

CONTENTS *Annals of Internal Medicine*

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ARTICLES

Association of Colonoscopy and Death From Colorectal Cancer 1

N.N. Baxter, M.A. Goldwasser, L.F. Paszat, R. Saskin, D.R. Urbach, and L. Rabeneck

The effect of screening colonoscopy on the death rate from colorectal cancer (CRC) is not known. Baxter and colleagues used administrative claims data in Ontario, Canada, to match each person age 52 to 90 years who received a CRC diagnosis and subsequently died of CRC with 5 controls who did not die of CRC. Seven percent of 10 292 case patients and 9.8% of 51 460 controls had any attempted colonoscopy or complete colonoscopy. Colonoscopy was strongly associated with fewer deaths from left-sided CRC but was not associated with fewer deaths from right-sided CRC.

Summary for Patients I-28

Association Between Statin Use and Risk for Keratinocyte Carcinoma in the Veterans Affairs Topical Tretinoin Chemoprevention Trial 9

D.D. Dore, K.L. Lapane, A.N. Trivedi, V. Mor, and M.A. Weinstock

Some studies suggest that statins may prevent keratinocyte carcinoma. In this analysis of data from a Veterans Affairs randomized trial of topical tretinoin for prevention of skin cancer, 37% of 1037 participants at high risk for keratinocyte carcinoma were taking statins. During a median follow-up of 3.5 years, half of the participants had keratinocyte carcinoma. Analyses showed no statistically significant association between statin use and the incidence of keratinocyte carcinoma.

Outcomes of Patients Hospitalized With Community-Acquired, Health Care–Associated, and Hospital-Acquired Pneumonia 19

M. Venditti, M. Falcone, S. Corrao, G. Licata, P. Serra, and the Study Group of the Italian Society of Internal Medicine

The term "health care–associated pneumonia" refers to pneumonia in patients who had a recent hospitalization, reside in a long-term health facility, are undergoing hemodialysis, or receive intravenous chemotherapy. Venditti and colleagues found that of 362 patients hospitalized with pneumonia in Italy, the 25% with health care–associated pneumonia had more severe clinical courses than those with community-acquired pneumonia and a mortality rate similar to that of patients with hospital-acquired pneumonia. Receipt of antibiotics not recommended by guidelines was

associated with death from health care–associated pneumonia.

Summary for Patients I-36

Brief Communication: Radiographic Contrast Infusion and Catecholamine Release in Patients With Pheochromocytoma 27

S.K. Baid, E.W. Lai, R.A. Wesley, A. Ling, H.J.L.M. Timmers, K.T. Adams, A. Kozupa, and K. Pacak

Contrast media are widely thought to induce hypertensive crisis in patients with pheochromocytoma. However, in a series of 22 patients with pheochromocytoma undergoing computed tomography with low-osmolar contrast media, Baid and associates observed no instances of catecholamine surge or hypertensive crisis. Contemporary low-osmolar computed tomography contrast seems to be safe for patients with pheochromocytoma.

REVIEW

Nonhospital Health Care–Associated Hepatitis B and C Virus Transmission: United States, 1998–2008 33

N.D. Thompson, J.F. Perz, A.C. Moorman, and S.D. Holmberg

In the past decade, 33 outbreaks in U.S. nonhospital health care settings have resulted in 450 persons acquiring hepatitis B virus and hepatitis C virus infection. In each setting, the putative mechanism of infection was patient-to-patient transmission caused by failure of health care personnel to adhere to fundamental principles of infection control and aseptic technique. Patients must always have basic levels of protection against viral hepatitis transmission; reaching this goal will require a comprehensive approach involving better viral hepatitis surveillance and case investigation, health care provider education and training, professional oversight, licensing, and public awareness.

CLINICAL GUIDELINES

Recommended Adult Immunization Schedule: United States, 2009 40

Advisory Committee on Immunization Practices

The Advisory Committee on Immunization Practices (ACIP) presents the Adult Immunization Schedule for 2009, which was approved in October 2008. No new vaccines were added, but several modifications have been made to the footnotes. This schedule has also been approved by the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and American College of Physicians.

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ACADEMIA AND CLINIC

Immunization Policy Development in the United States: The Role of the Advisory Committee on Immunization Practices 45

J.C. Smith, D.E. Snider, and L.K. Pickering

This article describes the role of the ACIP in developing U.S. immunization policy. It includes a description of the member composition of the ACIP, the degree to which committee members are screened for conflicts of interest, the work-groups that gather information for the full committee to consider, and the process and types of evidence used to formulate recommendations.

EDITORIALS

How Much Does Colonoscopy Reduce Colon Cancer Mortality? 50

D.F. Ransohoff

In this issue, Baxter and colleagues report an association between complete colonoscopy and CRC mortality reduction of 0.33 for left-sided lesions but 0.99 for right-sided lesions. These results highlight the fact that we have few data about the efficacy of colonoscopy in the right colon. Colonoscopy is an effective intervention, but we should be realistic and cautious when talking with patients about the magnitude of the benefits and risks of colonoscopy.

Immunization Guidelines for Adult Patients: An Annual Update and a Challenge 53

G.A. Poland and W. Schaffner

This editorial comments further on changes found in the current version of the Adult Immunization Schedule produced by the ACIP, which appears in this issue. It also summarizes the joint statement on the importance of adult immunization released by the Adult Immunization Initiative Physician Advisory Board to the American College of Physicians and the Infectious Diseases Society of America.

ON BEING A DOCTOR

The Debt 55

T. Louie

"Why did you want to become a doctor?" My typical answer was that I was interested in science, looked forward to intellectual challenges, and wanted to help people. There was much more to it, of course. To answer the question

required going back at least 2 generations to explore my forebears' greatest hopes and aspirations.

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IN THE CLINIC

Cellulitis and Soft-Tissue Infections ITC1-1

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

Cover photograph by Russell Maulitz

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