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ARTICLES

Validity of Models for Predicting *BRCA1* and *BRCA2* Mutations 441

G. Parmigiani, S. Chen, E.S. Iversen Jr., T.M. Friebel, D.M. Finkelstein, H. Anton-Culver, A. Ziogas, B.L. Weber, A. Eisen, K.E. Malone, J.R. Daling, L. Hsu, E.A. Ostrander, L.E. Peterson, J.M. Schildkraut, C. Isaacs, C. Corio, L. Leondaridis, G. Tomlinson, C.I. Amos, L.C. Strong, D.A. Berry, J.N. Weitzel, S. Sand, D. Dutson, R. Kerber, B.N. Peshkin, and D.M. Euhus

Because of the expense of testing for mutations in the *BRCA1* or *BRCA2* gene, programs use models to estimate the probability of a mutation. Parmigiani and colleagues systematically compared the accuracy of 6 publicly available models in 3 population-based samples and 8 samples of high-risk women from genetic counseling clinics. For practical purposes, the 6 models all discriminated well between women with and without *BRCA1* or *BRCA2* mutations. None of the models has good sensitivity and specificity across a range of validation populations and probability thresholds to refer for mutation testing.

Summary for Patients 1-38

Serum and Biliary Insulin-like Growth Factor I and Vascular Endothelial Growth Factor in Determining the Cause of Obstructive Cholestasis 451

D. Alvaro, G. Macarri, M.G. Mancino, M. Marzoni, M.C. Bragazzi, P. Onori, S.G. Corradini, P. Invernizzi, A. Franchitto, A.F. Attili, E. Gaudio, and A. Benedetti

The researchers measured insulin-like growth factor I (IGF-I) and vascular endothelial growth factor (VEGF) in the serum and biliary fluid of 73 patients referred for endoscopic retrograde cholangiopancreatography, to assess whether these substances help diagnose extrahepatic cholangiocarcinoma. Biliary IGF-I levels were 15- to 20-fold greater in patients with extrahepatic cholangiocarcinoma than in patients with pancreatic cancer or benign biliary diseases, whereas the biliary VEGF concentration was similar in the 3 groups. Measurement of biliary IGF-I may help to differentiate patients with cholangiocarcinoma from those with pancreatic cancer or benign biliary disease.

Cost-Effectiveness of Screening and Vaccinating Asian and Pacific Islander Adults for Hepatitis B 460

D.W. Hutton, D. Tan, S.K. So, and M.L. Brandeau

Up to 10% of Asians and Pacific Islanders living in the United States are chronically infected with hepatitis B virus (HBV), and 25% of them will die of HBV-related illness unless treated. Two thirds are unaware of their HBV

infection. The authors assessed the incremental cost-effectiveness of alternative strategies for voluntary screening for HBV in Asian and Pacific Islander adults in the United States. Compared with voluntary screening only, 2 proactive screening strategies were cost-effective. The first was to screen everyone and then treat infected persons. The second was to screen everyone, treat infected persons, and ring vaccinate close contacts. Both strategies cost \$36 000 to \$40 000 per quality-adjusted life-year gained.

UPDATE

Update in Geriatric Medicine 470

D.B. Reuben

This Update in Geriatric Medicine features 12 articles published in 2006. Topics include endocrinology, supplements for age-related disorders, urology, dementia, and preventive medicine.

CLINICAL GUIDELINES

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society 478

R. Chou, A. Qaseem, V. Snow, D. Casey, J.T. Cross Jr., P. Shekelle, and D.K. Owens, for the Clinical Efficacy Assessment Subcommittee of the American College of Physicians and the American College of Physicians/American Pain Society Low Back Pain Guidelines Panel

Low back pain is the fifth most common reason for all physician visits in the United States. This guideline presents the available evidence for evaluation and management of acute and chronic low back pain in primary care settings. The target audience is all clinicians caring for patients with low (lumbar) back pain of any duration, with or without leg pain. The target patient population is adults with acute and chronic low back pain not associated with major trauma.

Summary for Patients 1-45

Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline 492

R. Chou and L.H. Huffman

This evidence review assesses the benefits and harms of diverse nonpharmacologic treatments for acute or chronic

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low back pain with or without leg pain. Therapies with good evidence of moderate efficacy for chronic or subacute low back pain are cognitive-behavioral therapy, exercise, spinal manipulation, and interdisciplinary rehabilitation. For acute low back pain, the only therapy with good evidence of efficacy is superficial heat.

Summary for Patients 1-45

Medications for Acute and Chronic Low Back Pain: A Review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline 505

R. Chou and L.H. Huffman

This evidence review assesses benefits and harms of pharmacologic therapies for acute or chronic low back pain with or without leg pain. Medications with good evidence of short-term effectiveness for low back pain are nonsteroidal anti-inflammatory drugs, acetaminophen, skeletal muscle relaxants (for acute low back pain), and tricyclic antidepressants (for chronic low back pain). Evidence is insufficient to identify one medication with a clear overall net advantage because of complex tradeoffs between benefits and harms.

Summary for Patients 1-45

EDITORIAL

Cancer Risk Models: Translating Family History into Clinical Management 515

S.M. Domchek and A. Antoniou

In this issue, Parmigiani and colleagues tested the ability of 6 models to discriminate *BRCA1* and *BRCA2* mutation carriers from noncarriers. According to these researchers, no one type of model is best. However, to avoid underestimating the risk for breast cancer, one must look at both the risk that an individual has a *BRCA1* or *BRCA2* mutation and the risk that the individual will develop breast cancer. We need to develop better methods for collecting and acknowledging family history while we continue to improve risk models.

ON BEING A DOCTOR

The Story between the Pinstripes: Interviewing for Internal Medicine Residencies 518

T. Margalit

Interview after interview, it is the same pastries, the same information session, the same suits, the same emergency room. Only instead of selling kitchen knives or used cars,

I'm selling myself—not only my efficiency, my clinical and research experiences, and my board scores but also my deepest, most personal motivations.

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Scent, Sounds, Leaves, Life 517
 J. Lutzman

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Management of Venous Thromboembolism 519
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IN THE CLINIC

Influenza ITC10-1
 This issue provides a clinical overview of influenza, focusing on prevention, diagnosis, treatment, practice improvement, and patient information. Readers can complete the accompanying CME quiz for 1.5 credits.

Cover photograph by Charles Rossi

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