

CPD — deep-reads, record & certificates

Continuing professional development is how clinicians turn reading into growth. The CPD section of PubMed Evidence Explorer does the heavy lifting: it builds a 10–20 minute, article-type-aware deep-read for any paper you want to study properly, keeps a per-user CPD record, and turns that record into a clean report or certificate for any date range. This manual walks you through it step by step, with a screenshot at each step so you always know what you are looking at. The reading, the reflection and the credits are all yours.

How to open the CPD section

1 From the app header

Click the "CPD" button in the top bar of the app

The CPD page opens in a new tab — visible to everyone, whether or not you are signed in.

2 From the landing page

Use the "My CPD record" card on the home page

It sits beside the User manual and AI-Free Author cards, so the path is always visible.

3 From an article

"Read in detail (CPD)" on any article card

The button on search results opens the CPD page for that specific paper, ready to generate.

Everything in CPD needs a free account — entries are stored in your own record. Basic accounts get 3 free deep-reads; Pro is unlimited. Recording, reports, certificates and exports are free for signed-in users.

Your CPD record, explained

The CPD dashboard is the home base. From here you add an article to read, see everything you have recorded, and generate reports or certificates for any interval you choose. Everything you have ever recorded stays here — drafts that are not yet recorded sit in an "In progress" section, and completed reads appear under "Recorded".

The dashboard — add an article at the top, pick an interval and a report type, and scan everything you have recorded below.

- Add an article — paste a PubMed ID (PMID) or upload a PDF, and a deep-read is generated for you.
- Report & certificate — choose a date range and generate a printable record or an AMA-style certificate.
- Your record — every entry shows the article, its type, the date and the credits; open any one to re-read or export it.

If you are not signed in, you will see a short welcome screen instead. Click "Open the app to sign in", create a free account, and your CPD record begins.

Add an article to read in detail

Any paper — from PubMed or your own PDF

Type or paste a PubMed ID (the "PMID" number, e.g. 32450110) into the box and press "Generate deep-read". The app pulls the article from PubMed, retrieves the full text when it is open access, and starts building your reading aid.

No PMID? Upload your own PDF instead — a paper you have been sent, a subscription PDF, a guideline, anything readable. Click "Upload PDF...", choose the file (up to 10 MB), and the app extracts the text and builds the same deep-read from it. Scanned, image-only PDFs will be politely declined — it needs real text to read.

While the deep-read is being built you will see a short progress message. Building a 10–20 minute read takes a minute or two — you can leave the page and come back; the work is saved to your record, not lost when you close the tab.

The 10–20 minute deep-read

Structured by article type, figures included

When it is ready, the deep-read opens in a split-screen view. On the left is the reading aid itself; on the right is the article text it was built from, so you can check any claim against the source as you read.

PE CPD

Camrelizumab plus famitinib in recurrent or metastatic head and neck squamous cell carcinoma (uploaded PDF)

Continuing professional development — 10–20 min deep-reads

[Dashboard](#)[Open app](#)

AT A GLANCE

ARTICLE TYPE
Clinical Trial / RCT

JOURNAL
Phase 2 study

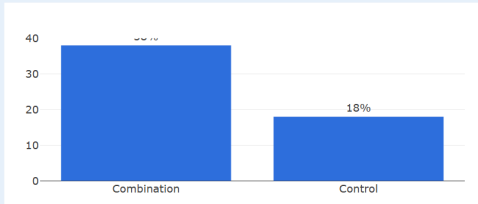
YEAR
2025

EST. READ TIME
16 min

STATUS
Draft — not yet recorded

DEEP-READ

Why this paper matters
Combining a PD-1 inhibitor with a multi-target TKI is a candidate strategy in R/M HNSCC.

Key results


Group	ORR (%)	95% CI (%)
Combination	38	29–48
Control	18	

Objective response rate was 38% (95% CI 29–48) in the combination arm.

