



This Week in the Journal

APRIL 8, 2004

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- 1577 Boosting the Sensitivity of Real-Time PCR Testing for SARS
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BOOK REVIEWS

- 1583 Whose View of Life? Embryos, Cloning, and Stem Cells
- 1584 Molecular Nuclear Medicine: The Challenge of Genomics and Proteomics to Clinical Practice
- 1585 The Ig Nobel Prizes: The Annals of Improbable Research

CONTINUING MEDICAL EDUCATION

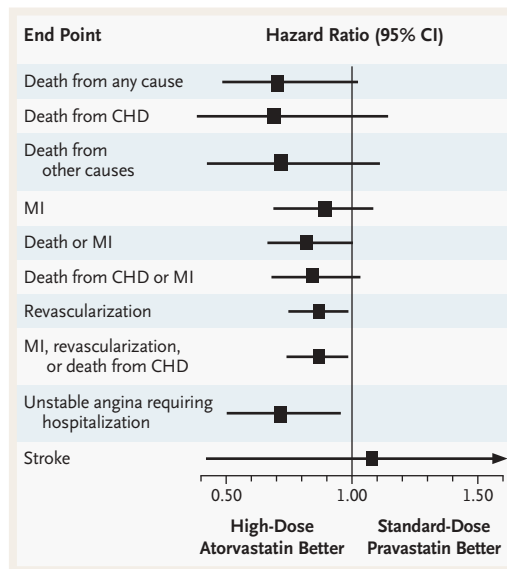
- 1589 Treatment of Photoaging
- 1590 Intensive versus Moderate Lipid Lowering with Statins after Acute Coronary Syndromes
- 1591 Acute Lymphoblastic Leukemia

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

Intensive Statin Therapy after Acute Coronary Syndromes



This study compared moderate lipid lowering with pravastatin and intensive lipid lowering with atorvastatin in patients after an acute coronary syndrome. Over a mean follow-up period of two years, those treated with the intensive lipid-lowering regimen had better outcomes.

The findings add to a growing body of evidence supporting the use of intensive lipid lowering to prevent cardiovascular events. The current recommended target levels

for low-density lipoprotein cholesterol in persons at risk may need to be lowered.

SEE P. 1495; EDITORIAL, P. 1562; CME, P. 1590

ORIGINAL ARTICLE

A New Approach to Raising HDL Cholesterol Levels

Low levels of high-density lipoprotein (HDL) cholesterol increase the risk of coronary heart disease. The authors of this study investigated a novel method of raising HDL cholesterol levels. Torcetrapib is a potent inhibitor of cholesteryl ester transfer protein, a plasma glycoprotein that conveys cholesteryl esters from HDL to low-density lipoprotein (LDL). Over the main four-week study period, this drug markedly increased levels of HDL cholesterol, whether or not the patient was also taking atorvastatin to lower LDL cholesterol.

Torcetrapib shows promise, but this preliminary study must be followed up with long-term assessments of safety and clinical efficacy.

SEE P. 1505; PERSPECTIVE, P. 1491

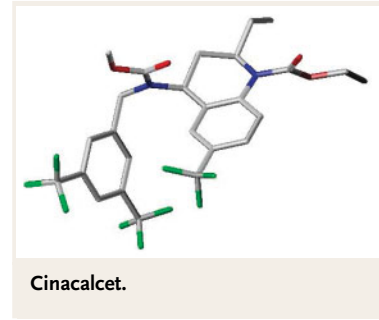
ORIGINAL ARTICLE

Cinacalcet for Secondary Hyperparathyroidism in Patients Receiving Hemodialysis

Hypercalcemia and hyperphosphatemia often complicate secondary hyperparathyroidism therapy in patients who are receiving dialysis. Unlike vitamin D and calcium, calcimimetic agents target the calcium-sensing receptor. This study reports the safety and effectiveness of the calcimimetic agent cinacalcet in patients receiving dialysis who had uncontrolled hyperparathyroidism. The mean parathyroid hormone values decreased 43 percent with cinacalcet therapy but increased 9 percent with placebo, and the calcium-phosphorus product declined with cinacalcet but not placebo.

Cinacalcet appears to lower plasma parathyroid hormone levels in patients receiving hemodialysis while improving calcium-phosphorus homeostasis.

SEE P. 1516; EDITORIAL, P. 1565



CLINICAL PRACTICE

Photoaging

A 45-year-old fair-skinned woman has noted increasing sallowness, roughness, fine wrinkles, and mottled hyperpigmentation on her face. She is bothered by these changes and is worried about the development of nonmelanoma skin cancer. What treatments may minimize skin aging and lower the risk of skin cancer?

SEE P. 1526; CME, P. 1589



MECHANISMS OF DISEASE

Acute Lymphoblastic Leukemia

This comprehensive survey emphasizes how recent advances in the knowledge of molecular mechanisms involved in acute lymphoblastic leukemia have influenced diagnosis, prognosis, and treatment.

SEE P. 1535; CME, P. 1591

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Boy with Rash, Edema, and Hypertension

A 12-year-old boy was admitted to the hospital with a two-day history of a rash and of swelling of the face, hands, and feet. On admission, he was afebrile and hypertensive, with pitting edema of the legs. Laboratory studies disclosed hematuria, proteinuria, urinary casts, and elevated blood urea nitrogen and creatinine levels. The discussant reviews the differential diagnosis of acute renal failure in children.

SEE P. 1550