In This Issue of JAMA

Research

Corticosteroids for Severe Community-Acquired Pneumonia  677
In a randomized placebo-controlled trial that enrolled 120 patients with severe community-acquired pneumonia and evidence of a high inflammatory response at hospital admission, Torres and colleagues assessed the effect of adjunctive therapy with corticosteroids on treatment failure. The authors report that compared with placebo, acute use of intravenous methylprednisolone decreased the risk of treatment failure. In an Editorial, Wunderink discusses appropriate use of corticosteroids in patients with severe community-acquired pneumonia.

Editorial 673
Author Audio Interview jama.com

Varenicline for Smoking Cessation Through Reduction  687
Ebbert and colleagues assessed the efficacy and safety of varenicline for increasing smoking abstinence rates through smoking reduction in a multicenter trial that enrolled 1510 individuals not willing or able to quit smoking in the next month but willing to reduce smoking and make a quit attempt within 3 months of study enrollment. Participants were randomly assigned to receive varenicline or placebo for 24 weeks. The authors found that compared with placebo-assigned participants, those who received varenicline for 24 weeks had significantly increased smoking abstinence rates at 1 year.

Author Video Interview jama.com Continuing Medical Education jamanetworkcme.com

Eliglustat for Splenomegaly in Gaucher Disease  695
Standard treatment of Gaucher disease type 1 requires lifelong, biweekly, intravenous infusions of enzyme replacement therapy. In a randomized placebo-controlled trial that enrolled 40 adults with untreated Gaucher disease type 1, Mistry and colleagues investigated the efficacy of eliglustat—a novel oral substrate-reduction therapy—on clinical manifestations of the disease. The authors report that compared with placebo, 9 months’ treatment with eliglustat resulted in reductions in spleen volume and improvements in hemoglobin level, liver volume, and platelet count.

Opinion

Viewpoint
663 Stealth Research: Is Biomedical Innovation Happening Outside the Peer-Reviewed Literature? JPA Ioannidis
665 In Defense of the Employer Mandate: Hedging Against Uninsurance JE McDonough and EY Adashi
667 FDA Regulation of Laboratory-Developed Diagnostic Tests: Protect the Public, Advance the Science J Sharfstein
669 Genetic Testing and FDA Regulation: Overregulation Threatens the Emergence of Genomic Medicine JP Evans and MS Watson

A Piece of My Mind
671 The Other AMA DF Chen

Editorial
673 Corticosteroids for Severe Community-Acquired Pneumonia: Not for Everyone RG Wunderink
675 To JAMA Authors, Peer Reviewers, and Readers—Thank You H Bauchner, PB Fontanarosa, and RM Golub

LETTERS
Research Letter
724 Heart Rate and Body Temperature Responses to Extreme Heat and Humidity With and Without Electric Fans NM Ravanelli and Coauthors

Comment & Response
725 Fecal Microbiota Transplantation for Clostridium difficile Infection
727 Adapting to Climate Change
728 Goals of Displaying Health Care Prices to Physicians
729 Correction

Humanities

The Art of JAMA
650 House and Street, 1931. Stuart Davis (1892-1964).
Poetry and Medicine
731 Myeloma Solstice JAMA Revisited
733 The Treatment of Asthma: Portion of a Lecture delivered in the Regular Course of 1888-89

Editor in Chief Howard Bauchner, MD

131 YEARS OF CONTINUOUS PUBLICATION
Research (continued)

Fondaparinux vs LMWH in Patients with NSTEMI 707
A clinical trial involving patients with non-ST-segment elevation myocardial infarction (NSTEMI) found fondaparinux to be noninferior to low-molecular-weight heparin (LMWH) in reducing ischemic outcomes, with fewer severe bleeding events in the fondaparinux group. In an analysis of Swedish registry data from 40,616 consecutive patients with NSTEMI treated with either fondaparinux or LMWH, Szummer and colleagues found that fondaparinux was associated with lower risk of major bleeding events and death both in-hospital and through 180 days of follow-up and had similar rates of recurrent myocardial infarction and stroke.

Clinical Review & Education

Starting a New Discussion About Lung Cancer Screening 717
An article in JAMA Internal Medicine reported that more than 18% of lung cancers detected with low-dose computed tomography screening in the National Lung Cancer Screening Trial were probably indolent and unlikely to cause clinical symptoms. In this From The JAMA Network article, Harris encourages open discussion of the benefits, harms, and costs of wide-scale screening for lung cancer and discusses the role of screening in reducing lung cancer deaths.

Use of Pneumococcal Vaccine in Adults 719
This JAMA Clinical Guidelines Synopsis article by Pisano and Cifu summarizes the 2014 Advisory Committee for Immunization Practices recommendations for use of pneumococcal vaccine in adults. Among the recommendations is that all adults aged 65 years or older should receive the 13-valent pneumococcal conjugate vaccine in series with the 23-valent pneumococcal polysaccharide vaccine.

Shortness of Breath After a Choking Incident 721
A 67-year-old woman presented to the emergency department with dyspnea and in respiratory distress. Two hours prior, she choked while eating, and the Heimlich maneuver successfully dislodged a piece of food. A chest radiograph and computed tomographic scan of the chest were obtained. What would you do next?

Quiz jama.com