



This Week in the Journal

DECEMBER 18, 2003

CORRESPONDENCE

- 2460 Substitution for Protease Inhibitors in HIV Therapy
- 2461 Costs of Health Care Administration in the U.S. and Canada
- 2464 Sudden Death in Young Athletes
- 2465 Anatomy of a Diagnosis
- 2466 Myocardial Bridging
- 2467 Case 29-2003: A 60-Year-Old Man with Fever, Rigors, and Sweats
- 2468 Detection of SARS Coronavirus in Plasma by Real-Time RT-PCR
- 2469 Estimated Timing of the Last Common Ancestor of the SARS Coronavirus

BOOK REVIEWS

- 2471 Einstein's Luck: The Truth Behind Some of the Greatest Scientific Discoveries
- 2472 How to Win the Nobel Prize: An Unexpected Life in Science
- 2473 Stiff: The Curious Lives of Human Cadavers

CONTINUING MEDICAL EDUCATION

- 2475 The Severe Acute Respiratory Syndrome

CLINICAL PROBLEM-SOLVING SERIES

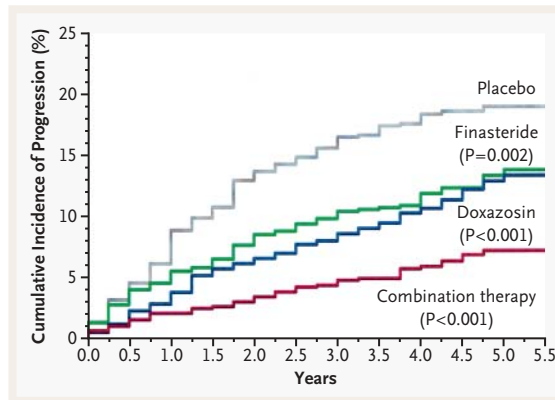
The *Journal* welcomes submissions of manuscripts for the Clinical Problem-Solving series. This regular feature considers the step-by-step process of clinical decision making. For more information, please see www.nejm.org/hfa/articles.asp.

POSTING PRESENTATIONS AT MEDICAL MEETINGS ON THE INTERNET

Posting an audio recording of an oral presentation at a medical meeting on the Internet, with selected slides from the presentation, will not be considered prior publication. This will allow students and physicians who are unable to attend the meeting to hear the presentation and view the slides. If there are any questions about this policy, authors should feel free to call the *Journal's* Editorial Offices.

ORIGINAL ARTICLE

Long-Term Effect of Doxazosin, Finasteride, or Both on the Clinical Progression of Benign Prostatic Hyperplasia



In this long-term trial, the combination of an alpha-blocker (doxazosin) and a 5 α -reductase inhibitor (finasteride) was superior to either drug alone in retarding the clinical progression of benign prostatic hyperplasia.

Benign prostatic hyperplasia, a common disorder in men over the age of 60 years, can cause distressing symptoms and sometimes requires invasive treatment. The findings of this carefully conducted study may change the medical management of the disorder.

SEE P. 2387; EDITORIAL, P. 2449

ORIGINAL ARTICLE

Accelerated Atherosclerosis in Systemic Lupus Erythematosus

Patients with systemic lupus are at increased risk for myocardial infarction. In this study, the extent of carotid atherosclerosis was investigated by ultrasonography in patients with lupus and matched controls. Patients with lupus had premature atherosclerosis that was not related to traditional cardiovascular risk factors.

Premature atherosclerosis in lupus may be promoted by disease-related factors such as chronic inflammation. The findings in this study and that by Asanuma et al. (also in this issue of the *Journal*) point to the need for interventions to prevent vascular disease in patients with lupus.

SEE P. 2399; PERSPECTIVE, P. 2379

ORIGINAL ARTICLE

Premature Coronary Atherosclerosis in Systemic Lupus Erythematosus

Coronary artery disease is an important cause of death in patients with systemic lupus. In this study, electron-beam computed tomography was used to assess coronary-artery calcification in patients with lupus and matched controls. Coronary calcification was more frequent and more extensive and occurred at a younger age in the patients than in the controls.

The findings could not be explained by traditional coronary risk factors. Novel approaches to the prevention of vascular disease in patients with lupus are needed.

SEE P. 2407; PERSPECTIVE, P. 2379

ORIGINAL ARTICLE

Transmission of SARS on Aircraft

This careful study is based on interviews of passengers and crew members on three flights that carried patients with the severe acute respiratory syndrome (SARS). Twenty-two persons became ill a mean of four days after one of the flights. The risk was highest among the passengers seated within three rows in front of the symptomatic index patient (relative risk, 3.1).

SARS became a global crisis because infected persons traveled on aircraft to many countries. Measures to reduce the risk of transmission are warranted.

SEE P. 2416; PERSPECTIVE, P. 2381

HEALTH POLICY REPORT

The Academic–Industrial Alliance

This Health Policy Report reviews the history of the relationships between academic institutions and industrial organizations in the United States and discusses recent developments in this area. Academic–industrial relationships have fostered the development and dissemination of valuable medical advances, but they have also resulted in financial conflicts of interest that have threatened both the welfare of subjects enrolled in clinical research trials and the integrity of the research process. The author outlines strategies for managing academic–industrial relationships so as to safeguard both human subjects and the integrity of research.

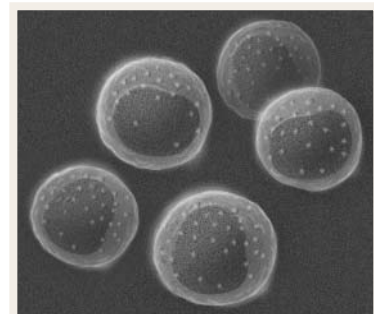
SEE P. 2452

CLINICAL PRACTICE

Chlamydial Infection

A 19-year-old woman visits her primary care provider for counseling about contraception. She became sexually active one year earlier and has had a new sexual partner for the past three months. Her partner currently uses a condom intermittently. She reports no medical problems, and her physical examination is unremarkable. Is testing for *Chlamydia trachomatis* indicated?

SEE P. 2424



Chlamydia trachomatis.