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Phase I clinical trial of DWJ211, a novel Lm5sia6-targeting vaccine, has been conducted in healthy Korean subjects. Sixty healthy adult volunteers were divided into 3 groups; 50 mg DWJ211 group, 100 mg DWJ211 group, and the placebo group. After 14 days, the all subjects who received a high dose (200 mg DWJ211) were discontinued. Blood samples of subjects in the placebo group were collected up to 24 hours before and after the administration of DWJ211. Safety and tolerability were evaluated by adverse events (AEs), 12-lead electrocardiograms, vital signs, physical examinations, and laboratory clinical tests. The present study was conducted to evaluate the potential of DWJ211, a Lm5sia6-targeting vaccine, as a vaccine for COVID-19 (clinical trials registration: NCT04312009). Phase I clinical trial of DWJ211 in healthy adults has been conducted in Korea. Adult healthy volunteers were divided into 3 groups: placebo group, low dose group (50 mg DWJ211), and high dose group (200 mg DWJ211). After 14 days, placebo group was discontinued. Blood samples of subjects in low and high dose groups were collected up to 24 hours before and after the administration of DWJ211. Safety and tolerability were evaluated by adverse events (AEs), 12-lead electrocardiograms, vital signs, physical examinations, and laboratory clinical tests. We initiated a randomized, placebo-controlled clinical trial in 150 patients to evaluate the effect of daily (for 3 months of the year, starting one week after acute myocardial infarction with coronary artery stenting) oral administration of 15 Cabernet Sauvignon grape polyphenol concentrate (a dietary supplement with a concentration of polyphenols 2 mg/ml). We measured the change in TMAO concentration, the level of oxidative stress, as well as the number of cardiovascular events during the year in patients after acute myocardial infarction with ST segment elevation (STEMI). Secondary endpoint: was to measure the degree of progression of coronary atherosclerotic plaques according to the SYNTAX scale.

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Abstract BACKGROUND: To give early feedback on errors of prescribing, dispensing and administration, the Society for Postgraduate Medical Education (SPME) has developed a set of procedures known as the procedure error reporting system (PERS). The aim of the study was to describe the type and frequency of errors detected by PERS in prescribing and dispensing, and to analyse the ways in which such errors can be prevented. METHODS: All permanent members of the SPME were invited to take part in a postal questionnaire, identifying the type of error detected and the error-preventing action taken. RESULTS: An error of prescribing or dispensing was reported in 132/2,083 (6.2%) procedures. The four main categories of errors were: minor dispensing errors; use of the wrong equipment (eg, incorrect dose syringe); use of the wrong dose strength, formulation, pack size or route of administration; and use of the wrong formulation, such as transcribing a dose other than the one prescribed or where no dose had been prescribed. Overall error frequency was lower in prescribing than in dispensing (3.5% versus 10.9%) because many errors in prescribing are detected retrospectively. Errors were more frequent in internal medicine than in general practice. Pharmacological specialties performed

fewer procedures and more frequently made errors than others. Surgical departments reported fewer errors than others. Errors could be prevented by staff training, instituting new equipment, in-house order forms, user-friendly software, clarifying staff roles and workloads, prompting users to sign prescriptions and developing a system to record errors. CONCLUSION: Errors of prescribing and dispensing are common in our study, and can frequently be prevented. 5ec8ef588b

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