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ARTICLES

The Canadian National Breast Screening Study-1: Breast Cancer Mortality after 11 to 16 Years of Follow-up. A Randomized Screening Trial of Mammography in Women Age 40 to 49 Years 305

A.B. Miller, T. To, C.J. Baines, and C. Wall

After 11 to 16 years of follow-up, four or five annual screenings with mammography, breast physical examination, and breast self-examination had not reduced breast cancer mortality compared with usual community care after a single breast physical examination and instruction on breast self-examination. The study data show that true effects of 20% or greater are unlikely.

Relationship of Antihypertensive Treatment Regimens and Change in Blood Pressure to Risk for Heart Failure in Hypertensive Patients Randomly Assigned to Doxazosin or Chlorthalidone: Further Analyses from the Antihypertensive and Lipid-Lowering treatment to prevent Heart Attack Trial 313

B.R. Davis, J.A. Cutler, C.D. Furberg, J.T. Wright Jr., M.A. Farber, J.V. Felicetta, and J.D. Stokes, for the ALLHAT Collaborative Research Group

In high-risk patients with hypertension, the higher risk for heart failure while taking doxazosin compared with chlorthalidone is attenuated but not eliminated by adding other antihypertensive drugs. The small observed difference in systolic blood pressure does not explain this increased risk.

Angiotensin-Converting Enzyme Gene Polymorphism Is Associated with Vulnerability to Alcoholic Cardiomyopathy 321

J. Fernández-Solà, J.M. Nicolás, J. Oriola, E. Sacanella, R. Estruch, E. Rubin, and A. Urbano-Márquez

Vulnerability to cardiomyopathy among chronic alcohol abusers is partially genetic and is related to presence of the angiotensin-converting enzyme *DD* genotype. This finding demonstrates genetic susceptibility to alcohol-induced myocardial damage.

ACADEMIA AND CLINIC

Are Bad Outcomes from Questionable Clinical Decisions Preventable Medical Errors? A Case of Cascade Iatrogenesis 327

T.P. Hofer and R.A. Hayward

This article analyzes the case of a 40-year-old woman with a history of chronic aortic dissection and pericardial effusion

who was admitted with unilateral swelling of her left breast and arm accompanied by dyspnea. During hospitalization, the patient developed complications from the diagnostic and therapeutic procedures. This case illustrates some limitations of routinely undertaking time-consuming and costly reviews, or "root-cause analyses," as a patient safety strategy when they are unlikely to reveal remediable "errors" or to suggest better systems of care that will prevent errors.

UPDATE

Update in General Internal Medicine 334

C.R. Lucey and C.A. Cole

This Update addresses new lessons learned about secondary prevention in cardiovascular disease, the management of systolic dysfunction, the specific choice of antihypertensive agents for special populations, the significance of *Helicobacter pylori* infection, the management of thromboembolic disease, and the use of estrogen replacement therapy.

PERSPECTIVE

Do Ask, Do Tell 341

J.E. Potter

The author presents vignettes from her personal experiences as a lesbian patient and doctor to illustrate the importance of creating an environment in which sexual orientation can be disclosed and to portray the challenges and rewards of coming out as a gay physician.

CLINICAL GUIDELINES

Screening for Breast Cancer: Recommendations and Rationale 344

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force recommends screening mammography, with or without clinical breast examination, every 1 to 2 years for women aged 40 and older.

Breast Cancer Screening: A Summary of the Evidence for the U.S. Preventive Services Task Force 347

L.L. Humphrey, M. Helfand, B.K.S. Chan, and S.H. Woolf

This systematic review supports the U.S. Preventive Services Task Force's position on breast cancer screening.

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EDITORIALS

Screening Mammography for Younger Women: Back to Basics 361

H. Sox

This issue of *Annals* adds fuel to the breast cancer screening debate. It contains the U.S. Preventive Services Task Force recommendations on breast cancer screening, a summary of the supporting evidence, an editorial about dealing responsibly with conflicting evidence, and a report from the Canadian National Breast Screening Study. It's a debate worth following closely, because women are deciding about breast cancer screening, and it's our role to keep them informed as best we can.

The Mammography Dilemma: A Crisis for Evidence-Based Medicine? 363

S.N. Goodman

The newest contretemps over mammography is yet the latest eruption from a debate that has been simmering for decades. But a closer look at this controversy, which is officially joined here by publication of the rationale for the recommendations of the U.S. Preventive Services Task Force, shows that its focus has shifted in a way that continues to pose a dilemma not only for women and their doctors but for evidence-based medicine itself.

AD LIBITUM

Changing Diapers at the VA Hospital 365

J.D. Eubanks

ON BEING A DOCTOR

A Walk on the Beach 366

D.S. Pisetsky

In August of each year, I take a 2-week vacation with my family, wanting to get as far away as possible from the hospital where I'm the rheumatology division chief. This year, however, my plans for rest went awry when, on the Monday of my second week on vacation, I decided to take a walk on the beach.

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Letter available only at www.annals.org:

Rapidly Progressive Glomerulonephritis

M. Denton, C. Magee, and J. Niles

MEDICAL WRITINGS

Metaphorical Medicine: Using Metaphors To Enhance Communication with Patients Who Have Pulmonary Disease 376

A.C. Arroliga, S. Newman, D.L. Longworth, and J.K. Stoller

The authors describe the frequency with which pulmonary and critical care physicians use metaphors in explaining diagnosis or treatment to their patients. Through this study, they have begun to assemble a "catalog" of metaphors for a variety of pulmonary issues that may be useful to colleagues seeking new communicative strategies.

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Cover photograph by Anthony E. Douglas

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