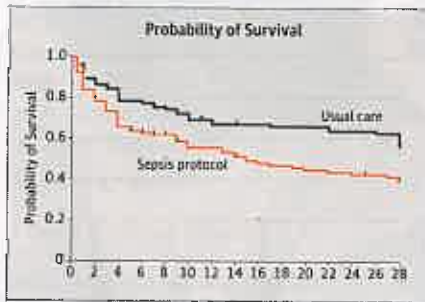


Research

CARING FOR THE CRITICALLY ILL PATIENT

Resuscitation Protocol for Sepsis and Hypotension

1233



Sepsis treatment protocols emphasize early resuscitation with intravenous fluid boluses and vasopressors. In a randomized clinical trial by Andrews and colleagues of 212 adults with sepsis and hypotension in a resource-limited setting, a protocol for early resuscitation with intravenous fluids and vasopressors increased in-hospital mortality compared with usual care. In an Editorial, Machado and Angus

comment that interventions developed and tested in high-income settings may not be safe and effective for the treatment of patients in developing countries.

Editorial 1225

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CARING FOR THE CRITICALLY ILL PATIENT

Sepsis in US Hospitals

1241

Most studies of the incidence of sepsis are based on claims data submitted for hospital reimbursement. In a retrospective cohort study of adult patients admitted to 409 US academic, community, and federal hospitals, Rhee and colleagues for the CDC Prevention Epicenter Program found substantive differences in sepsis outcomes based on clinical data as compared with data from administrative claims. In an Editorial, Rudd and colleagues note that electronic health records with clinical data are available in many high-income countries, but are seldom available in low- or middle-income countries.

Editorial 1228

Non-Vitamin K Oral Anticoagulants and Major Bleeding

1250

Non-vitamin K oral anticoagulants (NOACs) are commonly prescribed with other medications that share metabolic pathways with NOACs. In a retrospective cohort study by Chang and colleagues of 91330 patients who had nonvalvular atrial fibrillation treated with NOACs, those who were also treated with amiodarone, fluconazole, rifampin, or phenytoin had increased risks of major bleeding.

Related Article 1260

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Poetry and Medicine

1286 A Terrible Beauty
CS Halberstadt

JAMA Revisited

1288 The Changing Concepts
in Pathology

Opinion

Viewpoint

1215 Digital Phenotyping: Technology for a New Science of Behavior
TR Insel

1217 Talking to Machines About Personal Mental Health Problems
A Miner, A Milstein, and J Hancock

1219 Measuring the Cost of Quality Measurement: A Missing Link in Quality Strategy
MA Schuster, SE Onorato, and DO Meltzer

1221 Research Integrity, Academic Promotion, and Attribution of Authorship and Nonauthor Contributions
SD Mentzelopoulos and SG Zakynthinos

A Piece of My Mind

1223 Full Disclosure: An OB/GYN's Personal Story of Pregnancy Loss
AS Kelley

Editorial

1225 Trying to Improve Sepsis Care in Low-Resource Settings
FR Machado and DC Angus

1228 Counting Sepsis, an Imprecise but Improving Science
KE Rudd, A Delaney, and S Finfer

1230 Announcing JAMA Network Open—A New Journal From The JAMA Network
FP Rivara and Coauthors

LETTERS

Research Letter

1279 Incidence of Measles in the United States, 2001-2015
NS Clemmons and Coauthors

Comment & Response

1281 Ferric Carboxymaltose to Treat Isovolemic Anemia

1282 Effect of Different Iron Preparations for Young Children With Iron-Deficiency Anemia

1283 Nonpharmacologic Treatments for Depression in Older Adults

1284 Correction

Editor in Chief
Howard Bauchner, MD

134 YEARS
OF CONTINUOUS
PUBLICATION

Research (continued)

Antithrombotic Medication and Hematuria 1260

Antithrombotic agents are effective for the prevention of stroke and cardiovascular disease, but they are commonly associated with adverse events. In a population-based, retrospective cohort study of 2 518 064 patients aged 66 years and older, Wallis and colleagues found that the use of antithrombotic medications, compared with nonuse of these medications, was associated with higher rates of hematuria-related complications.

Related Article [1250](#)

Clinical Review & Education

GENOMICS AND PRECISION HEALTH

Detection of Tumor DNA in Human Plasma 1272

This JAMA Insights article by Husain and Velculescu explains that analyses of circulating tumor DNA can detect noninvasive cancers, predict treatment response, monitor disease relapse, and identify mechanisms of resistance to targeted therapies.

Author Audio Interview jama.com CME jamanetwork.com/learning

Long-Acting β -Agonists for Patients With Stable COPD 1274

In this Clinical Evidence Synopsis summarizing a Cochrane review of 11 randomized clinical trials, Horita and colleagues conclude that the combination of long-acting β -agonists (LABAs) and long-acting muscarinic antagonists is superior to the combination of LABAs and corticosteroids for the treatment of stable chronic obstructive pulmonary disease.

Urinalysis for Suspected Glomerular Disease 1276

This JAMA Diagnostic Test Interpretation article by Harel and colleagues presents a 62-year-old woman with hypertension, anemia, and an elevated serum creatinine. Urine tests were performed. How would you interpret these results?



JAMA Patient Page

1294 Laparoscopic Groin Hernia Repair

NEWS & ANALYSIS

Medical News & Perspectives

1208 Work Progresses on Male Contraceptives, but Hurdles Remain

Bench to Bedside

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The JAMA Forum

1212 Our Next Health Care Debate

1214 News From the FDA

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Howard Bauchner, MD, summarizes and comments on this week's issue.

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Departments

1205 Staff Listing

1278 CME Questions

1290 Classified Advertising

1292 Journal Advertiser Index

1293 Contact Information

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