

Research

Time to Colonoscopy and Risk of Colorectal Cancer 1631

Patients screened for colorectal cancer (CRC) who have positive fecal immunochemical test (FIT) results require a follow-up colonoscopy to identify neoplasms or preneoplastic polyps. In practice, the time to follow-up colonoscopy varies, and the risk of neoplastic progression associated with a delayed colonoscopy is unknown. In a retrospective cohort study of 70 124 patients with positive FIT results, Corley and colleagues report that follow-up colonoscopy after 10 months, compared with follow-up colonoscopy at 8 to 30 days, was associated with a higher risk of CRC and more advanced-stage disease at the time of diagnosis. In an Editorial, Rutter and Inadomi suggest that the lack of urgency to have a colonoscopy immediately after a positive FIT result reflects the clinical understanding that colorectal cancer develops slowly.

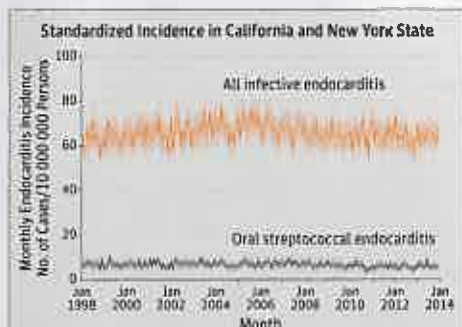
Editorial 1627

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High-Sensitivity Troponin Levels After Noncardiac Surgery 1642

High-sensitivity troponin assays are in use by many hospitals to assess the risk of myocardial ischemia and 30-day mortality after noncardiac surgery. The Vascular Events in Noncardiac Surgery Patients Cohort Evaluation (VISION) Study by Devereaux and colleagues enrolled 21 842 noncardiac surgery patients with perioperative high-sensitivity troponin T (hsTnT) measurements and found that peak postoperative hsTnT levels during the first 3 days after surgery were significantly associated with 30-day mortality.

Trends in Infective Endocarditis 1652



Recent guidelines for the prophylaxis of infective endocarditis have targeted patients at greatest risk for adverse outcomes. To learn whether the incidence and mortality of infective endocarditis may have changed in association with these guidelines, Toyoda and colleagues conducted a retrospective cohort study of 75 829 patients hospitalized with a first episode of endocarditis in California and

New York State. Changes in patient characteristics and etiology were observed, but the overall incidence of infective endocarditis was stable from 1998 through 2013.

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Editor in Chief
Howard Bauchner, MD

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Clinical Review & Education

Screening for Preeclampsia: USPSTF Recommendation Statement 1661

Preeclampsia is a major cause of maternal and perinatal death. Considering the evidence that treatment of preeclampsia can reduce maternal and perinatal morbidity and mortality, and the well-established accuracy of blood pressure measurements, the US Preventive Services Task Force (USPSTF) recommends screening for preeclampsia with blood pressure measurements throughout pregnancy. In an Editorial, Sperling and Gossett note that the timing and frequency of prenatal visits were established, in part, to improve detection of preeclampsia by routinely measuring maternal blood pressure; however, the historical structure of prenatal care may be revised in response to ongoing research.

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Preeclampsia Screening: Evidence Report and Systematic Review 1668

To inform USPSTF deliberations on screening for preeclampsia, Henderson and colleagues synthesized findings of a systematic review of 21 studies with 13 982 participants. The available evidence for estimating benefits and harms of preeclampsia screening was limited, suggesting the need for more research to address the complex pathophysiology of this potentially severe complication of pregnancy.

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Mechanical Nasal Dilators to Treat Nasal Valve Compromise 1684

An article in *JAMA Facial Plastic Surgery* evaluated over-the-counter mechanical nasal dilators and found that external nasal dilator strips and nasal clips can relieve obstruction of the internal nasal valve. In a From The JAMA Network article, Pawar suggests that patient-reported outcome measures may be more relevant than objective measures of peak nasal flow for this quality-of-life condition. Primary care clinicians should consider nasal dilators before referring patients for specialist care.

Screening for Preeclampsia



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Editor's Audio Summary

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

The JAMA Forum

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Author Interview



AUDIO Interview with Maureen G. Phipps, MD, MPH, author of "Screening for Preeclampsia: US Preventive Services Task Force Recommendation Statement"

JAMA Clinical Reviews

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