**A Piece of My Mind**

“Can I ever hope to be as brave as my patients? Am I even brave enough for thoughts of my own demise?” From “Good Fridays.”

SEE PAGE 576

**Medical News & Perspectives**

Phase 1 trials show, for the first time, that patients with a severe form of inherited immunodeficiency and patients with hemophilia B appear to have derived clinical benefit from gene therapy.

SEE PAGE 589

**Sex Differences in Cardiac Care, Outcomes**

Women with symptoms of unstable angina may be less likely than men to undergo diagnostic cardiovascular procedures, but subsequent risk of death and of cardiac events is greater in men.

SEE PAGES 646 AND 659

**Grand Rounds**

Highly active antiretroviral therapy has allowed discontinuation of anticytomegalovirus (CMV) therapy in some patients with AIDS and CMV retinitis, but immune recovery has also been associated with intraocular inflammation (Figure) with macular edema (arrow), vitritis, and visual loss.

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**msJAMA**

Advances and setbacks for women in medicine.

SEE PAGE 665

**JAMA Patient Page**

For your patients: Lyme disease.

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**Outcomes of Patients With Suspected Lyme Disease**

To assess the long-term outcomes of patients with Lyme disease, Seltzer and colleagues followed up a community-based sample of 678 patients with suspected Lyme disease reported to the Connecticut Department of Public Health (median follow-up, 51 months). Sixty-nine percent of patients reported increased frequency of symptoms or increased difficulty performing certain daily activities since being diagnosed with Lyme disease, but only 19% of these problems were attributed to Lyme disease. The frequency of increased symptoms and increased difficulties with daily activities and scores on measures of health-related quality of life and of depression were similar in a subsample of 212 patients with Lyme disease and in a cohort of age-matched controls without Lyme disease. In an editorial, Gardner discusses how the absence of a serologic criterion standard for Lyme disease complicates diagnosis and treatment.

SEE PAGE 609 AND EDITORIAL ON PAGE 658

**Secondary Prevention in BRCA-Associated Breast Cancer**

In this decision analysis using a Markov model with a hypothetical cohort of women with early-stage unilateral breast cancer and a BRCA1 or BRCA2 gene mutation, Schrag and colleagues estimated the gain in life expectancy from secondary cancer prevention strategies (tamoxifen, bilateral prophylactic oophorectomy, prophylactic contralateral mastectomy) singly and as combinations compared with surveillance alone. Potential life expectancy gains from cancer prevention strategies were higher for women with high-penetrance mutations, younger age, and node-negative disease.

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**Functional Outcomes of Fetal Growth Retardation**

Using follow-up data from 14 189 infants in the 1970 British Birth Cohort Study, Strauss found that persons who were full-term infants with fetal growth retardation (birth weight less than the fifth percentile for age at term) had small but significant deficits on standardized testing and poorer teacher ratings at 5, 10, and 16 years of age compared with persons with normal birth weight. At 26 years of age, adults who were small for gestational age at birth were less likely to have professional or managerial jobs and reported lower weekly incomes, but years of education, employment status, hours of work per week, marital status, and satisfaction with life were similar in the 2 groups.

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**Effect of Blood Pressure on Renal Allograft Survival**

Hypertension may directly reduce long-term renal allograft function or it may result from progressive allograft failure. In this study of 277 adults who underwent cadaveric renal transplantation and whose allograft was functioning 1 year after transplantation, Mange and colleagues found that blood pressure adjusted for creatinine clearance 1 year posttransplantation predicted allograft survival during a mean follow-up of 5.7 years. The rate ratio for allograft failure per 10-mm Hg increase in blood pressure measured 1 year posttransplantation and adjusted for creatinine clearance was 1.15 for systolic blood pressure, 1.27 for diastolic blood pressure, and 1.30 for mean arterial pressure.

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**New Test for Detection of Active Tuberculosis**

Nucleic acid amplification (NAA) tests for the diagnosis of tuberculosis (TB) detect nucleic acid sequences unique to Mycobacterium tuberculosis, distinguishing M tuberculosis from other mycobacteria detected by acid-fast bacilli smear microscopy and offering results more rapidly than culture. Catanzaro and colleagues compared the performance of an NAA test with the physician estimate of probability that a patient had TB (clinical suspicion of TB [CSTB]). In 338 patients with symptoms and signs consistent with active pulmonary TB, the sensitivity of the NAA test was 83% for low level of CSTB, 75% for intermediate level of CSTB, and 87% for high level of CSTB. Specificity at each level of CSTB was 97%, 100%, and 100%, respectively.

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