

**CORRESPONDENCE**

- 1571 Doctors and Torture
- 1575 Cetuximab in Colon Cancer
- 1577 Hemoglobin C Disease
- 1577 Hot-Flash Hypotension

**BOOK REVIEWS**

- 1580 The Truth about the Drug Companies: How They Deceive Us and What to Do about It
- 1581 The Great Plague: The Story of London's Most Deadly Year

**CONTINUING MEDICAL EDUCATION**

- 1585 Aortic Regurgitation
- 1586 Protected Carotid-Artery Stenting versus Endarterectomy in High-Risk Patients
- 1587 Lamivudine for Patients with Chronic Hepatitis B and Advanced Liver Disease

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## Next Week in the Journal

OCTOBER 14, 2004

### Election 2004: Health Care Costs

Paul Ginsburg

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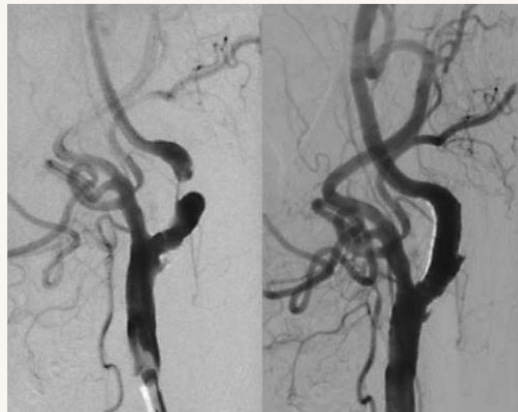


# This Week in the Journal

OCTOBER 7, 2004

**ORIGINAL ARTICLE**

### Carotid-Artery Stenting versus Endarterectomy



Patients with severe carotid-artery stenosis, who are at high risk for stroke, usually undergo endarterectomy. This clinical trial compared endarterectomy and carotid stenting with the use of a stent with an emboli-protection device in patients with severe carotid-artery stenosis. Stenting was found to be not inferior

to endarterectomy with respect to clinical outcome. Therefore, the less invasive approach may be an acceptable alternative among patients with high-risk carotid-artery stenosis.

SEE P. 1493; EDITORIAL, P. 1565; CME, P. 1586

## ORIGINAL ARTICLE

**Docetaxel plus Prednisone or Mitoxantrone plus Prednisone for Advanced Prostate Cancer**

Men with metastatic hormone-refractory prostate cancer have a life expectancy of only about a year. More than 1000 such men were randomly assigned to receive the standard chemotherapy — mitoxantrone plus prednisone — or docetaxel (given every three weeks or every week) plus prednisone. Men who received docetaxel every 3 weeks survived for a median of almost 19 months, as compared with a median of 16.5 months among men in the standard-therapy group. Docetaxel was also associated with better pain control and quality of life.

These results offer men with a most serious form of prostate cancer a new choice of treatment that, although far from curative, has advantages over standard chemotherapy.

SEE P. 1502; PERSPECTIVE, P. 1488

## ORIGINAL ARTICLE

**Docetaxel and Estramustine versus Mitoxantrone and Prednisone for Advanced Refractory Prostate Cancer**

This large, randomized trial compared docetaxel plus estramustine with mitoxantrone plus prednisone in men with androgen-independent metastatic prostate cancer. Median overall survival in the group given docetaxel plus estramustine was two months longer than in the group given mitoxantrone plus prednisone (17.5 months vs. 15.6 months).

The prognosis for patients with androgen-independent metastatic prostate cancer is grim, and mitoxantrone plus prednisone, the usual treatment, does little more than relieve pain. Although the advantage provided by docetaxel plus estramustine is small, this approach should be considered for such patients.

SEE P. 1513; PERSPECTIVE, P. 1488

## ORIGINAL ARTICLE

**Lamivudine for Patients with Chronic Hepatitis B and Advanced Liver Disease**

In this placebo-controlled trial of patients with chronic hepatitis B and advanced fibrosis or cirrhosis, lamivudine reduced the rate of disease progression. The severity of liver disease (assessed by Child–Pugh scores) increased in 3 percent of patients treated with lamivudine, as compared with 9 percent of patients treated with placebo. Hepatocellular carcinoma was less likely to develop in patients receiving lamivudine than in those receiving placebo (4 percent vs. 7 percent).

In this study, continuous treatment with lamivudine reduced disease progression and complications from liver disease in patients with chronic hepatitis B and cirrhosis or advanced fibrosis.

SEE P. 1521; EDITORIAL, P. 1567; CME, P. 1587

## BRIEF REPORT

**Hemoglobin Jamaica Plain**

An infant girl who inherited a single allele bearing the hemoglobin S mutation from her father, and who ordinarily would have had only the sickle trait, acquired a somatic mutation in the same allele that resulted in sickle cell anemia. The mutant  $\beta$  chain of hemoglobin, termed hemoglobin Jamaica Plain (Hb JP), had two distinct structural defects that caused sickling in the deoxygenated state.

Double-mutant sickling hemoglobin is rare. Hb JP illustrates how two amino acid substitutions in the  $\beta$  chain of hemoglobin can drastically alter the behavior of the molecule under conditions of deoxygenation.

SEE P. 1532; PERSPECTIVE, P. 1490

## CLINICAL PRACTICE

**Aortic Regurgitation**

A 48-year-old woman who reports mild fatigue but no dyspnea, chest pain, or palpitation is found to have a diastolic murmur. Doppler color-flow echocardiography shows a bicuspid aortic valve with an eccentric jet of aortic regurgitation by color-flow imaging. The left ventricle is moderately enlarged, with an end-diastolic diameter of 66 mm (or 39 mm per square meter of body-surface area) and an end-systolic diameter of 46 mm (or 27 mm per square meter); the ejection fraction is 51 percent, and the ascending aorta is enlarged, at 48 mm. How should this patient be treated?

SEE P. 1539; CME, P. 1585

