

## Medical News & Perspectives

Scientists are uncovering clues to genetic and immunologic factors that play a role in systemic lupus erythematosus and are studying a therapeutic approach that may reduce disease severity and prolong remission.

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## CLINICIAN'S CORNER Type 2 Diabetes

### Clinical Crossroads

The natural history of type 2 diabetes, reasons patients often require insulin therapy, and rationale for tight glyce-mic control are discussed in the case of Ms M, a 74-year-old woman with a 6-year history of diabetes and a gly-cated hemoglobin value of 7.4%.

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## Access to Unapproved Drugs

Safety, regulatory, and clinical implica-tions of allowing terminally ill patients access to unapproved medications.

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## Author in the Room Teleconference

Join Dennis Black, PhD, January 17, 2007, from 2 to 3 PM eastern time to discuss the effects of continuing or stopping alendronate after 5 years. To register, go to <http://www.ihf.org/AuthorintheRoom>.

## Audio Commentary

Dr DeAngelis summarizes and com-ments on this week's issue.

[www.jama.com](http://www.jama.com)

## JAMA Patient Page

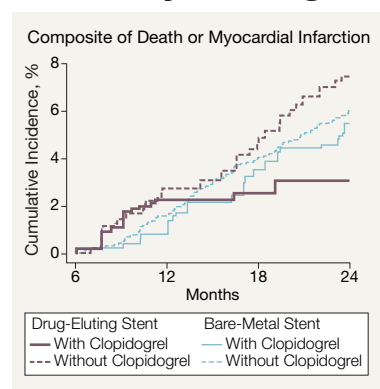
For your patients: Information about insulin.

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## Clopidogrel and Outcomes After Coronary Stenting

In an observational cohort of 4666 consecutive patients who received intracoronary stents for treatment of coronary artery disease, Eisenstein and colleagues assessed the association of clopidogrel use with long-term clinical outcomes. The authors found that patients with a drug-eluting stent who were taking clopidogrel 6 and 12 months after their initial procedure had significantly lower rates of death or myocardial infarction at a 24-month follow-up visit than patients who had discontinued clopidogrel. A similar benefit from clopidogrel was not observed among patients who had a bare-metal stent. In an editorial, Kereiakes discusses late thrombosis in drug-eluting stents and the implications of the study findings for patients receiving drug-eluting stents.

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## N-Terminal Brain-Type Natriuretic Peptide in CHD

Plasma levels of the N-amino terminal fragment of the prohormone brain-type natriuretic peptide (NT-proBNP) provide prognostic information about patients hospitalized for de-compensated heart failure, acute coronary syndromes, and other cardiac conditions, but whether NT-proBNP has prognostic utility independent of other risk factors in ambulatory patients with stable coronary heart disease (CHD) is not clear. To investigate this question, Bibbins-Domingo and colleagues examined the association of baseline NT-proBNP levels with death or cardiovascular events (myocardial infarction, stroke, or heart failure) in a prospective cohort study of patients with stable CHD. The authors found that elevated baseline levels of NT-proBNP predicted cardiovascular morbidity and mortality independent of traditional clinical and biochemical risk markers in patients with stable CHD during a mean 3.7 years of follow-up. In an editorial, Konstam discusses the biology of NT-proBNP and its potential utility for predicting adverse outcomes of CHD and initiating or guiding treatment.

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## Drug Adherence and Long-term Mortality After AMI

Adherence to evidence-based pharmacotherapy after acute myocardial infarction (MI) is associated with improved survival, but it is not clear whether the survival benefit is related to effects of the medication or adoption of a healthier lifestyle. Rasmussen and colleagues explored the relationship between drug adherence (statins,  $\beta$ -blockers, and calcium channel blockers) and mortality in a longitudinal cohort study of elderly survivors of acute MI. The authors found differential effects of drug adherence (greater for statins than  $\beta$ -blockers and no association for calcium channel blockers) on improved long-term survival after acute MI. Their findings support the hypothesis that the mortality benefit is more likely to be a pharmacological rather than behavioral effect.

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## Microenvironmental Genomic Alterations in Cancer

Current understanding of epithelial cancers is that they are influenced by and dependent on the nonmalignant stroma or microenvironment in which they develop. Weber and colleagues assessed genomic alterations in the stroma cells of head and neck squamous cell carcinomas and correlated their findings with clinicopathological characteristics of the tumors. The authors found a high frequency of genomic alterations in the tumor stroma and identified specific alterations that correlated with tumor size, regional node metastases, and clinical stage.

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