A Piece of My Mind

“Being my parents’ daughter and my siblings’ sister has been the perfect springboard to where I am today.”
From “Someone Else’s Sister.”
SEE PAGE 1523

Medical News & Perspectives

Recent studies of varying HIV prevention strategies have brought a mixture of disappointment and encouragement, according to findings presented at the 15th Conference on Retroviruses and Opportunistic Infections.
SEE PAGE 1529

Commentaries

Redefining primary care
SEE PAGE 1595
New drugs are not necessarily better
SEE PAGE 1598

Author in the Room Teleconference

Join Laura P. Svetkey, MD, April 16, 2008, from 2 to 3 PM eastern time to discuss strategies for sustaining weight loss. To register, go to http://www.ihi.org/AuthorintheRoom.

Audio Commentary

Dr DeAngelis summarizes and comments on this week’s issue.
www.jama.com

Readers Respond

How would you manage a 50-year-old man with chronic low back pain? Go to www.jama.com to read the case and submit your response. Your response may be selected for online publication. Submission deadline is April 30.

JAMA Patient Page

For your patients: Information about pancreatitis.
SEE PAGE 1630

JAMA-EXPRESS

Rimonabant and Progression of Atherosclerosis

Treatment with rimonabant, a selective cannabinoid receptor type 1 antagonist, is associated with reduced food intake, weight loss, and improved cardiometabolic risk factors. In the multicenter Strategy to Reduce Atherosclerosis Development Involving Administration of Rimonabant—the Intravascular Ultrasound Study (STRADIVARIUS), patients with abdominal obesity, the metabolic syndrome, and preexisting coronary artery disease were randomly assigned to rimonabant or placebo and underwent coronary intravascular ultrasonography at baseline and after 18 months of treatment. Nissen and colleagues found that compared with placebo, rimonabant had no significant effect on the study’s primary efficacy outcome—change in percent atheroma volume. In an editorial, Rumsfeld and Nallamothu discuss the importance of assessing clinical rather than surrogate outcomes in investigations of new therapies and discuss the safety of rimonabant.
SEE PAGE 1547 AND EDITORIAL ON PAGE 1601

Pioglitazone, Glimepiride, and Atheroma Progression

Macrovascular complications of type 2 diabetes are a major cause of morbidity and mortality, and data supporting a diabetes treatment that slows the progression of coronary atherosclerosis are lacking. In the PERISCOPE (Pioglitazone Effect on Regression of Intravascular Sonographic Coronary Obstruction Prospective Evaluation) trial, Nissen and colleagues randomly assigned patients with type 2 diabetes and coronary artery disease to receive either pioglitazone or glimepiride for 18 months and assessed change from baseline in percent atheroma volume (PAV) using coronary intravascular ultrasonography. The authors found that patients who received glimepiride experienced an increase in PAV, whereas patients who received pioglitazone had no progression of coronary atherosclerosis. In an editorial, Steg and Marre discuss clinical implications of the study results and possible explanations for the observed benefits of pioglitazone therapy.
SEE PAGE 1561 AND EDITORIAL ON PAGE 1603

Genes, Breast Cancer Therapy, and Prognosis

In an analysis of 964 early stage breast tumor samples, Acharya and colleagues investigated whether integrating genomic information with clinical and pathological risk factors could provide a more detailed assessment of prognosis and an improved prediction of response to therapy than provided with a commonly used clinicopathological model of risk classification. The authors found that information on gene expression patterns—reflecting deregulation in oncogenic signaling, tumor biology/microenvironment, and chemotherapy sensitivity—refined estimates of relapse-free survival and response to chemotherapy obtained with the clinicopathological risk stratification model. In an editorial, Huang and Bredel discuss the potential contribution of gene expression profiles to improve risk stratification in cancer.
SEE PAGE 1574 AND EDITORIAL ON PAGE 1605

CLINICIAN’S CORNER

Chronic Pancreatitis

Mr C is a 21-year-old man with chronic idiopathic pancreatitis who was initially diagnosed with pancreatitis at age 10 years. He experiences 1 or 2 flares per year but is otherwise healthy and active. A recent endoscopic retrograde cholangiopancreatography (ERCP) examination showed dilation and irregularity of the pancreatic duct. Callery and Freedman discuss the etiology, evaluation, and management of chronic pancreatitis.
SEE PAGE 1588

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