

# CONTENTS **Annals of Internal Medicine**

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## ARTICLES

### **Evidence for Use of Coronary Stents. A Hierarchical Bayesian Meta-Analysis** 777

J.M. Brophy, P. Belisle, and L. Joseph

In published clinical trials, routinely stenting all significant stenoses was safe but probably did not reduce death, acute myocardial infarction, or coronary artery bypass surgery rates below those after stenting only for complications or an unsatisfactory result of standard percutaneous transluminal coronary angioplasty (PTCA). Coronary stenting reduced angiographic restenosis rates and the need for repeated PTCA, although the true benefit may be smaller than that seen in the clinical trials.

### **A Diagnostic Strategy Involving a Quantitative Latex D-Dimer Assay Reliably Excludes Deep Venous Thrombosis** 787

S.M. Bates, C. Kearon, M. Crowther, L. Linkins, M. O'Donnell, J. Douketis, A.Y.Y. Lee, J.I. Weitz, M. Johnston, and J.S. Ginsberg

A negative result on a quantitative latex D-dimer assay safely eliminates the need for anticoagulants and further testing in patients with low or moderate pretest probability of deep venous thrombosis.

### **The Cost-Effectiveness of Cyclooxygenase-2 Selective Inhibitors in the Management of Chronic Arthritis** 795

B.M.R. Spiegel, L. Targownik, G.S. Dulai, and I.M. Gralnek

The reduced risk for gastrointestinal complications seen with rofecoxib and celecoxib in average-risk patients with chronic arthritis does not offset their increased costs relative to nonselective nonsteroidal anti-inflammatory drugs. However, COX-2 inhibitors may be cost-effective in patients with a history of bleeding ulcer.

## BRIEF COMMUNICATION

### **Case Reports of Heart Failure after Therapy with a Tumor Necrosis Factor Antagonist** 807

H.J. Kwon, T.R. Coté, M.S. Cuffe, J.M. Kramer, and M.M. Braun

Some patients treated with tumor necrosis factor antagonists experience new or worsening heart failure.

## ACADEMIA AND CLINIC

### **Advance Care Planning for Fatal Chronic Illness: Avoiding Commonplace Errors and Unwarranted Suffering** 812

J. Lynn and N.E. Goldstein

This paper, part of the Quality Grand Rounds series, considers the case of an elderly man with advanced lung disease who had mechanical ventilation and aggressive intensive care, in part because his nursing home clinicians did not complete an advance care plan or send his do-not-resuscitate order to the hospital. The authors describe serious, recurring, and generally unnoticed errors in planning for care near the end of life and suggest possible steps toward improvement.

## REVIEW

### **Philadelphia Chromosome-Positive Leukemias: From Basic Mechanisms to Molecular Therapeutics** 819

R. Kurzrock, H.M. Kantarjian, B.J. Druker, and M. Talpaz

The Philadelphia chromosome translocation (t(9;22)) results in the molecular juxtaposition of two genes, *BCR* and *ABL*, to form an aberrant *BCR-ABL* gene on chromosome 22. *BCR-ABL* is critical to the pathogenesis of chronic myelogenous leukemia and a subset of acute leukemias. This paper reviews current knowledge of the function of the Bcr-Abl protein and its normal counterparts (Bcr and Abl) and how this knowledge led to the development of a remarkably successful targeted therapy.

## PERSPECTIVES

### **Lessons from the Stroke Prevention in Atrial Fibrillation Trials** 831

R.G. Hart, J.L. Halperin, L.A. Pearce, D.C. Anderson, R.A. Kronmal, R. McBride, E. Nasco, D.G. Sherman, R.L. Talbert, and J.R. Marler, for the Stroke Prevention in Atrial Fibrillation Investigators

The Stroke Prevention in Atrial Fibrillation (SPAF) studies assessed the value of warfarin, aspirin, and warfarin plus aspirin for preventing stroke. This review presents the major results and implications of the six multicenter trials involving 3950 participants. Collectively, these trials offer unique perspectives on antithrombotic therapies for stroke prevention in patients with atrial fibrillation.

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**Medical Professionalism in the New Millennium:  
A Physician Charter 15 Months Later** 839

L. Blank, H. Kimball, W. McDonald, and J. Merino, for the ABIM Foundation, ACP Foundation, and European Federation of Internal Medicine (EFIM)

*Annals* and *The Lancet* published the Charter on Medical Professionalism 15 months ago. This paper describes the rationale for the charter, provides an update on what has happened since initial publication, and outlines future activities to promote the charter. The interested reader will find additional commentary and response in this issue in the Letters section and in the editorial by Reiser and Banner.

EDITORIALS

**Why Have Stents Replaced Balloons? Underwhelming Evidence** 842

S.B. King III

In their meta-analysis in this issue, Brophy and colleagues measured the added benefit of routinely stenting each lesion treated with percutaneous transluminal coronary angioplasty (PTCA) rather than using stents only for complications or unsatisfactory results of PTCA (provisional stenting). Rates of death and myocardial infarction for the two strategies did not differ substantially. The clinical trials results don't help much in choosing between routine stenting or provisional stenting for an individual lesion, which emphasizes the role of the clinical judgment of a highly experienced physician.

**The Charter on Medical Professionalism and the Limits of Medical Power** 844

S.J. Reiser and R.S. Banner

The Charter on Medical Professionalism is a commendable effort to widen physicians' responsibilities for patient welfare and to change organizational and social health policies. However, the charter places too much emphasis on the physician as an agent of change and too little emphasis on the physician as a caring healer. Partners are essential to accomplishing the charter's aspirations.

ON BEING A DOCTOR

**Past and Present** 847

K. Wrenn

I went to a meeting this week and confronted my past. I saw a mentor from long ago who demanded excellence

from his students and residents, as well as himself. A few may think medicine has passed him by, but I say it just never caught up with him.

ON BEING A PATIENT

**Any Oasis Will Do** 848

J.O. Hislop

At the hospital, my father also found God in the water fountain located so very conveniently opposite his room. Told by his doctors to limit fluids, and with no water pitcher allowed at the bedside, all he thought about, of course, was water; how to get some or how to dupe some innocent visitor to get it for him. "Well," Dad grumbled, "if they don't want me to drink any water, why did they put me in a room right next to a fountain?"

AD LIBITUM

**Medicine—Why I Left You** 850

B.M. Rodriguez

LETTERS

*Comments and Responses*

**Charter on Medical Professionalism: Putting the Charter into Practice** 851

*Correspondents:* C.J. Lyons; S.A. Quraishi and A.N. Khalid; C.M. Haskell; D. Lippi, G. Gensini, and A.A. Conti;

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*Respondents:* T.A. Brennan; R.L. Cruess; N.J. Smelser;

S.L. Cruess; W.J. McDonald; J.J. Cohen; R. Lavizzo-Mourey

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J. Fisher Wilson

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