How it changes practice
Small study but promising — consider in the second-line setting.

Camrelizumab plus famitinib in recurrent or metastatic head and neck squamous cell carcinoma (uploaded PDF)
Phase 2 study · (2025) · PMID upload

SOURCE TEXT (WHAT THE DEEP-READ IS BASED ON)
Phase 2, single-arm study of camrelizumab plus famitinib in 118 patients with R/M HNSCC who had progressed on platinum-based chemotherapy. Confirmed ORR 38%, median PFS 5.6 months. Grade 3–4 TRAEs in 41% of patients (most commonly hypertension and palmar-plantar erythrodysesthesia).

The split-screen reader — the deep-read on the left (with a figure), the source text on the right, and a drag handle between them.

The structure follows the type of article. A clinical trial gets design, population, intervention, results, harms and limitations; a meta-analysis gets search, studies included, pooled results and heterogeneity; a case report gets the patient story and what to take away. Each section explains not just what was found, but how to read it and how it might change practice.

Where a number genuinely benefits from a picture, a chart appears in place — a forest-style confidence-interval plot next to the hazard ratios, a bar chart next to the response rates. A key safeguard: every figure is drawn from numbers actually in the article. If the paper does not contain the numbers, the figure is simply not drawn — nothing is ever invented.

4

Record it to your CPD

0.5 credits per read, with a reflection

At the end of the deep-read you will find the "Add to CPD" block. Add a short reflection if you like — what you will take into practice, what you still need to check — then click "Add to CPD". That is it: the read is now part of your permanent CPD record, earning 0.5 CPD credits.

PE **CPD** **Osimertinib in Resected EGFR-Mutated Non-Small-Cell Lung Cancer (ADAURA)**
Continuing professional development — 10–20 min deep-reads

[Dashboard](#) [Open app](#)

AT A GLANCE

ARTICLE TYPE
Clinical Trial / RCT

JOURNAL
New England Journal of Medicine

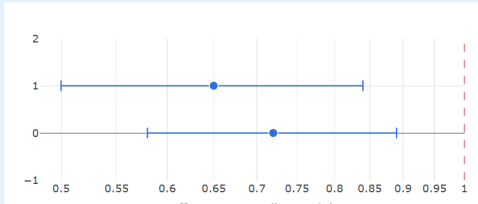
YEAR
2020

EST. READ TIME
15 min

STATUS
Recorded · 0.5 credits

DEEP-READ

Why this paper matters
Adjuvant EGFR-TKI therapy is a practice-changing option for resected EGFR-mutant NSCLC.

Key results


Effect estimate (log scale)

Disease-free survival hazard ratio 0.20 (95% CI 0.14-0.30) — a large, statistically significant reduction.

Bottom line

Osimertinib in Resected EGFR-Mutated Non-Small-Cell Lung Cancer (ADAURA)
New England Journal of Medicine · (2020) · PMID 34554612

SOURCE TEXT (WHAT THE DEEP-READ IS BASED ON)
Adjuvant osimertinib (80 mg once daily) was compared with placebo in patients with resected, EGFR-mutated, stage IB-IIIa non-small-cell lung cancer. At a median follow-up of 22.1 months, the hazard ratio for disease-free survival was 0.20 (95% CI 0.14-0.30). Overall survival data were immature. Grade 3 or higher adverse events occurred in 10% of the osimertinib group versus 3% with placebo.

A recorded read — the completed date, the 0.5 credits, and the reflection are stored with the article.

Recorded entries show their date and credits, and can be re-opened any time ("Re-read"), exported as a watermarked PDF, or deleted. Drafts that are not yet recorded stay available under "In progress" until you decide.

Reports & certificates

Any interval, printable or Word

Back on the dashboard, the "Report & certificate" box lets you choose a date range — leave it blank for your whole record — and generate two kinds of document.

- Report — a straightforward CPD record listing each article, its date and its credits for the chosen interval.
- Certificate — a formal-looking certificate of self-directed learning for the same interval, with the article list, your reflections, and the total credits.

