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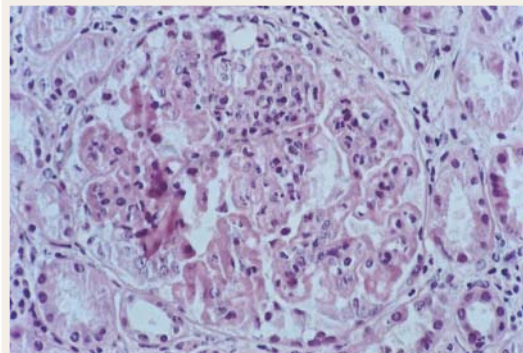


# This Week in the Journal

MARCH 4, 2004

**ORIGINAL ARTICLE**

## Sequential Therapies for Proliferative Lupus Nephritis



Long-term treatment with cyclophosphamide enhances renal survival in patients with proliferative lupus nephritis but can have considerable toxic effect. This study compared up to three years of quarterly intravenous injections of cyclophosphamide with oral azathioprine and oral

mycophenolate in 59 patients with lupus nephritis after induction therapy (short-term intravenous cyclophosphamide plus corticosteroids). The event-free survival rate was higher in the mycophenolate mofetil and azathioprine groups than in the cyclophosphamide group ( $P=0.05$  and  $P=0.009$ , respectively).

After induction therapy, maintenance therapy with mycophenolate mofetil or azathioprine appears to be more efficacious and safer than long-term intravenous cyclophosphamide in patients with proliferative lupus nephritis.

SEE P. 971; EDITORIAL, P. 1044

ORIGINAL ARTICLE

**Persistent GB Virus C Infection and Survival in HIV-Infected Men**

Prior research studies have not consistently documented improved survival among people who are coinfecting with human immunodeficiency virus (HIV) and GB virus C (GBV-C), a virus that is not pathogenic in humans. In this study of 271 HIV-infected men enrolled in the Multicenter AIDS Cohort Study, men who had GBV-C viremia for five to six years after HIV seroconversion had higher rates of survival than men who had never been infected or those with clearance of GBV-C.

Persistent infection with GBV-C appears to be associated with slower progression of HIV disease.

SEE P. 981; PERSPECTIVE, P. 963

ORIGINAL ARTICLE

**Estrogen plus Progestin and Colorectal Cancer in Postmenopausal Women**

In the Women's Health Initiative trial, postmenopausal women who were randomly assigned to take estrogen plus progestin were found to have a lower risk of colorectal cancer than women who were assigned to take placebo. However, the cancers that were found in the hormone group were more advanced than those that were found in the placebo group.

This trial shows that estrogen plus progestin taken for a relatively short time reduces the risk of colorectal cancer in a healthy population.

SEE P. 991

ORIGINAL ARTICLE

**The Body-Mass Index, Airflow Obstruction, Dyspnea, and Exercise Capacity Index in Patients with COPD**

Although the primary physiological abnormality in chronic obstructive pulmonary disease (COPD) is airway obstruction, extrapulmonary manifestations of COPD also contribute to the risk of death. The authors of this study devised a novel index based on body-mass index, the forced expiratory volume in one second, the distance walked in six minutes, and the patient's perceived level of dyspnea.

This validated index provides a means of stratifying the risk of death among patients with COPD.

SEE P. 1005; PERSPECTIVE, P. 965

DRUG THERAPY

**Drug-Induced Torsade de Pointes**

The single most common cause of the withdrawal or restriction of the use of marketed drugs has been QT-interval prolongation associated with polymorphic ventricular tachycardia, or torsade de pointes, a condition that can be fatal. This review summarizes the current knowledge about molecular and clinical predictors of drug-induced QT-interval prolongation and torsade de pointes and discusses how new molecular predictors of drug action might be incorporated into drug-development programs and clinical practice. A general approach to drugs suspected of causing this problem is presented.

SEE P. 1013

MEDICAL PROGRESS

**HIV Drug Resistance**

Combinations of antiretroviral drugs have proven remarkably effective in controlling the progression of HIV disease and prolonging survival, but these benefits can be compromised by the development of drug resistance. About 50 percent of patients receiving antiretroviral therapy in the United States are estimated to harbor viruses that express resistance to at least one of the available antiretroviral drugs.

SEE P. 1023

CLINICAL PROBLEM-SOLVING

**A Pain in the Neck**

A previously healthy 16-year-old girl presented to her physician because of a two-day history of sore throat, fatigue, fever, headache, and vomiting. On examination, her temperature was 36.7°C. She had mild erythema and white plaques on her tonsillar pillars and mild tenderness of the anterior neck, without lymphadenopathy.

SEE P. 1037

