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(Maggio 2008)

*Rita IORI*

*Itala ROSSI*

*Biblioteca Medica - ASMN - R.E.*

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<b>ACC Current Journal Review</b>	From ScienceDirect ( Italy )	01/1995 -	Elsevier Science			
<b>ACCENT ON LIVING</b>	From EBSCO ( Nursing and Allied Health Collection - Comprehensive )	03/2001 - 6/2001	CHEEVER PUBLISHING , INC .			
<b>ACCESS ( CHICAGO , ILL )</b>	From EBSCO ( Nursing and Allied Health Collection - Comprehensive )	01/2001 -	American Dental Hygienists Association			
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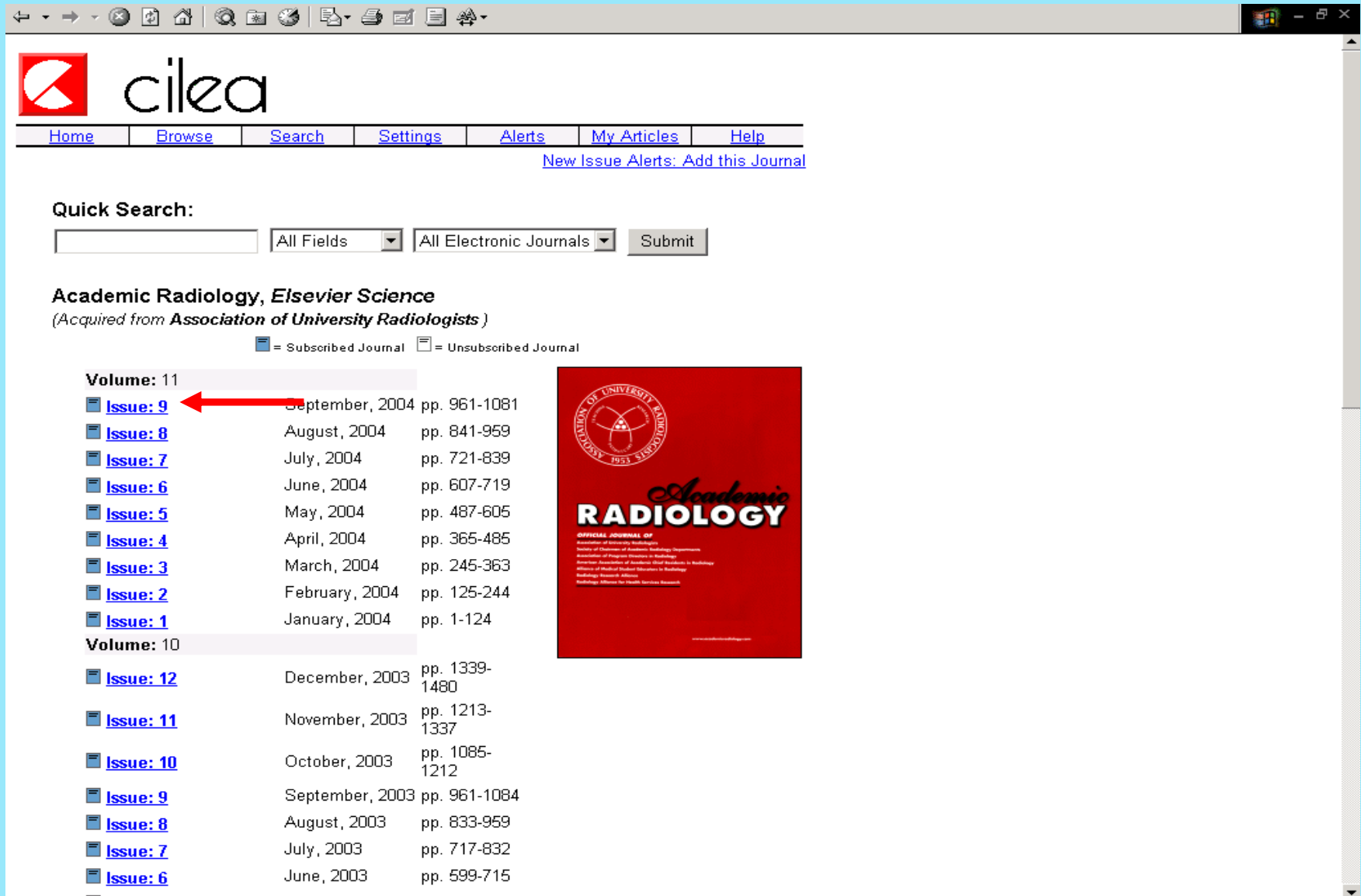
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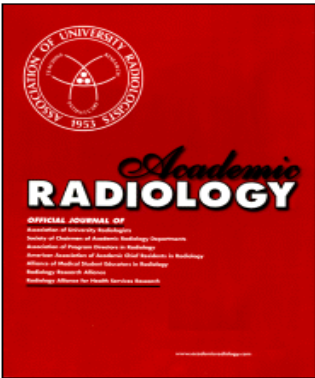
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- Impact of radiologic imaging on the surgical decision-making process in suspected appendicitis in children<sup>1</sup>**  
Kaiser, Sylvie; Jorulf, Håkan; Söderman, Erik; Frenckner, Björn pp. 971-979  
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- Multireader, multicase receiver operating characteristic analysis: an empirical comparison of five methods<sup>1</sup>**  
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- Iron oxide nanoparticles as magnetic resonance contrast agent for tumor imaging via folate receptor-targeted delivery<sup>1</sup>**  
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## Highlights From This Issue

