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JULY 15, 2004

The Stem-Cell Debate:

Michael Sandel,
Paul McHugh,
and
Debora Spar

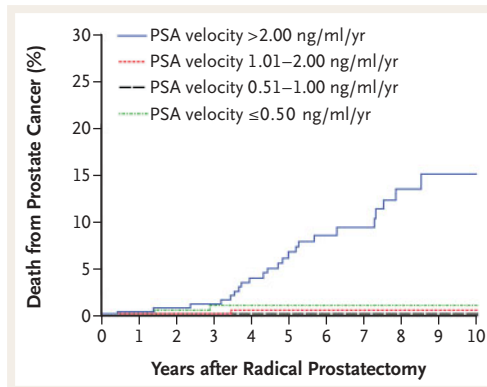


This Week in the Journal

JULY 8, 2004

ORIGINAL ARTICLE

Preoperative PSA Velocity and the Risk of Death from Prostate Cancer after Radical Prostatectomy



This prospective study found that the risk of death from prostate cancer after radical prostatectomy was related to the rate of rise in the level of prostate-specific antigen (PSA) — the PSA velocity — during the year before the diagnosis of prostate cancer, the PSA level at the time of diagnosis, the clinical tumor stage, and the Gleason score. A ve-

locity of at least 2.0 ng per milliliter during the year before the diagnosis augured a high risk of death despite radical prostatectomy.

These results, if confirmed, will help physicians and patients decide on the best course of action after a diagnosis of prostate cancer has been made.

SEE P. 125; EDITORIAL, P. 180; CME, P. 202

ORIGINAL ARTICLE

Laser Surgery vs. Amnioreduction for Twin–Twin Transfusion Syndrome

In a randomized trial of women with severe twin-to-twin transfusion syndrome during midgestation, fetoscopic laser therapy (coagulation of placental vascular anastomoses) resulted in significantly higher survival rates of at least one twin and lower rates of neurologic abnormalities at six months of age than did amnioreduction (repeated removal of large volumes of amniotic fluid).

As compared with serial amnioreduction, endoscopic laser ablation of anastomoses may improve outcomes in severe twin-to-twin transfusion syndrome.

SEE P. 136; EDITORIAL, P. 182

ORIGINAL ARTICLE

Dexrazoxane to Prevent Doxorubicin-Induced Myocardial Injury in Children with ALL

Doxorubicin is an efficacious treatment for childhood acute lymphoblastic leukemia (ALL), but it is toxic to myocardial cells and can cause cardiomyopathy. In this clinical trial, dexrazoxane, a free-radical scavenger, was found to reduce doxorubicin-induced myocardial injury, as indicated by cardiac troponin T levels before, during, and after therapy.

Since doxorubicin-induced myocardial injury may have serious long-term consequences, the use of dexrazoxane is an important advance in the management of childhood ALL.

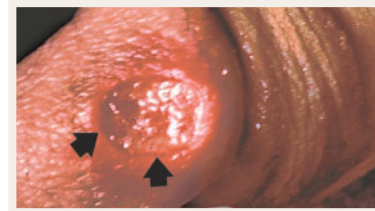
SEE P. 145; PERSPECTIVE, P. 120

BRIEF REPORT

Macrolide Resistance in *Treponema pallidum*

An HIV-infected patient in San Francisco with primary syphilis was treated with azithromycin, but the lesion did not resolve. The authors of this case report confirmed resistance to azithromycin and identified a mutation in the 23S rRNA genes of *T. pallidum*. The mutation was also found in samples collected in Baltimore, Seattle, and Dublin.

SEE P. 154; PERSPECTIVE, P. 122; CME, P. 203



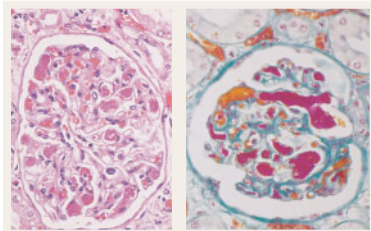
MECHANISMS OF DISEASE

Acute Renal Failure and Sepsis

The combination of acute renal failure and sepsis is associated with an ominous 70 percent mortality. This article discusses the substantial progress in understanding the mechanisms of sepsis-associated acute renal failure.

Interventions based on several proposed pathogenetic factors in sepsis-related acute renal failure may potentially have a favorable effect on both the incidence of acute renal failure and the accompanying mortality.

SEE P. 159; CME, P. 201



CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

A Man with Metastatic Prostate Carcinoma Refractory to Hormone Therapy

This patient presented at the age of 55 years with prostate cancer, detected because of urinary symptoms and a rising prostate-specific antigen (PSA) level. He was well for seven years after local radiation therapy and androgen-deprivation treatment; then his PSA level began to rise, and metastatic lesions were detected. The care of this patient necessitated consideration of treatment options for patients with localized and advanced prostate cancer and hormone-refractory disease.

SEE P. 171

CLINICAL IMPLICATIONS OF BASIC RESEARCH

Channeling Calcium in the Failing Heart

A recent study in a mutant mouse model shows that a small molecule can strengthen a critical calcium channel against the effects of chronic adrenergic stimulation and thus prevent ventricular arrhythmia.

SEE P. 185

