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ARTICLES

Does Utilization of Screening Mammography Explain Racial and Ethnic Differences in Breast Cancer? 541

R. Smith-Bindman, D.L. Miglioretti, N. Lurie, L. Abraham, R. Ballard Barbash, J. Strzelczyk, M. Dignan, W.E. Barlow, C.M. Beasley, and K. Kerlikowski

African-American women with breast cancer are more likely than white women to present with larger tumors at more advanced stages. They are also less likely to receive screening mammography at recommended intervals than white women. African-American and white women who are screened at the same intervals have similar-stage tumors at diagnosis, but African-American women have higher-grade tumors than white women regardless of screening frequency. Screening interval and biological features both contribute to African-American women having more advanced cancer at diagnosis.

The Relationship between Green Tea and Total Caffeine Intake and Risk for Self-Reported Type 2 Diabetes among Japanese Adults 554

H. Iso, C. Date, K. Wakai, M. Fukui, A. Tamakoshi, and the JACC Study Group

In this retrospective cohort study, drinking more green tea and coffee was associated with a reduced risk for diabetes. Drinking black or oolong teas was not associated with the risk for diabetes. These relationships were strongest in women and in overweight men.

Telephone Care Management To Improve Cancer Screening among Low-Income Women. A Randomized, Controlled Trial 563

A.J. Dietrich, J.N. Tobin, A. Cassells, C.M. Robinson, M.A. Greene, C. Hill Sox, M.L. Beach, K.N. DuHamel, and R.G. Younge

Telephone support improved cancer screening rates among women who had received care at urban community health centers for at least 1 year. This intervention seems to be well suited to health plans, large medical groups, and other organizations seeking to increase cancer screening rates and reduce disparities in care.

Brief Communication: Atrial–Esophageal Fistulas after Radiofrequency Ablation 572

J.E. Cummings, R.A. Schweikert, W.I. Saliba, J.D. Burkhardt, F. Kilikaslan, E. Saad, and A. Natale

The authors report 9 patients who developed an atrial–esophageal fistula within several weeks after radiofrequency catheter ablation around the pulmonary vein for atrial fibrillation. All died. Only 3 patients received correct diagnoses before death, although all patients presented to a physician. This disorder may have an indolent presentation that mimics other disease states, such as stroke or sepsis.

CLINICAL GUIDELINES

Risk Assessment for and Strategies To Reduce Perioperative Pulmonary Complications for Patients Undergoing Noncardiothoracic Surgery: A Guideline from the American College of Physicians 575

A. Qaseem, V. Snow, N. Fitterman, E.R. Hornbake, V.A. Lawrence, G.W. Smetana, K. Weiss, and D.K. Owens, for the Clinical Efficacy Assessment Subcommittee of the American College of Physicians

This guideline was developed to guide clinicians on clinical and laboratory predictors of perioperative pulmonary risk before noncardiothoracic surgery and to evaluate the efficacy of strategies to reduce the risk for postoperative pulmonary complications. The target audience is general internists or other clinicians involved in perioperative management of surgical patients.

Preoperative Pulmonary Risk Stratification for Noncardiothoracic Surgery: Systematic Review for the American College of Physicians 581

G.W. Smetana, V.A. Lawrence, and J.E. Cornell

This background review supports the American College of Physicians' clinical practice guideline on risk assessment for postoperative pulmonary complications after noncardiothoracic surgery.

Strategies To Reduce Postoperative Pulmonary Complications after Noncardiothoracic Surgery: Systematic Review for the American College of Physicians 596

V.A. Lawrence, J.E. Cornell, and G.W. Smetana

This background review supports the American College of Physicians' clinical practice guideline on reducing postoperative pulmonary complications after noncardiothoracic surgery.

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MEDICINE AND PUBLIC ISSUES

Research Misconduct, Retraction, and Cleansing the Medical Literature: Lessons from the Poehlman Case 609

H.C. Sox and D. Rennie

The scientific literature is a record of the search for truth. Publication of faked data diverts this search. The scientific community has a duty to warn people to ignore an article containing faked data and must try to prevent authors from inadvertently citing it. The scientific community accomplishes these tasks by publishing a retraction and linking it to the fraudulent article's citation in electronic indexes of the medical literature, such as PubMed. Another task is to check the validity of every article written by an author who has published faked data. A case history of scientific fraud perpetrated by Eric Poehlman shows the scientific community at work on these tasks.

EDITORIAL

Exploring and Crossing the Disparity Divide in Cancer Mortality 614

M.B. Barton

Disparities in health care access and health outcomes in the United States present a significant challenge. Two articles in this issue discuss cancer screening in special populations. One reports from the Breast Cancer Surveillance Consortium on 2 potential sources of the disproportionate burden of breast cancer mortality borne by African-American women. The other trial tested "prevention coaches" as a means to increase use of cancer screening services by largely Hispanic and African-American patients at community and migrant health centers in New York City.

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G.N. Braman

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J. Fisher Wilson

Cover photograph submitted by Lola Devers and Jennifer Hayashi

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