A Piece of My Mind

“Perhaps the greatest tragedy is that, as years passed and her medical complications progressed, Mrs Waite believed her health problems were not worth professional attention until death was imminent.” From “Malignant Neglect.”

SEE PAGE 2546

Medical News & Perspectives

Scientists have developed alternative methods for producing mouse embryonic stem cells that may one day help allay ethical concerns about creating human embryonic stem cell lines.

SEE PAGE 2557

Lessons From Abroad

The National Institute for Health and Clinical Excellence—the health technology assessment agency within the British National Health Service—and the Australian Pharmaceutical Benefits Scheme may have relevance for US initiatives to ensure health care quality, promote innovation, and control costs.

SEE PAGES 2618 AND 2630

CLINICIAN’S CORNER
Chest Pain in Acute Coronary Syndromes

Clinical Review

Among patients with suspected acute coronary syndromes, the chest pain history alone is insufficient to identify those patients who can be safely discharged without further diagnostic testing.

SEE PAGE 2623

JAMA Patient Page

For your patients: Information about the spleen.

SEE PAGE 2660

JAMA-EXPRESS
Muraglitazar, Death, and Cardiovascular Events

Muraglitazar, a novel agent with lipid-lowering and antidiabetic effects, was recently recommended for US Food and Drug Administration (FDA) approval for blood glucose control in patients with type 2 diabetes. In an analysis of the data submitted to the FDA from 5 clinical trials of muraglitazar, Nissen and colleagues found that compared with patients randomly assigned to placebo or pioglitazone, patients assigned to muraglitazar had an increased risk of reaching a composite outcome of death, myocardial infarction, stroke, congestive heart failure, and transient ischemic attack. In an editorial, Brophy discusses methodological considerations that may lead to differing conclusions regarding the safety of muraglitazar.

SEE PAGE 2581 AND EDITORIAL ON PAGE 2633

Risk of Pelvic Fracture Following Pelvic Irradiation

In a population-based, retrospective cohort study using cancer registry data linked to Medicare claims data, Baxter and colleagues assessed whether pelvic irradiation for malignancy is associated with a higher risk of pelvic fracture in women aged 65 years and older. The authors found a significantly increased risk of pelvic (primarily hip) fracture but not arm or spine fractures in women having irradiation compared with those who did not. In an editorial, Small and Kachnic discuss interventions that may reduce radiotherapy toxic effects on bone.

SEE PAGE 2587 AND EDITORIAL ON PAGE 2635

High-Risk Patients With Acute Coronary Syndromes

High-risk patients with acute coronary syndromes (ACS) enrolled in the Superior Yield of the New Strategy of Enoxaparin, Revascularization, and Glycoprotein IIb/IIIa Inhibitors (SYNERGY) trial were randomly assigned to low-molecular-weight heparin (enoxaparin) or unfractionated heparin and treated with an early invasive management strategy. Previously reported 30-day outcomes for death and nonfatal myocardial infarction (MI) were comparable in both groups. In this issue of JAMA, the trial investigators report that rates of death and nonfatal MI observed at 30 days persisted through 6 months of follow-up. Death rates at 1 year were similar in both treatment groups.

SEE PAGE 2594

Lactation Duration and Type 2 Diabetes

Lactation improves glucose and insulin homeostasis, but whether women experience a long-lasting benefit is not clear. Stuebe and colleagues explored the association of lactation duration with diagnosis of type 2 diabetes using data from 2 large prospective cohort studies of women. They found that among parous women, increasing duration of breastfeeding was associated with a reduced risk of type 2 diabetes.

SEE PAGE 2601

Hospital Factors and Pediatric Splenic Injuries

Evidence supports nonoperative management of most pediatric splenic injuries, but treatment varies across hospitals. Bowman and colleagues hypothesized that children were more likely to have splenectomy in general vs children’s hospitals. They used retrospective discharge data from 27 states for children aged 0 to 16 years who were hospitalized with a traumatic spleen injury and assessed splenectomies performed within 1 day of arrival. They found that children receiving care in general hospitals were significantly more likely to have splenectomy vs those treated in children’s hospitals.

SEE PAGE 2611

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