### Bathers on the Rocks



Abraham Walkowitz, *Bathers on the Rocks*, 1935, Russian.  
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### Transdermal Fentanyl for Postoperative Pain

Transdermal, patient-controlled analgesia (PCA) is convenient and eliminates the need for venous access required for intravenous PCA; however, its efficacy for postoperative pain is not established. Viscusi and colleagues report the results of a randomized trial comparing the safety and efficacy of an iontophoretic transdermal system using fentanyl hydrochloride with standard PCA using morphine and an electronic pump in adult patients who underwent major surgical procedures and who were randomized in the recovery room.  
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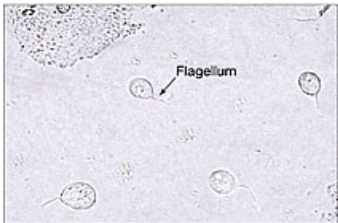
### Hypertonic Saline in Brain Trauma Resuscitation

Studies document increased survival in patients with hypotension and severe traumatic brain injury who are treated with hypertonic saline (HTS) in the acute resuscitation phase, but whether HTS improves outcomes is unknown. Cooper and colleagues compared HTS plus standard intravenous fluids with standard resuscitation fluids alone in the prehospital setting by assessing neurological outcomes at 3 and 6 months after injury.  
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### FREE: Radiotherapy for Recurrent Prostate Cancer

Men with a local recurrence of prostate cancer after a radical prostatectomy may benefit from radiotherapy, but the factors associated with a positive response are not well defined. Stephenson and colleagues report the results of a retrospective analysis of patient outcomes after salvage radiotherapy.  
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### Evaluation of Vaginal Complaints



Vaginal complaints are common, but the symptoms, signs, and microscopy findings may not identify their cause. Anderson and colleagues evaluate the role of the clinical examination and determine the positive and negative likelihood ratios for the diagnosis of vaginal candidiasis, bacterial vaginosis, and vaginal trichomoniasis.  
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### Original Contributions

