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ARTICLES

The Cost of a National Health Information Network 165

R. Kaushal, D. Blumenthal, E.G. Poon, A.K. Jha, C. Franz, B. Middleton, J. Glaser, G. Kuperman, M. Christino, R. Fernandopulle, J.P. Newhouse, D.W. Bates, and the Cost of National Health Information Network Working Group
Building on expert opinion about the requirements to develop a national health information network (NHIN), the authors estimated its 5-year cost to be \$156 billion. This expenditure is equivalent to 2% of U.S. annual health care spending for 5 years. This estimate will help policymakers decide how much the United States should invest in an NHIN.

Comparing the Risk for Death with Peritoneal Dialysis and Hemodialysis in a National Cohort of Patients with Chronic Kidney Disease 174

B.G. Jaar, J. Coresh, L.C. Plantinga, N.E. Fink, M.J. Klag, A.S. Levey, N.W. Levin, J.H. Sadler, A. Klinger, and N.R. Powe
This study found that the risk for death during peritoneal dialysis is lower than that during hemodialysis in the first year after starting dialysis. However, at 2 years and thereafter, the risk for death with peritoneal dialysis is greater than that with hemodialysis. The best time to switch from peritoneal dialysis to hemodialysis is an unanswered question.

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M.A. Puhan, J. Steurer, L.M. Bachmann, and G. ter Riet
These preliminary findings suggest that presenting diagnostic test accuracy as a likelihood ratio (which shows the amount that the odds of disease will change after a test result) does not affect some physicians' estimates of post-test probability compared with presenting diagnostic test results as sensitivity and specificity.

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G.M. Eisen and D.S. Weinberg
This review summarizes an evidence-based approach to the common clinical problem of how and when to screen for colorectal cancer (CRC) in a patient with a family history of colonic neoplasia. The authors discuss the varying risks for CRC; weigh the risks and benefits of various screening

alternatives; and briefly address chemoprevention, genetic testing, and future directions in screening for CRC.

Meta-Analysis: Obesity and the Risk for Gastroesophageal Reflux Disease and Its Complications 199

H. Hampel, N.S. Abraham, and H.B. El-Serag
Obesity is associated with a 1.5- to 2.0-fold increase in the risk for symptoms of gastroesophageal reflux disease, erosive esophagitis, and esophageal adenocarcinoma. With increasing body weight, the risk for these disorders seems to increase progressively.

UPDATE

Update in General Internal Medicine 212

J.V.L. Sheffield and E.B. Larson
The goal of this Update in General Internal Medicine is to inform practicing internists about the past year's clinically important research papers. The Update discusses cardiovascular disease and statin use, management issues in coronary artery disease, hypertension, weight loss programs, cyclooxygenase inhibitors, hormone replacement therapy, dementia, pulmonary medicine, prostate cancer, and preventive medicine.

PERSPECTIVE

Electronic Health Records: Just around the Corner? Or over the Cliff? 222

R.J. Baron, E.L. Fabens, M. Schiffman, and E. Wolf
The authors recently implemented a full-featured electronic health record in their independent, 4-internist, community-based practice of general internal medicine. This article tells the story of this change. It describes the hardships of change, its rewards, and the effects of electronic health records on this practice's finances, work flow, and office environment.

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Electronic Health Records and the National Health Information Network: Affordable, Adoptable, and Ready for Prime Time? 227

P. Basch
In this issue, Baron and colleagues detail the costs and difficulties of implementing an electronic health record (EHR) system, and Kaushal and colleagues estimate the costs of building a national health information network (NHIN).

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Many questions surround these innovations. Will meaningful health care transformation follow? Are EHRs and the NHIN interdependent? Is the EHR affordable for small practices? Can the United States afford the NHIN? How can we make EHR implementation and secure connectivity easier and less costly?

Mortality and Treatment Modality of End-Stage Renal Disease 229

G. Schulman

Jaar and colleagues found that patients with end-stage renal disease receiving peritoneal dialysis have a lower risk for death in the first year of dialysis than those receiving hemodialysis. After the first year, survival is better with hemodialysis. Their findings differ from those of previous investigations. This editorial reviews the strengths and weaknesses of the Jaar study and places it into the framework of advances in dialysis techniques.

An Editorial Update: Should Benefits of Radical Prostatectomy Affect the Decision To Screen for Early Prostate Cancer? 232

H.C. Sox and C. Mulrow

In 2002, *Annals* published a systematic review of screening for prostate cancer. The value of screening depends on the effectiveness of treatment of early-stage prostate cancer. In 2002, the only well-conducted randomized trial comparing radical prostatectomy with watchful waiting had a follow-up of 6.2 years, which is short relative to the long natural history of most prostate cancer. *The New England Journal of Medicine* recently published longer-term results of this trial. Here's our take on how they clarify treatment of early prostate cancer and the case for screening.

ON BEING A DOCTOR

A Little Confidence 234

A. Le

It was the second day of medical school and already we were headed up to the wards to confront our first real patients. With a shaking hand and a similar shake in my voice, I introduced myself as a first-year student. Sitting down in the chair beside my patient, I asked, "So, what brings you to the hospital today?" My inquisition steadily grew as more questions came pouring forth.

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Oral Pharmacotherapy for Male Sexual Dysfunction: A Guide to Clinical Management

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