

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### Glucosamine and Chondroitin Sulfate for Knee Osteoarthritis

In this 24-week trial, glucosamine and chondroitin sulfate were not more effective, alone or in combination, than placebo in controlling pain in patients with osteoarthritis of the knee. In secondary analyses, however, in the subgroup of patients with moderate-to-severe osteoarthritis, those given both glucosamine and chondroitin sulfate were more likely than those given placebo to have a decrease in pain (79 percent vs. 54 percent).

SEE P. 795; EDITORIAL, P. 858; CME, P. 886

## ORIGINAL ARTICLE

### Docetaxel or Vinorelbine for Breast Cancer

In this randomized comparison of adjuvant treatment with docetaxel or vinorelbine for early breast cancer, women with HER2-positive cancer were randomly assigned to receive or not receive a short course of trastuzumab concomitantly with chemotherapy. Docetaxel was superior to vinorelbine. Among women with HER2-positive cancer, recurrence-free survival at three years was better in the trastuzumab group than in the group that did not receive the antibody. Remarkably, concomitant administration of chemotherapy plus trastuzumab was not associated with cardiotoxic effects.

SEE P. 809; PERSPECTIVE, P. 789

## ORIGINAL ARTICLE

### Denosumab in Postmenopausal Women with Low Bone Mineral Density

Receptor activator of nuclear factor- $\kappa$ B ligand (RANKL) is essential for osteoclast differentiation, activation, and survival. This study in postmenopausal women with low bone mineral density shows that denosumab, a fully human monoclonal antibody inhibiting RANKL, increased bone mineral density and decreased bone resorption in a manner similar to alendronate and more than placebo. Thus, denosumab may deserve further study for the treatment of osteoporosis.

SEE P. 821; EDITORIAL, P. 860

## ORIGINAL ARTICLE

### Itopride in Functional Dyspepsia

In this randomized trial of patients with functional dyspepsia, eight weeks of treatment with itopride, a dopa-

mine D2 antagonist with acetylcholinesterase inhibitory actions, was more effective than placebo in controlling symptoms of dyspepsia (64 percent of patients assigned to 200 mg of itopride three times daily were symptom-free or had markedly improved symptoms, as compared with 41 percent assigned to placebo). Prolactin levels increased (with no associated symptoms) in 21 percent of patients assigned to 200 mg of itopride three times daily and in 5 percent of those assigned to placebo.

SEE P. 832; PERSPECTIVE, P. 791

## CLINICAL PRACTICE

### Osteoarthritis of the Knee

A 66-year-old woman who is overweight reports bilateral knee pain of gradual onset during the past several months that increasingly has limited her activities. Last week, when walking down the stairs, she nearly fell when her knee gave way. She does not recall having injured her knee, and she has no morning stiffness and no pain in other joints. She has tried taking up to eight extra-strength (500 mg each) acetaminophen tablets daily without success and has never had ulcers or stomach bleeding. How should the patient be evaluated and treated?

SEE P. 841; CME, P. 885

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A 71-Year-Old Woman with Urinary Incontinence and a Mass in the Bladder

A 71-year-old woman with the recent onset of urinary incontinence was found to have bilateral adnexal masses in the pelvis and a mass in the bladder. A diagnosis of transitional-cell carcinoma was made, and treatment with cystectomy and chemotherapy was advised. The patient sought a second opinion. She had been well except for a history of carcinoma of the breast 22 years earlier. A diagnostic procedure was performed.

SEE P. 850; CME, P. 887

## SOUNDING BOARD

### Strategies for Improving Surgical Quality

Payers are pursuing three strategies to improve surgical care. The centers-of-excellence approach steers patients to doctors and hospitals with low surgical morbidity and mortality. Pay for performance offers financial incentives to improve processes, such as preoperative administration of antibiotics. In pay for participation, payers provide resources to allow hospitals and surgeons to collaborate to improve the quality of care. The authors argue that the pay-for-participation approach offers the greatest potential for improving surgical quality.

SEE P. 864