PUBMED EVIDENCE EXPLORER

Certificate of Self-Directed Learning

Self-directed continuing professional development

PHYSICIAN

Dr. Devraj Srinivasan

Period: **14 Jul 2026 – 13 Aug 2026** | Articles reviewed: **2**

ARTICLE	DATE	CREDITS
1. Osimertinib in Resected EGFR-Mutated Non-Small-Cell Lung Cancer (ADAURA) New England Journal of Medicine (2020) · Clinical Trial / RCT · PMID 34554612	09 Aug 2026	0.5
2. Anti-CLDN18.2 therapies in advanced gastric cancer: a systematic review and meta-analysis Journal of Clinical Oncology (2021) · Meta-Analysis / Systematic Review · PMID 34891388	02 Aug 2026	0.5

1 CPD Credits

REFLECTIONS

1. **Osimertinib in Resected EGFR-Mutated Non-Small-Cell Lung Cancer (ADAURA)**
Practice-changing adjuvant option — check molecular testing turnaround before starting.

2. **Anti-CLDN18.2 therapies in advanced gastric cancer: a systematic review and meta-analysis**
With time, the use of ADCs will increase — worth reviewing the toxicity profile.

This is a record of self-directed learning. It is not certified, accredited, or endorsed by the American Medical Association (AMA), any CME provider, or any professional body. It mirrors the credit value of AMA PRA Category 2 Credit™, under which physicians may claim approximately 1 credit per hour of self-directed study.

This is a record of self-directed learning activity.
Generated by PubMed Evidence Explorer — 13 Aug 2026 · Document ID manualdemo

The certificate — physician name, period, the article list, reflections and the credits badge.

The certificate is deliberately clear about what it is and is not. It mirrors the format and credit value of AMA PRA Category 2 credit, but it is not certified, accredited or endorsed by the American Medical Association or any CME body — that wording is printed on every certificate, so nobody is misled. "Word report" downloads the same document as a Word file.

Exports & the watermark

Keep your reads — safely

Every deep-read can be exported as a PDF from the "Export PDF" button — whether it is a draft, already recorded, or about to be removed by the record cap. The exported document carries a professional watermark: a brand header, a faint repeating "personal use only" background, and a footer with a unique document ID, so a shared copy can always be traced back to you and cannot be mistaken for an official certificate.

PE · hxu60k08
PEPubMed Evidence Explorer
CPD Deep Read · New England Journal of Medicine 2020 · 15 min readClinical Trial / RCT

Adjuvant osimertinib in resected EGFR-mutant NSCLC

Disease-free survival hazard ratio 0.20 (95% CI 0.14-0.30) at a median follow-up of 22.1 months.
Grade 3 or higher adverse events: 10% (osimertinib) vs 3% (placebo).
Personal use only — generated by PubMed Evidence Explorer (dpsoncology.com). Verify against primary sources before clinical decisions. This is a self-directed learning record, not certified by the AMA or any CME body. Document ID hxu60k08.

Every exported deep-read is watermarked with your document ID and the "verify against primary sources" reminder.

Storage & the 50-entry cap

Nothing is deleted silently

Your CPD record keeps your 50 most recent reads. When you record a new read and you are at the cap, the app does not delete anything without asking: it warns you that recording this entry will remove your oldest one, and offers to export that oldest read as a PDF first. Cancel, export, or proceed — the choice is always yours.

Unfinished drafts are kept separately and are trimmed only when you have more than 10 of them (the oldest draft is dropped with a notice). Nothing in your permanent record is ever removed without the warning.

What CPD is, and what it is not. This section is a self-directed learning record: it mirrors the credit value of AMA PRA Category 2 credit but is not certified, accredited, or endorsed by the American Medical Association or any CME body. Every certificate and export carries that wording, plus a reminder to verify everything against primary sources before clinical decisions.