**Effect of Intensive Compared With Moderate Lipid-Lowering Therapy on Progression of Coronary Atherosclerosis: A Randomized Controlled Trial**  
Steven E. Nissen; E. Murat Tuzcu; Paul Schoenhagen; B. Greg Brown; Peter Ganz; Robert A. Vogel; Tim Crowe; Gail Howard; Christopher J. Cooper; Bruce Brodie; Cindy L. Grines; Anthony N. DeMaria  
JAMA. 2004;291:1071-1080.  
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**Reducing Suicidal Ideation and Depressive Symptoms in Depressed Older Primary Care Patients: A Randomized Controlled Trial**  
Martha L. Bruce; Thomas R. Ten Have; Charles F. Reynolds III; Ira I. Katz; Herbert C. Schulberg; Benoit H. Mulsant; Gregory K. Brown; Gail J. McAvay; Jane L. Pearson; George S. Alexopoulos  
JAMA. 2004;291:1081-1091.  
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**Effect of Neurolytic Celiac Plexus Block on Pain Relief, Quality of Life, and Survival in Patients With Unresectable Pancreatic Cancer: A Randomized Controlled Trial**  
Gilbert Y. Wong; Darrell R. Schroeder; Paul E. Carns; Jack L. Wilson; David P. Martin; Michelle O. Kinney; Carlos B. Mantilla; David O. Warner  
JAMA. 2004;291:1092-1099.  
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The screenshot shows the JAMA & ARCHIVES website interface. At the top, there is a navigation bar with 'HOME', 'CURRENT ISSUE', 'PAST ISSUES', 'COLLECTIONS', 'CONTACT US', and 'HELP'. Below this, the article title 'Effect of Intensive Compared With Moderate Lipid-Lowering Therapy on Progression of Coronary Atherosclerosis' is prominently displayed. The authors listed are Steven E. Nissen, MD; E. Murat Tuzcu, MD; Paul Schoenhagen, MD; B. Greg Brown, MD; Peter Ganz, MD; Robert A. Vogel, MD; Tim Crowe, BS; Gail Howard, MS; Christopher J. Cooper, MD; Bruce Brodie, MD; and Cindy L. Grines, MD. The article is identified as a randomized controlled trial. The abstract section is visible, starting with the 'Context' paragraph. On the right side of the page, there is a sidebar with several sections: 'Featured Link' (E-mail Alerts), 'Article Options' (Abstract, PDF, VIDEO SUPPLEMENT, Send to a Friend, Related articles in this issue, Similar articles in this journal), 'Literature Track' (Add to File Drawer, Download to Citation Manager, PubMed citation, Articles in PubMed by Nissen SE, DeMaria AN, Articles that cite this article, Contact me when this article is cited), and 'Topic Collections' (Randomized Controlled Trial, Lipids and Lipid Disorders, Cardiovascular Disease/ Myocardial Infarction, Collection E-mail Alerts).

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Original Contribution

## Effect of Intensive Compared With Moderate Lipid-Lowering Therapy on Progression of Coronary Atherosclerosis

**A Randomized Controlled Trial**

Steven E. Nissen, MD; E. Murat Tuzcu, MD; Paul Schoenhagen, MD; B. Greg Brown, MD; Peter Ganz, MD; Robert A. Vogel, MD; Tim Crowe, BS; Gail Howard, MS; Christopher J. Cooper, MD; Bruce Brodie, MD; Cindy L. Grines, MD; Anthony N. DeMaria, MD; for the REVERSAL Investigators

JAMA. 2004;291:1071-1080.

### ABSTRACT

**Context** Statin drugs reduce both atherogenic lipoproteins and cardiovascular morbidity and mortality. However, the optimal strategy and target level for lipid reduction remain uncertain.

**Objective** To compare the effect of regimens designed to produce intensive lipid lowering or moderate lipid lowering on coronary artery atheroma burden and progression.

**Design, Setting, and Patients** Double-blind, randomized active control multicenter trial (Reversal of Atherosclerosis with Aggressive Lipid Lowering [REVERSAL]) performed at 34 community and tertiary care centers in the United States comparing the effects of 2 different statins administered for 18 months. Intravascular ultrasound was used to measure progression of atherosclerosis. Between June 1999 and September 2001, 654 patients were randomized and received study drug; 502 had evaluable intravascular ultrasound examinations at baseline and after 18 months of treatment.

**Interventions** Patients were randomly assigned to receive a moderate lipid-lowering regimen consisting of 40 mg of pravastatin or an intensive lipid-lowering regimen consisting of 80 mg of atorvastatin.

