

# CONTENTS *Annals of Internal Medicine*

21 March 2006 144 6 381-464

## ARTICLES

### Smoking and Deaths between 40 and 70 Years of Age in Women and Men 381

S.E. Vollset, A. Tverdal, and H.K. Gjessing

In this Norwegian population-based cohort study, continued smoking was strongly associated with an increased risk for death and smoking cessation was associated with a decreased risk for dying between 40 and 70 years of age for both women and men. Despite similar rates of lung cancer death, women who smoked had lower middle-age mortality rates than men with similar smoking histories because cardiovascular deaths were not as common in women in this age range.

### Pulmonary Embolism in Patients with Unexplained Exacerbation of Chronic Obstructive Pulmonary Disease: Prevalence and Risk Factors 390

I. Tillie-Leblond, C.-H. Marquette, T. Perez, A. Scherpereel, C. Zanetti, A.-B. Tonnel, and M. Remy-Jardin

Pulmonary embolism (PE) is common in patients with chronic obstructive pulmonary disease who present with a severe exacerbation of unknown origin. In this study, 49 of 197 such patients met diagnostic criteria for PE. Pulmonary embolism was associated with a history of thromboembolic disease, active cancer, and a decrease in  $\text{PaCO}_2$  of at least 5 mm Hg from baseline levels.

### Cost-Effectiveness of Preventive Strategies for Women with a *BRCA1* or a *BRCA2* Mutation 397

K. Anderson, J.S. Jacobson, D.F. Heitjan, J. Graff Zivin, D. Hershman, A.I. Neugut, and V.R. Grann

The authors evaluated the cost-effectiveness of preventive strategies for women who do not have breast cancer but who carry a single *BRCA1* or *BRCA2* mutation that is associated with a high incidence of cancer. The most cost-effective strategy for such women was prophylactic oophorectomy if the cost-effectiveness calculation assigned different quality-of-life values to different health states. Prophylactic oophorectomy plus mastectomy was the best option if the calculation assumed that all health states had the same value.

### A Risk Score for Mortality after Allogeneic Hematopoietic Cell Transplantation 407

T. Parimon, D.H. Au, P.J. Martin, and J.W. Chien

Mortality after allogeneic hematopoietic stem-cell transplantation remains quite high and difficult to predict for an individual patient. The authors constructed a 50-point Pretransplantation Assessment of Mortality score that

incorporated 8 pretransplantation clinical variables. The higher the score, the greater the risk for death after transplantation. This information may help patients to decide whether to undergo this form of treatment.

### Brief Communication: Severe Hepatotoxicity of Telithromycin: Three Case Reports and Literature Review 415

K.D. Clay, J.S. Hanson, S.D. Pope, R.W. Rissmiller, P.P. Purdum III, and P.M. Banks

Severe hepatotoxicity occurred in 3 previously healthy patients who had recently taken telithromycin and were not taking any other prescription medications. One patient spontaneously recovered, 1 required orthotopic liver transplantation, and 1 died. Histologic examination in the latter 2 patients showed massive hepatic necrosis. The authors advise caution in prescribing this drug pending additional postmarketing surveillance data.

## UPDATE

### Update in Neurology 421

R.G. Holloway Jr. and R.F. Józefowicz

This Update reviews important literature related to 6 main topics in the field: stroke, Parkinson disease, dementia, dizziness, epilepsy, and migraine headaches.

## ACADEMIA AND CLINIC

### Evaluation of the Quality of Prognosis Studies in Systematic Reviews 427

J.A. Hayden, P. Côté, and C. Bombardier

In examining how researchers assess the quality of individual studies in systematic reviews about prognosis, the authors found that appraisal of the quality of the article, a necessary step in systematic reviews, is often incomplete. They recommend that authors of systematic reviews include judgments on 6 areas of potential study biases and be more consistent in incorporating these quality assessments into their synthesis of the evidence.

## IN THE BALANCE

### Viewpoint: Limiting Prostate Cancer Screening 438

R.M. Hoffman

The author argues, on the basis of evidence published since 2000, that the evidence about the efficacy of prostate-specific antigen (PSA) screening is not strong enough to recommend routine screening. For those who do

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screen, the author recommends against expanding screening to include average-risk men younger than age 50 years or older than age 70 years. Moreover, he recommends against lowering the threshold PSA level to less than 4.0 ng/mL to trigger referral for prostate biopsy.

**Viewpoint: Expanding Prostate Cancer Screening 441**

**W.J. Catalona, S. Loeb, and M. Han**

The authors argue, on the basis of evidence published since 2000, that the evidence about the efficacy of prostate-specific antigen (PSA) screening is sufficient to make a strong recommendation for screening average-risk men beginning at age 40 years, screening selected healthy men older than age 70 years, and lowering the PSA threshold for considering biopsy to 2.5 ng/mL for all men.

**EDITORIALS**

**Measuring the Health Impact of Smoking and Health Care Providers' Performance in Addressing the Problem 444**

**R.M. Davis**

The data presented by Vollset and colleagues in this issue showed that the benefits of smoking cessation were stronger for persons who quit at younger ages (<40 and 40 to 49 years of age) but were also evident for those quitting at older ages (50 to 59 years of age). This supports the public health message that "it's never too late to quit." We must use evidence-based practice guidelines, quality improvement measures, national consensus standards, and public policy to continue to mitigate the enormous burden of tobacco-caused disease.

**Telithromycin 447**

**M.T. Turner, G.R. Corey, and E. Abrutyn**

In this issue, Clay and colleagues describe a serious adverse event related to telithromycin. Their report should cause physicians who prescribe telithromycin to carefully consider whether it is the right antibiotic for the circumstances. This editorial provides information about telithromycin to help clinicians decide when to prescribe it.

**ON BEING A DOCTOR**

**"Teach Me, and I Will Be Silent; Make Me Understand How I Have Erred." (Job 6:24) 449**

**M. Seton**

I would find him sitting in my examination room doing book after book of crossword puzzles. There he would be, a tall black man hunched over a difficult clue, gripping a dirty pencil with the nib worn. Under the heavy-lidded eyes,

which he would raise periodically with a "Do you really think so?" look, he would talk to me about his life.

**Getting Out of Greasewood 451**

**J. Coulehan**

Lower Greasewood lies at the base of Toyey Mesa, 23 miles southwest of Ganado, Arizona. In 1972, the paved road ended at the Greasewood Chapter House and Trading Post, beyond which were the trailer-like clinic, the boarding school, and a 3-block arc of government houses. Near the arroyo on the other side of the clinic were an old stand of cottonwood and a dirt road that continued west to Bitá Hochee. The Navajo called this place *d'wooshi bitwa*, which means something like "water that flows from the rock."

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**J. Fisher Wilson**

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