

CONTENTS **Annals of Internal Medicine**

18 December 2007 147 12 821-896

ARTICLES

An Externally Validated Model for Predicting Long-Term Survival after Exercise Treadmill Testing in Patients with Suspected Coronary Artery Disease and a Normal Electrocardiogram 821

M.S. Lauer, C.E. Pothier, D.J. Magid, S.S. Smith, and M.W. Kattan

In a large prospective cohort study, Lauer and colleagues developed a post-treadmill test prediction rule to determine mortality in adults with normal electrocardiograms and suspected coronary artery disease. Their model used clinical and treadmill variables coupled with a nomogram to predict all-cause mortality. The nomogram better discriminated between those who die and those who survive than did the standard Duke treadmill score, which uses only treadmill test variables to predict outcome. It gave good results when used to predict all-cause mortality in an independent population of patients from a large HMO.

Non-HACEK Gram-Negative Bacillus Endocarditis 829

S. Morpeth, D. Murdoch, C.H. Cabell, A.W. Karchmer, P. Pappas, D. Levine, F. Nacinovich, P. Tattevin, N. Fernández-Hidalgo, S. Dickerman, E. Bouza, A. del Río, T. Lejko-Zupanc, A. de Oliveira Ramos, D. Iarussi, J. Klein, C. Chirouze, R. Bedimo, G.R. Corey, V.G. Fowler Jr., and the International Collaboration on Endocarditis Prospective Cohort Study Investigators

Endocarditis caused by non-HACEK organisms (species other than *Haemophilus* species, *Actinobacillus actinomycetem-comitans*, *Cardiobacterium hominis*, *Eikenella corrodens*, and *Kingella* species) has long been thought to be associated with injection drug use. Morpeth and coworkers described the clinical characteristics and outcomes of 2761 cases of patients with infective endocarditis from 61 hospitals. Non-HACEK organisms accounted for fewer than 2% of cases. Most non-HACEK endocarditis infections were associated with health care: 59% of patients had implanted endovascular devices or prosthetic valves and only 4% were injection drug users. More than half of the patients with non-HACEK infections had cardiac surgery; 24% died.

Brief Communication: Rituximab in HIV-Associated Multicentric Castleman Disease 836

M. Bower, T. Powles, S. Williams, T. Newsom Davis, M. Atkins, S. Montoto, C. Orkin, A. Webb, M. Fisher, M. Nelson, B. Gazzard, J. Stebbing, and P. Kelleher

Rituximab has shown some therapeutic promise in patients with Castleman disease previously treated with chemo-

therapy, but we lack data on initial therapy with rituximab. This uncontrolled case series suggests that initial treatment with rituximab can achieve better overall and disease-free survival than that anticipated in untreated patients (overall and disease-free survival rates at 2 years were 95% and 79%, respectively). Laboratory measures of disease activity also improved with therapy. Because the study lacked a concurrent control group, we must wait for definitive assessment of the efficacy or safety of this therapy.

REVIEW

Meta-analysis: Vitamin D Compounds in Chronic Kidney Disease 840

S.C. Palmer, D.O. McGregor, P. Macaskill, J.C. Craig, G.J. Elder, and G.F.M. Strippoli

Most patients with advanced kidney disease take vitamin D compounds to prevent secondary hyperparathyroidism. Palmer and colleagues' meta-analysis of 76 randomized trials found no good evidence that vitamin D compounds reduced risk for death, bone pain, vascular calcification, or need for parathyroidectomy in patients with chronic kidney disease (CKD). Compared with placebo, older vitamin D sterols increased the risk for hypercalcemia and hyperphosphatemia, whereas newer vitamin D analogues increased the risk for hypercalcemia but not hyperphosphatemia. Direct comparisons between newer analogues and established agents found no advantage to newer drugs. Vitamin D compounds do not reduce adverse outcomes in CKD and might increase them.