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ORIGINAL CONTRIBUTION

## Effect of Intensive Compared With Moderate Lipid-Lowering Therapy on Progression of Coronary Atherosclerosis

A Randomized Controlled Trial

Steven E. Nissen, MD  
E. Murat Tuzcu, MD  
Paul Schoenhagen, MD  
B. Greg Brown, MD  
Peter Ganz, MD  
Robert A. Vogel, MD  
Tim Crowe, BS  
Gail Howard, MS  
Christopher J. Cooper, MD  
Bruce Brodie, MD  
Cindy L. Grines, MD  
Anthony N. DeMaria, MD

for the REVERSAL Investigators

**I**N A SERIES OF PIVOTAL CLINICAL trials, statin drugs have been shown to reduce both atherogenic lipoproteins and cardiovascular morbidity and mortality.<sup>1,2</sup> However, the optimal approach to lipid reduction with statins in patients with established coronary artery disease (CAD) remains uncertain. Although the efficacy of the various statins in reducing atherogenic lipoproteins and vascular inflammation varies significantly,<sup>3</sup> the impact of these differences on clinical outcome is unknown. Because the large trials assessing morbidity and mortality were placebo controlled, they provide limited insight into differences between alternative strategies and target levels for lipid reduction. Accordingly, there is little scientific basis for

**Context** Statin drugs reduce both atherogenic lipoproteins and cardiovascular morbidity and mortality. However, the optimal strategy and target level for lipid reduction remain uncertain.

**Objective** To compare the effect of regimens designed to produce intensive lipid lowering or moderate lipid lowering on coronary artery atheroma burden and progression.

**Design, Setting, and Patients** Double-blind, randomized active control multicenter trial (Reversal of Atherosclerosis with Aggressive Lipid Lowering [REVERSAL]) performed at 34 community and tertiary care centers in the United States comparing the effects of 2 different statins administered for 18 months. Intravascular ultrasound was used to measure progression of atherosclerosis. Between June 1999 and September 2001, 654 patients were randomized and received study drug; 502 had evaluable intravascular ultrasound examinations at baseline and after 18 months of treatment.

**Interventions** Patients were randomly assigned to receive a moderate lipid-lowering regimen consisting of 40 mg of pravastatin or an intensive lipid-lowering regimen consisting of 80 mg of atorvastatin.

**Main Outcome Measures** The primary efficacy parameter was the percentage change in atheroma volume (follow-up minus baseline).

**Results** Baseline low-density lipoprotein cholesterol level (mean, 150.2 mg/dL [3.89 mmol/L] in both treatment groups) was reduced to 110 mg/dL (2.85 mmol/L) in the pravastatin group and to 79 mg/dL (2.05 mmol/L) in the atorvastatin group ( $P < .001$ ). C-reactive protein decreased 5.2% with pravastatin and 36.4% with atorvastatin ( $P < .001$ ). The primary end point (percentage change in atheroma volume) showed a significantly lower progression rate in the atorvastatin (intensive) group ( $P = .02$ ). Similar differences between groups were observed for secondary efficacy parameters, including change in total atheroma volume ( $P = .02$ ), change in percentage atheroma volume ( $P < .001$ ), and change in atheroma volume in the most severely diseased 10-mm vessel subsegment ( $P = .01$ ). For the primary end point, progression of coronary atherosclerosis occurred in the pravastatin group (2.7%; 95% confidence interval [CI], 0.2% to 4.7%;  $P = .001$ ) compared with baseline. Progression did not occur in the atorvastatin group (-0.4%; CI -2.4% to 1.5%;  $P = .98$ ) compared with baseline.

**Conclusions** For patients with coronary heart disease, intensive lipid-lowering treatment with atorvastatin reduced progression of coronary atherosclerosis compared with pravastatin. Compared with baseline values, patients treated with atorvastatin had no change in atheroma burden, whereas patients treated with pravastatin showed progression of coronary atherosclerosis. These differences may be related to the greater reduction in atherogenic lipoproteins and C-reactive protein in patients treated with atorvastatin.

JAMA. 2004;291:1071-1080

www.jama.com

For editorial comment see p 1132.

**Author Affiliations, Financial Disclosures, and a List of the REVERSAL Investigators** are listed at the end of the article.

