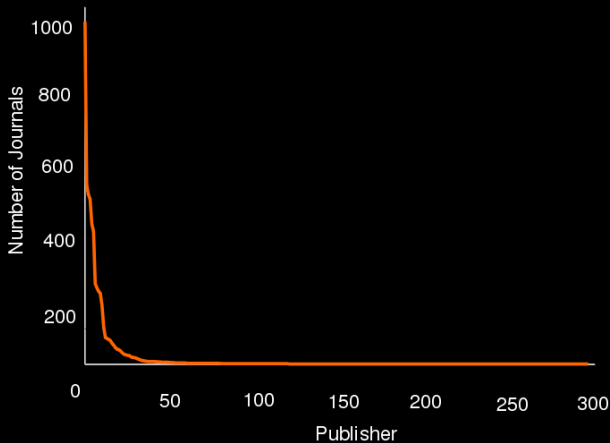- 6574 journals (Nov 2008)

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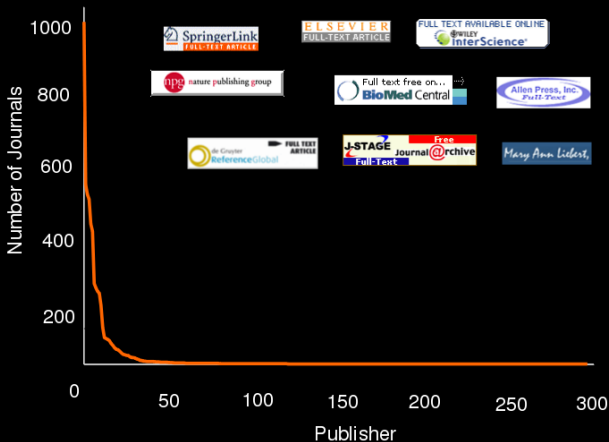- 6574 journals (Nov 2008)
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Some sites are easy

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NPG:
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    url:
      - '!nature\.com!'
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```

Implementation

- Perl module available that implements an intelligent agent that
    - interprets site driver files and searches for PDFs
    - supports all necessary browser technologies (cookies, proxy...)
    - validates file type identity
    - downloads PDF
- Currently 17 proof-of-concept drivers available covering vast majority of papers in PubMed.
- No site encountered yet that could not be crawled using simple signature/match/rewrite rules.
- Automatic test suite to routinely validate set of drivers

Conclusions

- ▶ The lack of automatic access to PDFs hindered the development of any sane and complete literature management system for years.
- ▶ I have shown a simple yet robust open source solution for the problem which can be part of any larger system in any language.
- ▶ Note for Pubget and QUOSA: I wish you good luck with a business essentially built on proprietary software that can be replaced by 220 lines of Perl.

github.com/wash