CLINICAL GUIDELINES

Screening for Carotid Artery Stenosis: U.S. Preventive Services Task Force Recommendation Statement 854

U.S. Preventive Services Task Force

In this update to a previous recommendation, the U.S. Preventive Services Task Force recommends that clinicians not screen for asymptomatic carotid artery stenosis in the general adult population. This recommendation applies to adults without neurologic signs or symptoms or a history of transient ischemic attacks or stroke.

Summary for Patients

I-36

Continued on page I-6

Screening for Carotid Artery Stenosis: An Update of the Evidence for the U.S. Preventive Services Task Force 860

T. Wolff, J. Guirguis-Blake, T. Miller, M. Gillespie, and R. Harris

This evidence update supports the U.S. Preventive Services Task Force recommendations on screening for carotid artery stenosis.

Summary for Patients 1-36

ACADEMIA AND CLINIC

Update on the Methods of the U.S. Preventive Services Task Force: Estimating Certainty and Magnitude of Net Benefit 871

G.F. Sawaya, J. Guirguis-Blake, M. LeFevre, R. Harris, and D. Petitti, for the U.S. Preventive Services Task Force

The major goal of the U.S. Preventive Services Task Force is to provide reliable and accurate evidence-based recommendations on a wide range of preventive services. In this article, the Task Force describes its current, updated process for evaluating evidence, determining the certainty and magnitude of net benefit, and assigning a final letter grade to recommendations.

Caring for Organs or for Patients? Ethical Concerns about the Uniform Anatomical Gift Act (2006) 876

M.A. DeVita and A.L. Caplan

The National Conference on Uniform State Laws modified the Uniform Anatomical Gift Act (2006) to prevent care at the end of life from precluding organ donation. The new language has the unintended consequence of giving higher priority to care of the potential donor organs than the dying person. The act has been revised, but many states have enacted the original version into law. DeVita and Caplan discuss the reason for updating the act; the ethical concerns involved; and the lessons to be learned from the failure to recognize an important and long-standing ethical boundary: the protected status of a physician's orders and a patient's wishes.

EDITORIAL

Vitamin D in Patients with Chronic Kidney Disease: Nothing New under the Sun 880

M. Tonelli

Palmer and colleagues' meta-analysis in this issue synthesizes data from 76 trials evaluating the clinical benefits of vitamin D supplementation in 3776 patients with CKD. The results will

surprise many physicians who care for patients with CKD: The evidence does not support the current widespread use of vitamin D in CKD.

AD LIBITUM

La Lingua Dell'Estremità (The Language of the End) 888

J. Best

A Separate Sacrifice 896

L.J. Hergott

LETTERS

Comments and Responses

Estimating Net Benefits and Harms of Screening Mammography in Women Age 40 to 49 Years 882

B. Djulbegovic, I. Hozo, and G.H. Lyman

Tiotropium in Combination with Placebo, Salmeterol, or Fluticasone-Salmeterol for Chronic Obstructive Pulmonary Disease: Possible Confounding Effect of Treatment Withdrawal? 882

S.M. Brown; S.D. Aaron

Chondroitin for Osteoarthritis of the Knee or Hip 883

H. Goldberg, A. Avins, and S. Bent; J.P. Pelletier; M.D. Levin; S. Trelle, S. Reichenbach, and P. Jüni

Clinical Observation

Very Late Restenosis after Paclitaxel-Eluting Stent Implantation 885

J. Cosgrave, A. Qasim, A. Latib, T.C. Aranzulla, and A. Colombo

Correction

Correction: Systematic Review: Comparative Effectiveness and Safety of Oral Medications for Type 2 Diabetes Mellitus 887

THANKS TO REVIEWERS 889

Cover photograph by Peter Houts

CME Bulletin Board 1-16

Authors' Form 1-18

Classified Services Begin on 1-22

Subscription and Business Information 1-29

Services for Readers 1-43