

# THIS WEEK in the JOURNAL

## ORIGINAL ARTICLE

### Rosiglitazone and Cardiovascular Adverse Events

In this meta-analysis, rosiglitazone, a peroxisome-proliferator-activated receptor agonist used for glucose control in type 2 diabetes, was found to be associated with an increased risk of myocardial infarction and death from cardiovascular causes. These findings raise safety concerns, but further analyses of patient-level data are needed to draw definitive conclusions.

SEE P. 2457; EDITORIAL, P. 2522

## ORIGINAL ARTICLE

### Anidulafungin versus Fluconazole for Invasive Candidiasis

Echinocandins are emerging as important new therapeutic agents for the treatment of candida infections. In this randomized, double-blind, international, multicenter study, anidulafungin was shown to be noninferior to fluconazole in the treatment of invasive candidiasis.

SEE P. 2472; EDITORIAL, P. 2525; CME, P. 2559

## ORIGINAL ARTICLE

### Prophylactic Fluconazole in Preterm Neonates

Invasive candida infections are an important cause of morbidity in low-birth-weight infants (<1500 g). In this randomized, double-blind, placebo-controlled trial, 322 infants received either placebo or fluconazole from birth until day 30 of life (day 45 for neonates who weighed <1000 g at birth). The incidence of invasive fungal infections was 13.2% in the placebo group and 3.2% in the fluconazole groups combined; the difference was statistically significant.

SEE P. 2483

## SPECIAL ARTICLE

### Number of Medical Conditions and Quality of Care

It may be more difficult to deliver high-quality care to patients with multiple health problems than to those with fewer, and programs that assess the quality of

health care may penalize providers who care for patients with more complex conditions. Contrary to these concerns, this study showed that quality scores were higher for patients with more medical conditions than for those with fewer conditions.

SEE P. 2496

## CLINICAL PRACTICE

### Follow-up of Patients with Early Breast Cancer

An otherwise healthy 53-year-old woman is seen for routine care after completing treatment several months earlier for stage II estrogen-receptor-positive, HER2-positive breast cancer. The treatment consisted of lumpectomy, irradiation, adjuvant chemotherapy (doxorubicin and cyclophosphamide followed by paclitaxel), and trastuzumab. Her only current medication is an aromatase inhibitor. She is amenorrheic. She reports fatigue, hot flashes, arthralgias, and sexual difficulties and is concerned about the risk of a recurrence. How would you follow this patient, and what would you recommend for her symptoms?

SEE P. 2505; CME, P. 2557

## CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

### A Man with Early-Stage Prostate Cancer

A 54-year-old man came to the Multidisciplinary Genitourinary Clinic of the Cancer Center for advice on management of prostate cancer. A slowly rising serum prostate-specific antigen level led to a needle biopsy of the prostate 2 weeks after the consultation. Examination of the biopsy specimens revealed adenocarcinoma, with a Gleason score of 7, involving the left lobe. A treatment recommendation was made.

SEE P. 2515; CME, P. 2558

## HEALTH POLICY REPORT

### Information Technology Comes to Medicine

This Health Policy Report explores the risks and benefits of health information technology, how policymakers are encouraging and managing its dissemination, and what the future holds for health information technology in U.S. medicine.

SEE P. 2527