

Research

Early EPO in Very Preterm Infants, Neurodevelopment at Age 2 Years 2079

Animal data and clinical studies demonstrate neuroprotective effects of erythropoietin (EPO). In a randomized placebo-controlled trial that enrolled 448 very preterm infants, Natalucci and colleagues assessed the effect of prophylactic early high-dose recombinant human EPO (rhEPO) on neurodevelopmental outcomes at age 2 years. Neurodevelopmental outcome data were available for 365 infants. The authors found no significant differences in neurodevelopmental outcomes among infants who received rhEPO compared with those who received placebo.

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Physician and Surrogate Discordance About Patient Prognosis 2086

Among incapacitated critically ill patients, surrogate decision makers' unrealistic expectations about prognosis can be a barrier to quality end-of-life care. In a prospective cohort study involving 229 surrogate decision makers and 99 physicians of 174 critically ill patients at high risk of death, White and colleagues found that physician-surrogate discordance about the patients' likelihood of survival to hospital discharge was common. Discordance was associated with surrogates misunderstanding physicians' prognostic expectations and surrogates' systematically different beliefs about the patient's prognosis. In an Editorial, Azoulay and colleagues discuss challenges encountered when communicating with surrogates about patient prognosis.

Editorial 2075

Author Video Interview jama.com Continuing Medical Education jamanetworkcme.com

Critical Access Status, Surgical Outcomes, and Expenditures 2095

In an analysis of cross-sectional data from more than 1.6 million Medicare beneficiary hospital admissions, Ibrahim and colleagues compared outcomes and costs for patients who underwent appendectomy, cholecystectomy, colectomy, or hernia repair at 828 critical access hospitals and 3676 non-critical access hospitals. The authors report that among patients undergoing these 4 surgical procedures, patients admitted to critical access hospitals were less medically complex than those admitted to non-critical access hospitals. After adjustment for patient factors, critical access and non-critical access hospitals had similar 30-day mortality rates and critical access hospitals had lower rates of serious complications and lower adjusted Medicare expenditures.

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Editor in Chief
Howard Bauchner, MD

132 YEARS
OF CONTINUOUS
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Research (continued)

Acute GERD and Esophageal Histologic Changes **2104**

Histologic changes associated with acute gastroesophageal reflux disease (GERD) have not been studied prospectively. In a preliminary study involving 12 patients with severe reflux esophagitis responsive to proton-pump inhibitor (PPI) therapy, Dunbar and colleagues found that stopping PPIs for 2 weeks was associated with histologic features of inflammation and hyperplasia that suggest reflux esophagitis may be cytokine-mediated rather than the result of chemical injury. In an Editorial, Kahrilas discusses the pathogenesis of acute peptic esophagitis.

📺 Editorial **2077**

🎧 Author Audio Interview jama.com

Clinical Review & Education

Measuring Hospital VTE Prevention Efforts **2113**

Venous thromboembolism (VTE) rates are used as a hospital quality measure. An article in *JAMA Surgery* reported that hospitals with higher rates of inpatient VTE surveillance have higher rates of inpatient VTE but not decreased VTE rates after hospital discharge. In this From The JAMA Network article, Yang and Bilimoria discuss surveillance bias in VTE rate reporting and alternatives for assessing hospital efforts to prevent VTE.

📺 JAMA Patient Page **2136**

Surveillance Imaging for Patients With Lymphoma in Remission **2115**

This JAMA Clinical Guidelines Synopsis article summarizes the National Comprehensive Cancer Network and the European Society of Medical Oncology surveillance imaging recommendations for patients with Hodgkin lymphoma and diffuse large B-cell lymphoma in complete remission. The available evidence—primarily from retrospective studies or consensus opinion—suggests asymptomatic patients can be safely observed and imaging studies conducted only when clinically indicated.

Which Oral Anticoagulant for Atrial Fibrillation? **2117**

Direct-to-consumer advertisements urge patients who take warfarin for atrial fibrillation to ask their physicians about new oral anticoagulants. This *Medical Letter on Drugs and Therapeutics* article discusses benefits, drawbacks, and costs of direct factor Xa inhibitors (apixaban, edoxaban, and rivaroxaban) and a direct thrombin inhibitor (dabigatran etexilate) compared with warfarin. The direct oral anticoagulants appear to be safer. Head-to-head comparisons of the new drugs are lacking.

📺 Online @ jama.com



Editor's Audio Summary

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

Author Interview

📺 Interview with Douglas B. White, MD, MAS, author of "Prevalence of and Factors Related to Discordance About Prognosis Between Physicians and Surrogate Decision Makers of Critically Ill Patients"

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The JAMA Forum

Insightful commentary on the political aspects of health care from leading health economists, health policy experts, and legal scholars



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