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**Current Issue**

Volume 112 Issue 11 (1 June 2008)

**Editorials**  
**Separating surgical quality from causality - Gaining perspective in the debate on lymph node count and extent of lymphadenectomy (p 2331-2333)**  
Scott M. Gilbert  
Published Online: Mar 28 2008 2:31PM  
DOI: 10.1002/cncr.23471

Although the number of lymph nodes removed during lymphadenectomy is associated with survival in several cancers, the survival association has been based primarily on observational data, and causality has not been confirmed through randomized surgical trials. Certainly, the number of lymph nodes removed and the extent of lymphadenectomy are likely related to surgical quality at some level; however, a direct connection to survival is less likely.

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# H - WILEY (3)

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The screenshot shows a web browser window displaying the Wiley website for the journal 'Cancer'. The page is titled 'Home / Medicine and Healthcare / Oncology'. The main content area features a 'Cancer' journal cover image, a 'See Also' section with links to 'Cancer Cytopathology' and 'What is RSS?', and a list of actions: 'Get Sample Copy', 'Recommend to Your Librarian', 'Save journal to My Profile', 'Set E-Mail Alert', 'Email this page', and 'Print this page'. The American Cancer Society logo is also present. A search bar is located in the top right corner, and a sidebar on the right contains search options for 'THIS TITLE', 'BY CITATION', and 'WILEY INTERSCIENCE'. The main article is titled 'Metabolic syndrome and prostate cancer (p 2103-2105)' by L. Michael Glode, published online on April 10, 2008. The abstract text is visible, and a red arrow points to the 'HTML' link in the 'Full Text' section. Below the abstract, the title 'Is the increase in orchiectomy for prostate cancer patients appropriate? (p 2106-2107)' by Gerald W. Chodak is shown.

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**Volume 112 Issue 10 , Pages 2103 - 2330 (15 May 2008)**

**Editorials**  
**Metabolic syndrome and prostate cancer (p 2103-2105)**  
L. Michael Glode  
Published Online: Apr 10 2008 3:59PM  
DOI: 10.1002/cncr.23511

The metabolic syndrome (MetS) was first proposed as a clinical entity in 1988 and has been popularized by numerous health organizations as a way of identifying patients at increased risk for coronary heart disease or type II diabetes. The numerous definitions for MetS has made it somewhat difficult for practicing physicians to adopt a standard and then apply it to behavioral modification and/or pharmacologic therapy for their patients. In this issue of *Cancer*, Smith et al. performed a prospective analysis of some components of MetS in 26 men with locally advanced or recurrent prostate cancer who were treated with 1 year of leuprolide in addition to 1 month of bicalutamide at the time of the initiation of gonadotropin-releasing hormone agonist therapy. Some differences between classic MetS and the androgen deprivation syndrome were demonstrated.

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**Is the increase in orchiectomy for prostate cancer patients appropriate? (p 2106-2107)**  
Gerald W. Chodak  
Published Online: Apr 3 2008 4:03PM  
DOI: 10.1002/cncr.23417

An increase in the use of bilateral orchiectomy has been observed coinciding with a decrease in the use of luteinizing hormone-releasing hormone therapy for men who require castration for their prostate cancer. This finding has raised 2 questions: 1) is this good or bad for patients? and 2) are

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Editorial

Metabolic syndrome and prostate cancer†

L. Michael Glode, MD\*†  
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† See referenced original article on pages 2188-94, this issue.  
‡ Fax: (303) 724-3889

ABSTRACT

No abstract.

Received: 21 February 2008; Accepted: 28 February 2008

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ARTICLE TEXT

The metabolic syndrome (MetS) was first proposed as a clinical entity by Reaven in 1988 and has been popularized by numerous health organizations as a way of identifying patients at an increased risk for coronary heart disease or type II diabetes.[1][2] The existence of numerous definitions for MetS has made it somewhat difficult for practicing physicians to adopt a standard and then apply it to behavioral modification and/or pharmacologic therapy for their patients.[2] Nevertheless, there is general agreement that individuals who fit  $\geq 1$  of the definitions require intervention to avoid complications. The World Health Organization (WHO) definition of MetS is shown in Figure 1.