



This Week in the Journal

JUNE 3, 2004

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ORIGINAL ARTICLE

Bevacizumab, Irinotecan, Fluorouracil, and Leucovorin for Metastatic Colorectal Cancer

Combination chemotherapy plus bevacizumab, a humanized monoclonal antibody against vascular endothelial growth factor (VEGF), was superior to combination chemotherapy alone in the treatment of metastatic colorectal cancer.

VEGF promotes angiogenesis, a key element in the growth of tumors. This study provides convincing evidence that inhibition of VEGF increases the effectiveness of chemotherapy in patients with colorectal cancer.

SEE P. 2335; EDITORIAL, P. 2406

ORIGINAL ARTICLE

Oxaliplatin, Fluorouracil, and Leucovorin as Adjuvant Treatment for Colon Cancer

In this large, multicenter trial of the adjuvant (postoperative) treatment of stage II and stage III colon cancer, a combination of oxaliplatin, fluorouracil, and leucovorin was superior to fluorouracil and leucovorin.

This study shows the benefit of adding oxaliplatin to fluorouracil and leucovorin, the standard adjuvant treatment for stage III colon cancer. Whether all patients with stage II colon cancer should receive adjuvant chemotherapy remains unsettled.

SEE P. 2343; EDITORIAL, P. 2406

ORIGINAL ARTICLE

Controlling the Outbreak of SARS in Toronto

In 2003, the largest outbreak of the severe acute respiratory syndrome (SARS) outside Asia occurred in Toronto. This report summarizes data from a comprehensive investigation by Toronto Public Health of 2132 persons who were potentially infected and 23,103 contacts requiring quarantine. The 225 confirmed cases of SARS in this outbreak were limited primarily to hospitals and related households.

The lessons from this outbreak can help guide the public health response to any future outbreak of SARS. In Toronto, the health authorities investigated eight potential cases for every case of SARS. More than 300,000 calls were made to the Toronto Public Health SARS hotline.

SEE P. 2352; PERSPECTIVE, P. 2332

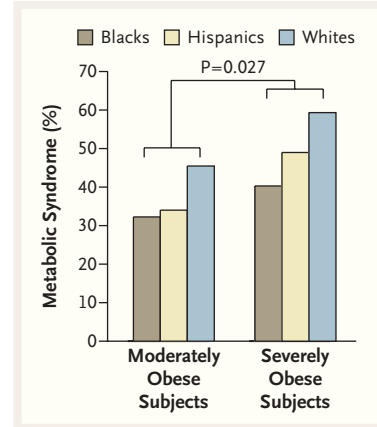
ORIGINAL ARTICLE

Obesity and the Metabolic Syndrome in Children and Adolescents

The prevalence and magnitude of childhood obesity are increasing dramatically. These investigators examined the effect of the degree of obesity on the prevalence of the metabolic syndrome and the relation of the syndrome to insulin resistance and C-reactive protein and adiponectin levels in a large multiracial, multi-ethnic cohort of children and adolescents.

The prevalence of the metabolic syndrome is high in obese children and adolescents and increases with worsening obesity. Biomarkers of an increased risk of adverse cardiovascular outcomes are already present in these young people.

SEE P. 2362



MEDICAL PROGRESS

Hereditary Hemochromatosis

For many years, hereditary hemochromatosis was regarded as a clinically and genetically unique entity marked by a classic presentation consisting of diabetes, bronze skin pigmentation, and cirrhosis. In 1996, identification of "the hemochromatosis gene," *HFE*, was reported; since then, several other iron-metabolism genes have also been identified. This article reviews the current understanding and management of hereditary iron-overload disorders.

The view that hereditary hemochromatosis is a monogenic disorder has been shattered by the identification of similar phenotypes associated with mutations in at least four different iron-metabolism genes.

SEE P. 2383; CME, P. 2430

CLINICAL PRACTICE

Surveillance Strategies after Curative Treatment of Colorectal Cancer

A 63-year-old man underwent complete resection of a T3N0M0, stage II adenocarcinoma of the ascending colon. No adjuvant therapy is planned. There is no family history of colorectal cancer. How should he be followed?

SEE P. 2375; CME, P. 2429

CLINICAL PROBLEM-SOLVING

Forgotten but Not Gone

A 74-year-old man was brought to the emergency department after being found confused and incapacitated at home. The patient lived in a residential hotel and had previously been healthy and socially active. Having not seen him for three days, his friends entered his room and found him on the floor, covered in stool. The patient was conversant but confused.

SEE P. 2399; CME, P. 2431

SOUNDING BOARD

A Middle Ground on Public Accountability

This Sounding Board article describes the debate over public "report cards" on doctors and hospitals. Providers argue that ratings according to quality are often based on inaccurate and misleading data. Payers argue that any information, even if imperfect, about the performance of physicians and hospitals is helpful to patients. The authors believe that providers and payers should work together to develop better systems for measuring and reporting the quality of care.

SEE P. 2409