

# CONTENTS *Annals of Internal Medicine*

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## ARTICLES

### Effects of an Oral Ghrelin Mimetic on Body Composition and Clinical Outcomes in Healthy Older Adults. A Randomized Trial

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R. Nass, S.S. Pezzoli, M.C. Oliveri, J.T. Patrie, F.E. Harrell Jr., J.L. Clasey, S.B. Heymsfield, M.A. Bach, M.L. Vance, and M.O. Thorer

The age-related decline in growth hormone secretion may play a role in sarcopenia and frailty. Nass and colleagues randomly assigned 65 healthy older adults to receive placebo or MK-677, an oral ghrelin mimetic that increased pulsatile growth hormone secretion to young adult levels. Over 1 year, lean fat-free mass increased 1.1 kg with MK-677 and decreased 0.5 kg with placebo. MK-677 did not affect strength and function, whereas insulin sensitivity decreased and mean serum glucose levels increased. An oral ghrelin mimetic increases pulsatile growth hormone secretion and seems to alter body composition in healthy adults.

Summary for Patients 1-36

### Composite Outcomes in Cardiovascular Research: A Survey of Randomized Trials

612

E. Lim, A. Brown, A. Helmy, S. Mussa, and D.G. Altman

The authors evaluated the contribution of individual end points to composite outcomes in 304 recent cardiovascular trials. In these trials, composite outcomes commonly comprised 3 or 4 individual end points ranging in significance from angina to death. Because individual outcomes do not necessarily occur at the same rate, readers should not assume that the overall estimate of effect for a composite measure applies equally to each of its component outcomes.

### Ten-Year Trends in the Incidence and Treatment of Cardiogenic Shock

618

R.V. Jeger, D. Radovanovic, P.R. Hunziker, M.E. Pfisterer, J.C. Stauffer, P. Erne, and P. Urban, for the AMIS Plus Registry Investigators

This analysis of hospital registry data from Switzerland showed that rates of cardiogenic shock in patients with acute coronary syndromes decreased from 1997 to 2006. This decline was due to a decrease in the incidence of cardiogenic shock during hospitalization rather than a change in the prevalence of cardiogenic shock at admission. In patients with cardiogenic shock, use of percutaneous coronary intervention increased and in-hospital mortality decreased.

## CLINICAL GUIDELINES

### Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement

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U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force (USPSTF) updates its recommendation statement on screening for colorectal cancer. Screening using fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy is recommended in adults beginning at age 50 years and continuing until age 75 years (A recommendation). The USPSTF recommends against routine screening in adults 76 to 85 years of age, but certain considerations may support screening in an individual patient (C recommendation). It recommends against screening in adults older than age 85 years (D recommendation). Evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer (I statement).

Summary for Patients 1-44

### Screening for Colorectal Cancer: A Targeted, Updated Systematic Review for the U.S. Preventive Services Task Force

638

E.P. Whitlock, J.S. Lin, E. Liles, T.L. Beil, and R. Fu

To support the USPSTF recommendation in this issue, Whitlock and colleagues sought evidence on knowledge gaps from the 2002 recommendation and considered community performance of screening endoscopy. They conclude that fecal tests with better sensitivity and comparable specificity are reasonable substitutes for traditional FOBT. Computed tomographic colonography is imperfect but probably accurate enough for colorectal cancer screening. However, uncertainties remain about potential radiation-related harms, the effect of extracolonic findings, and test accuracy in community settings.

Summary for Patients 1-44

### Evaluating Test Strategies for Colorectal Cancer Screening: A Decision Analysis for the U.S. Preventive Services Task Force

659

A.G. Zauber, I. Lansdorp-Vogelaar, A.B. Knudsen, J. Wilschut, M. van Ballegooijen, and K.M. Kuntz

The USPSTF requested a decision analysis to inform its update of the recommendations for colorectal cancer screening in this issue. The findings support screening from age 50 to 75 years by using colonoscopy every 10 years, annual screening with sensitive FOBT, or flexible sigmoidoscopy every 5 years with mid-interval FOBT using a sensitive test.

Summary for Patients 1-44

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## ACADEMIA AND CLINIC

### Publication Guidelines for Improvement Studies in Health Care: Evolution of the SQUIRE Project 670

F. Davidoff, P. Batalden, D. Stevens, G. Ogrinc, and S. Mooney, for the SQUIRE Development Group

This article describes draft guidelines for reporting studies of quality improvement: the Standards for Quality Improvement Reporting Excellence (SQUIRE). It summarizes the special features of improvement studies that are reflected in SQUIRE, describes major differences between SQUIRE and an earlier set of draft guidelines, and explains the process used to develop the guidelines.

## EDITORIALS

### Use of Growth Hormone Secretagogues to Prevent or Treat the Effects of Aging: Not Yet Ready for Prime Time 677

M.R. Blackman

In this issue, Nass and colleagues report that at 1 year, an oral ghrelin mimetic increased pulsatile growth hormone secretion and morning insulin-like growth factor I concentration to that in healthy young adults; increased fat-free mass, intracellular water, and levels of cortisol, fasting blood glucose, and hemoglobin A<sub>1c</sub>; and decreased low-density lipoprotein cholesterol levels, among other favorable effects. However, because many questions remain about the utility and safety of an oral growth hormone secretagogue in older persons, growth hormone axis manipulation in aged persons should at present be restricted to carefully controlled clinical studies.

### Screening Guidelines for Colorectal Cancer: A Twice-Told Tale 680

M. Pignone and H.C. Sox

This issue includes the current USPSTF guidelines on screening for colorectal cancer, an updated systematic review of key questions, and a decision analysis to compare testing strategies and decide on the age at which to start and stop screening. These guidelines appear several months after the American Cancer Society–U.S. Multi-Society Task Force guidelines. This editorial discusses the differing processes and recommendations of these 2 groups.

### Improving the Quality of Reporting Studies of Quality Improvement: The SQUIRE Guidelines 683

H.C. Sox

Science advances along an irregular path, as researchers attempt to replicate the work of others and build on knowledge. Reporting guidelines are important to this iterative process because they help journals to report research clearly enough that others can judge the internal and external validity of the work and decide whether to try to replicate it in a different environment. By helping authors, reviewers, and editors to do their work, the SQUIRE reporting guidelines will help to advance the science of quality improvement.

## ON BEING A DOCTOR

### Confronting the Bureaucracy 684

R.D. Elon

After the second hospital received my privileging application, it sent me an urgent letter informing me that I would need to undergo routine drug testing. For hospital privileging, it was required that I pee in a cup.

## LETTERS

### Comments and Responses

### Errors in a Meta-analysis of Treatments for *Helicobacter pylori* Infection 686

### Is Low-Molecular-Weight Heparin Suitable in All Patients Undergoing Knee Arthroplasty? 687

## IN THE CLINIC

### Atrial Fibrillation ITC5-1

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

Cover photograph by Parsh Mehta

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