

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### **Stool DNA and Occult Blood Testing for Screen Detection of Colorectal Neoplasia** 441

D.A. Ahlquist, D.J. Sargent, C.L. Loprinzi, T.R. Levin, D.K. Rex, D.J. Ahnen, K. Knigge, M.P. Lance, L.J. Burgart, S.R. Hamilton, J.E. Allison, M.J. Lawson, M.E. Devens, J.J. Harrington, and S.L. Hillman

Ahlquist and colleagues compared 2 stool DNA tests with fecal blood testing for detection of screen-relevant neoplasia in 4482 average-risk adults, using colonoscopy as the criterion standard. Stool DNA test 1 (SDT-1) provided no improvement over HemoccultSensa for detection of screen-relevant neoplasms, whereas SDT-2 detects significantly more neoplasms than does Hemoccult or HemoccultSensa but with more positive results in colonoscopically normal patients.

Summary for Patients 1-20

### **Association of Electrocardiographic Morphology of Exercise-Induced Ventricular Arrhythmia with Mortality** 451

R.E. Eckart, M.E. Field, T.W. Hruczkowski, D.E. Forman, S. Dorbala, M.F. Di Carli, C.E. Albert, W.H. Maisel, L.M. Epstein, and W.G. Stevenson

The prognostic value of exercise-induced ventricular arrhythmia (EIVA) is uncertain, and outcomes may depend on QRS morphology. Among 585 patients with and 2340 patients without EIVA who were matched by age, sex, and risk factor and underwent exercise testing, 5.3% and 1.8%, respectively, died over 24 months. However, only patients with right bundle-branch block morphology had a higher risk for death than those without EIVA.

Summary for Patients 1-22

### **Insulin-like Growth Factors, Their Binding Proteins, and Prostate Cancer Risk: Analysis of Individual Patient Data from 12 Prospective Studies** 461

A.W. Roddam, N.E. Allen, P. Appleby, T.J. Key, L. Ferrucci, H.B. Carter, E.J. Metter, C. Chen, N.S. Weiss, A. Fitzpatrick, A.W. Hsing, J.V. Lacey Jr., K. Helzlsouer, S. Rinaldi, E. Riboli, R. Kaaks, J.A.M.J.L. Janssen, M.F. Wildhagen, F.H. Schröder, E.A. Platz, M. Pollak, E. Giovannucci, C. Schaefer, C.P. Quesenberry Jr., J.H. Vogelman, G. Severi, D.R. English, G.G. Giles, P. Stattin, G. Hallmans, M. Johansson, J.M. Chan, P. Gann, S.E. Oliver, J.M. Holly, J. Donovan, F. Meyer, I. Bairati, and P. Galan

Insulin-like growth factors (IGFs) and IGF binding proteins may be associated with some types of cancer. In this patient-level reanalysis of 12 studies including 3700 men

with prostate cancer and 5200 control participants, the association found between IGFs and IGF binding proteins and prostate cancer suggests that higher levels of serum IGF-I are associated with higher risk for prostate cancer.

## IMPROVING PATIENT CARE

### **The Effect of a Quality Improvement Collaborative to Improve Antimicrobial Prophylaxis in Surgical Patients. A Randomized Trial** 472

S.B. Kritchevsky, B.I. Braun, A.J. Bush, M.R. Bozikis, L. Kusek, J.P. Burke, E.S. Wong, J. Jernigan, C.C. Davis, and B. Simmons

Kritchevsky and coworkers assessed the effect of a quality improvement collaborative versus receipt of only a feedback report to improve prophylaxis of surgery-related infection. The 44 U.S. acute care hospitals that participated each randomly sampled approximately 100 selected surgical cases to evaluate whether and when patients received prophylaxis. The groups did not differ in the change in proportion of patients who received a properly timed antimicrobial prophylaxis dose or in individual measures of antibiotic duration.

## REVIEWS

### **Systematic Review: D-Dimer to Predict Recurrent Disease after Stopping Anticoagulant Therapy for Unprovoked Venous Thromboembolism** 481

M. Verhovsek, J.D. Douketis, Q. Yi, S. Shrivastava, R.C. Tait, T. Baglin, D. Poli, and W. Lim

A test to identify persons at low risk for recurrent venous thromboembolism (VTE) could help with the decision to continue or stop anticoagulant treatment. This systematic review identified 7 studies that measured D-dimer 3 to 6 weeks after stopping treatment for a first unprovoked VTE. Recurrence rates within approximately 2 years were 8.9% and 3.5% in patients with a positive and negative D-dimer test result, respectively.

## CLINICAL GUIDELINES

### **Behavioral Counseling to Prevent Sexually Transmitted Infections: U.S. Preventive Services Task Force Recommendation Statement** 491

#### **U.S. Preventive Services Task Force**

The U.S. Preventive Services Task Force (USPSTF) has issued a new statement on recommendations about behavioral counseling of adolescents and adults to prevent sexually

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transmitted infections (STIs). They recommend high-intensity behavioral counseling for all sexually active adolescents and for adults at increased risk for STIs (B recommendation). Current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs (I statement).

Summary for Patients 1-36

**Behavioral Counseling to Prevent Sexually Transmitted Infections: A Systematic Review for the U.S. Preventive Services Task Force** 497

J.S. Lin, E. Whitlock, E. O'Connor, and V. Bauer  
 To support the USPSTF recommendation in this issue, Lin and colleagues found good-quality evidence from 17 studies suggesting that behavioral counseling interventions with multiple sessions conducted in STI clinics and primary care effectively reduce STI incidence in at-risk adult and adolescent populations. Additional trial evidence is needed for lower-intensity behavioral counseling interventions and lower-risk patient populations.

Summary for Patients 1-36

**EDITORIAL**

**Stool DNA Testing and Colon Cancer Prevention: Another Step Forward** 509

D.C. Chung  
 A noninvasive test that preselects individuals who are likely to have advanced adenomas or cancer for subsequent colonoscopy is a worthy goal. Ahlquist and colleagues' study in this issue provides exciting evidence that such an approach may be possible. In time, a few strands of DNA may be all it takes to deliver an ounce of prevention.

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 A.F. Green

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**IN THE CLINIC**

**Obesity** ITC4-1

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

Cover photograph by Yair Liel, MD

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