

## A Piece of My Mind

"With a smile, [Emma] said [she and her husband] had decided she would not take chemotherapy because they did not consider this a natural form of treatment." From "More Things in Heaven and Earth."

[SEE PAGE 723](#)

## Medical News & Perspectives

Several professional medical organizations have banded together to develop a plan to train all physicians to properly care for the coming flood of geriatric patients.

[SEE PAGE 727](#)

## Commentaries

Renewable energy: implications for occupational health

[SEE PAGE 787](#)

Registry data and the evidence gap

[SEE PAGE 790](#)

## CLINICIAN'S CORNER

Heart failure performance measures and outcomes

[SEE PAGE 792](#) 

## Literatim

Beaumont, St. Martin, and scientific progress

[SEE PAGE 804](#)

## Author in the Room Teleconference

Join Thomas H. Gallagher, MD, Wednesday, September 16, from 2 to 3 PM eastern time to discuss the medical error review involving a woman who experienced wrong-site surgery for skin cancer. To register, go to <http://www.ihf.org/AuthorintheRoom>.

## Readers Respond

How would you manage a 52-year-old woman with morbid obesity? Go to [www.jama.com](http://www.jama.com) to read the case, and submit your response, which may be selected for online publication. Submission deadline is September 6.

## JAMA Patient Page

For your patients: Information about inappropriate use of antibiotics.

[SEE PAGE 816](#)

## Palliative Care Intervention for Advanced Cancer

To assess whether psychoeducational, palliative care interventions received concurrently with oncology care can prevent or alleviate suffering among patients with advanced cancer, Bakitas and colleagues randomly assigned patients with a life-limiting cancer to receive either usual care plus a nurse-led palliative care intervention or usual care alone. The authors found that patients who received usual care and the palliative care intervention—which addressed physical, psychosocial, and care coordination issues—had better quality of life and mood than and had comparable symptoms and intensity of services as patients who received usual care alone.

[SEE PAGE 741](#)

## HPV Vaccine: Postlicensure Safety and Marketing

A quadrivalent human papillomavirus (HPV) recombinant vaccine was licensed for use in 2006. To assess adverse events associated with clinical use of the vaccine, Slade and colleagues examined 12 424 reports submitted to the Vaccine Adverse Events Reporting System (VAERS). The authors found that most reported events were not serious and were consistent with adverse events observed in prelicensure studies. In another article, Rothman and Rothman discuss implications of HPV vaccine marketing for adolescent health and medical professionalism. In an editorial, Haug discusses the risks and benefits of HPV vaccination.

[SEE PAGES 750 AND 781 AND EDITORIAL ON PAGE 795](#)

## Antibiotics for Acute Respiratory Tract Infections

Grijalva and colleagues analyzed 1995-2006 data from 2 nationally representative ambulatory care surveys to assess national trends in antibiotic prescriptions for acute respiratory tract infections (ARTI). Among the authors' findings were that overall prescription rates for ARTI decreased over the study period, in association with fewer otitis media-related visits among children younger than 5 years and fewer prescriptions for ARTI without otitis media. However, rates of prescriptions for broad-spectrum antibiotics increased significantly.

[SEE PAGE 758](#)

## Acute Myocardial Infarction Mortality, 1995-2006

Quality improvement initiatives and evidence-based guidelines for the care of patients with acute myocardial infarction (AMI) have been adopted during the last 2 decades, but whether short-term hospital mortality rates have improved or between-hospital variations lessened is not clear. To assess these questions, Krumholz and colleagues analyzed national data from Medicare patients hospitalized for AMI from 1995 through 2006. In analyses that accounted for differences in patient mix, the authors found that between the years 1995 and 2006, the 30-day risk-standardized mortality rate for Medicare patients with AMI and between-hospital variations in 30-day mortality rates decreased significantly.

[SEE PAGE 767](#)

## Low-Dose vs High-Dose Estradiol in Breast Cancer

Estrogen-deprivation therapy with aromatase inhibitors may paradoxically sensitize hormone receptor-positive breast cancer cells to estrogen as a cancer treatment. In a phase 2 randomized trial that enrolled 66 postmenopausal women with advanced breast cancer and acquired resistance to aromatase inhibitors, Ellis and colleagues compared the clinical benefit of 6-mg vs 30-mg daily dose of oral estradiol therapy. The authors report that estradiol 6-mg daily dose provided a similar clinical benefit and was associated with fewer serious adverse events than the 30-mg daily dose. In an editorial, Munster and Carpenter discuss estrogen therapy for the treatment of breast cancer.

[SEE PAGE 774 AND EDITORIAL ON PAGE 797](#)

