

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### CD4+ Count–Guided Interruption of Antiretroviral Treatment

Long-term antiretroviral therapy for the treatment of human immunodeficiency virus infection is associated with a substantial rate of complications. Structured interruption of antiretroviral therapy, in the setting of a preserved CD4+ count, has been considered in order to minimize these side effects. In this randomized study of 5472 patients, CD4+ count–guided intermittent use of antiretroviral drugs was found to be associated with increased rates of opportunistic disease, death from any cause, and severe adverse events, as compared with the continuous use of antiretroviral therapy.

SEE P. 2283; EDITORIAL, P. 2359

## ORIGINAL ARTICLE

### Pioglitazone for Nonalcoholic Steatohepatitis

In this placebo-controlled, randomized trial of pioglitazone in subjects with nonalcoholic steatohepatitis, pioglitazone was associated with improvements in the results of liver-function tests, hepatic fat content, and hepatic insulin sensitivity. As compared with placebo, pioglitazone significantly reduced the histologic abnormalities of steatohepatitis but did not significantly reduce fibrosis.

SEE P. 2297; EDITORIAL, P. 2361; CME, P. 2387

## SPECIAL ARTICLE

### Strategies for Reducing the Door-to-Balloon Time in Acute Myocardial Infarction

Hospitals have a variety of strategies to reduce the time from arrival at the hospital to intracoronary balloon inflation (door-to-balloon time) for patients who have acute myocardial infarction with ST-segment elevation. In a study of 365 hospitals, 28 institutional strategies were identified with the use of a field-tested questionnaire. These strategies were correlated with door-to-balloon times for individual patients as reported to the Centers for Medicare and Medicaid Services. Six strategies were associated with a significant reduction in the door-to-balloon time. The use of these strategies may improve outcomes for patients.

SEE P. 2308; EDITORIAL, P. 2364

## SPECIAL ARTICLE

### Relationships between Institutional Review Board Members and Industry

In this survey of institutional review board (IRB) members, 36% of those surveyed reported having relationships with industry. Although 86% believed that such relationships never adversely affected IRB-related decisions, a small number acknowledged that they had voted on a protocol sponsored by a company or a competitor to a company with which they had an association.

SEE P. 2321; EDITORIAL, P. 2365

## SPECIAL ARTICLE

### Patients' Views on Financial Conflicts of Interest in Research

In this survey of patients enrolled in cancer trials, most were not worried about possible financial ties between researchers or medical centers and drug companies. Many patients wanted to be informed about financial ties or about the oversight system to protect against conflicts of interest, but few thought knowledge of financial ties would have influenced their decision to participate in the trial.

SEE P. 2330; EDITORIAL, P. 2365

## CLINICAL PRACTICE

### Management of Menopausal Symptoms

A 51-year-old woman is having frequent and distressing hot flushes that interfere with her work and sleep, and vaginal dryness that makes sexual intercourse uncomfortable. She is otherwise healthy. How should her case be managed?

SEE P. 2338; CME, P. 2385

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A 19-Year-Old Woman with Thyroid Cancer and Lower Gastrointestinal Bleeding

A 19-year-old woman was evaluated in the gastroenterology clinic because of intermittent painless rectal bleeding and chronic iron-deficiency anemia. Eight months earlier, a papillary thyroid carcinoma had been treated with total thyroidectomy and administration of radioactive iodine (iodine-131). A diagnostic procedure was performed.

SEE P. 2349; CME, P. 2386