

This Week in the Journal

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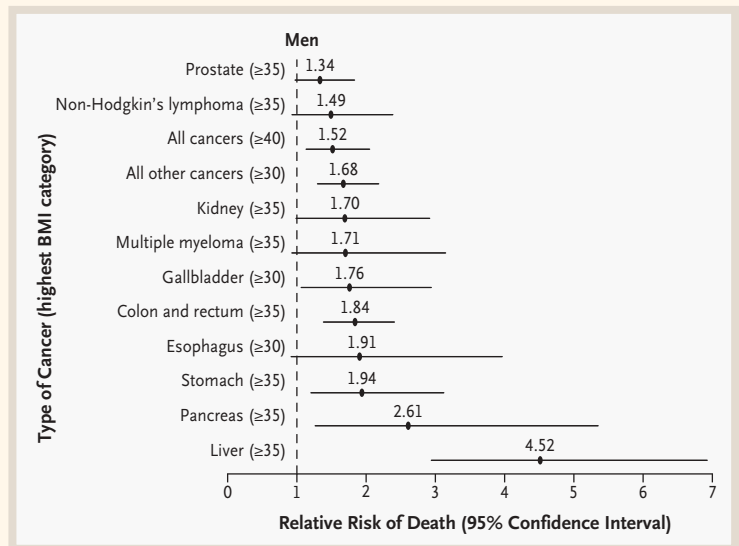
ORIGINAL ARTICLE

Overweight, Obesity, and Death from Cancer

Excess weight increases the risk of death from all causes and from cardiovascular disease. Some evidence suggests that adiposity also increases the risk of death from cancer. This prospective study of more than 900,000 men and women confirms that obesity is a significant risk factor for death from cancer generally and from cancer in several specific sites.

This study adds to the evidence that obesity contributes to the risk of dying not only from heart disease and diabetes but also from cancer. The authors estimate that 90,000 deaths from cancer could be prevented every year in the United States if all adults could maintain a body-mass index (BMI) of less than 25.

SEE PAGE 1625; PERSPECTIVE, PAGE 1623



ORIGINAL ARTICLES

Childhood Cardiomyopathy in Australia

Cardiomyopathy often has devastating consequences in children. This Australian study found an incidence of 1.24 cases per 100,000 person-years at risk from 1987 to 1996 among children under 10. Among cases of dilated cardiomyopathy, lymphocytic myocarditis was an important cause. Hypertrophic cardiomyopathy was about half as common as dilated cardiomyopathy. A myocardial disorder known as left ventricular noncompaction was also found.

This study, along with one from the United States in this issue, provides an important calibration of the incidence of pediatric cardiomyopathy. The incidence data from the two countries are remarkably similar and together advance our understanding of the epidemiology of childhood cardiomyopathy.

SEE PAGE 1639; EDITORIAL, PAGE 1703

Pediatric Cardiomyopathy in the United States

Cardiomyopathy in children is a serious disorder that often results in cardiac transplantation or death. This study was based on a 1996–1999 registry of cases in New England and in Texas, Oklahoma, and Arkansas. The overall annual incidence was 1.13 cases per 100,000 children, but the incidence was much higher among infants than in other age groups. Dilated and hypertrophic cardiomyopathies predominated. The incidence was higher in boys than in girls and in blacks than in whites.

Along with the data from the Australian study in this issue, these epidemiologic data are valuable in defining the magnitude of the problem of pediatric cardiomyopathy, quantifying different types of cardiomyopathy, and identifying groups of children at risk.

SEE PAGE 1647; EDITORIAL, PAGE 1703

THIS WEEK IN THE JOURNAL

ORIGINAL ARTICLE

Fibroblast Growth Factor 23 in Oncogenic Osteomalacia and X-linked Hypophosphatemia

Fibroblast growth factor 23 (FGF-23) appears to be involved in phosphate regulation by the kidney. It has been hypothesized that this factor is elevated in oncogenic osteomalacia and X-linked hypophosphatemia, and the authors developed an immunometric assay to study this issue.

FGF-23 was readily detectable in healthy persons but markedly elevated in patients with oncogenic osteomalacia or hypophosphatemic rickets, suggesting that FGF-23 may have a role in phosphate homeostasis.

SEE PAGE 1656; EDITORIAL, PAGE 1705

BRIEF REPORT

The Usher Syndrome: A Prevalent Founder Mutation

The Usher syndrome, the most frequent cause of deafness and concurrent blindness, occurs with increased frequency in Ashkenazi Jews. The authors of this study demonstrated a founder mutation for the most common form of the type 1 Usher syndrome that probably occurred 350 years ago.

Prelingual deafness precedes retinitis pigmentosa in this condition. Therefore, deaf children of Ashkenazi extraction would benefit from early genetic testing for the type 1 Usher syndrome, since appropriate training and rehabilitation are crucial for learning and independence.

SEE PAGE 1664

CLINICAL PRACTICE

Breast-Cancer Screening

A 44-year-old woman in good health, who has no family history of breast or ovarian cancer, asks about mammography. She had a normal screening mammogram 18 months ago but has recently read that mammograms may not be useful. What should her physician advise?

SEE PAGE 1672

MEDICAL PROGRESS

Skin Cancers after Organ Transplantation

Skin cancers are the most common tumors in patients who have received organ transplants. This review discusses the epidemiology, pathogenesis, and management of squamous-cell and basal-cell carcinomas, cancers of the anogenital region, Kaposi's sarcoma, melanoma, neuroendocrine skin carcinoma, and cutaneous manifestations of lymphoma in transplant recipients.

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CORRESPONDENCE

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