

CORRESPONDENCE

- 1569 Prevention of Prostate Cancer with Finasteride
- 1573 Renal Arterial Resistance Index
- 1575 The Solitary Pulmonary Nodule
- 1575 Case 25-2003: Congenital Cytomegalovirus Infection
- 1576 Aristolochic Acid Sold on the Web

BOOK REVIEWS

- 1578 Protecting America's Health: The FDA, Business, and One Hundred Years of Regulation
- 1578 Drugstore Memories: American Pharmacists Recall Life Behind the Counter, 1824–1933
- 1580 Quack, Quack, Quack: The Sellers of Nostrums in Prints, Posters, Ephemera and Books

CONTINUING MEDICAL EDUCATION

- 1583 Risk of Cervical Cancer Associated with Extending the Interval between Cervical-Cancer Screenings

FULL TEXT OF ALL JOURNAL ARTICLES ON THE WORLD WIDE WEB

Access to the complete text of the *Journal* on the Internet is free to all subscribers. To use this Web site, subscribers should go to the *Journal's* home page (www.nejm.org) and register by entering their names and subscriber numbers as they appear on their mailing labels. After this one-time registration, subscribers can use their passwords to log on for electronic access to the entire *Journal* from any computer that is connected to the Internet. Features include a library of all issues since January 1993 and abstracts since January 1975, a full-text search capacity, and a personal archive for saving articles and search results of interest. All articles can be printed in a format that is virtually identical to that of the typeset pages. Beginning six months after publication, the full text of all Original Articles and Special Articles is available free to nonsubscribers who have completed a brief registration.

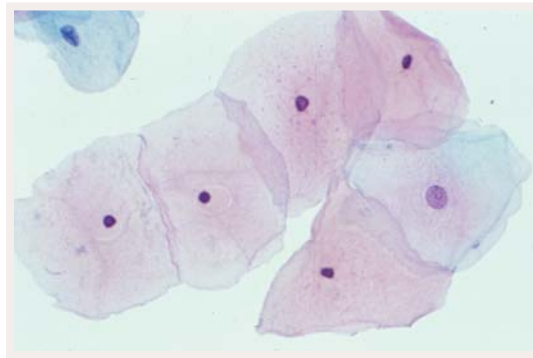


This Week in the Journal

OCTOBER 16, 2003

ORIGINAL ARTICLE

Extending the Interval between Cervical-Cancer Screenings



On the basis of data from a large population of women 30 to 64 years of age who had had three or more consecutive negative Papanicolaou smears, the authors conclude that, as compared with annual screening for three years, screening performed once every three

years is associated with an excess risk of cervical cancer of no more than 3 in 100,000.

These data support recent recommendations that the interval between cervical-cancer screenings be extended to as long as three years among women 30 years of age or older with previous negative cytologic tests.

SEE P. 1501; PERSPECTIVE, P. 1495

ORIGINAL ARTICLE

Delayed Onset of Malaria

This study identified 300 patients in Israel and 2822 in the United States who presented with clinical malaria after travel to areas of endemic disease. Of these patients, 36 percent presented more than two months after returning home, and most had used an antimalarial regimen according to national guidelines.

Most of the agents prescribed to travelers for the prevention of malaria act on the parasite's blood stage. A different strategy and perhaps new agents will be required to prevent late-onset cases of malaria, most of which are due to *Plasmodium vivax*.

SEE P. 1510; PERSPECTIVE, P. 1496

ORIGINAL ARTICLE

Early Malignant Progression of Hereditary Medullary Thyroid Cancer

Germ-line mutations in the re-arranged during transfection (*RET*) proto-oncogene are associated with thyroid cancer. These investigators studied presymptomatic patients 20 years of age or younger who had known *RET* mutations and had undergone prophylactic thyroidectomy. A significant age-related progression from C-cell hyperplasia to medullary thyroid carcinoma and to nodal metastasis was found in subgroups with certain mutations.

These data provide initial guidelines for the timing of prophylactic thyroidectomy in asymptomatic carriers of mutations of the *RET* gene.

SEE P. 1517; EDITORIAL, P. 1566

ORIGINAL ARTICLE

Autoantibodies before the Clinical Onset of SLE

In 130 military personnel, systemic lupus erythematosus (SLE) developed after blood samples had been stored in the U.S. Department of Defense Serum Repository. On testing, 88 percent of the 130 subjects were found to have had one or more lupus-associated autoantibodies before the clinical diagnosis. The antibodies that developed first were antinuclear, antiphospholipid, anti-Ro, and anti-La antibodies, which appeared, on average, more than three years before the diagnosis. Anti-double-stranded DNA antibodies were present two years before the diagnosis. Anti-Sm and antinuclear ribonucleoprotein antibodies, which developed last, were present about one year before diagnosis.

This detailed description of autoantibody development provides interesting information about the biology of systemic lupus erythematosus.

SEE P. 1526; PERSPECTIVE, P. 1499

CURRENT CONCEPTS

Primary Progressive Aphasia

Primary progressive aphasia is an atypical dementia in which language abilities deteriorate while memory is relatively preserved. For many years, the principal signs and symptoms may be confined to the area of language. Patients may come to medical attention because of the onset of word-finding difficulties, abnormal speech patterns, or prominent errors in spelling. Neuropsychological testing can help establish the correct diagnosis.

SEE P. 1535

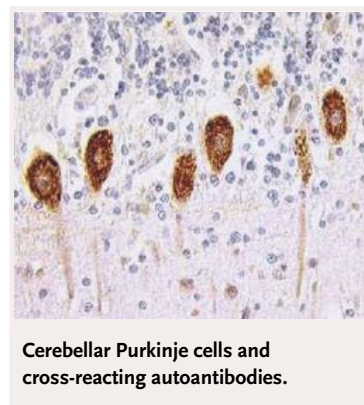
MECHANISMS OF DISEASE

Paraneoplastic Syndromes Involving the Nervous System

Paraneoplastic neurologic syndromes are incited by a tumor outside the nervous system that produces a characteristic antigen of the nervous system. An immune response against the ectopic tumor antigen not only damages nerve tissue but also inhibits growth of the tumor.

An important point made in this concise review is that paraneoplastic neurologic syndromes present diagnostic challenges because the inciting tumor is often occult.

SEE P. 1543



Cerebellar Purkinje cells and cross-reacting autoantibodies.