

Research

Inpatient Palliative Care and Quality of Life After HSCT 2094

Hematopoietic stem cell transplantation (HSCT) is associated with physical and psychological symptoms that can negatively affect quality of life. In a single-center randomized clinical trial that enrolled 160 adult patients with hematologic malignancies who were undergoing HSCT, El-Jawahri and colleagues assessed the effect of an inpatient palliative care intervention—focused on management of physical and psychological symptoms—on patient quality of life during hospitalization for HSCT. The authors report that compared with standard care, use of inpatient palliative care resulted in a smaller decrease in quality of life after 2 weeks. In an Editorial, Malani and Widera discuss integrating palliative care with potentially curative therapy among patients with serious illness.

◀ Editorial 2090 Related Article 2104

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Relationship of Palliative Care to Patient, Caregiver Outcomes 2104

Kavaleratos and colleagues examined the association of palliative care interventions with patient and caregiver outcomes in a meta-analysis of data from 43 randomized clinical trials (12 731 total patients and 2479 total caregivers). Among the authors' findings was that compared with usual care, palliative care interventions were associated with improvements in patient quality of life and symptom burden but not improved survival. The evidence was mixed for an association of palliative care interventions with caregiver quality of life, mood, or burden.

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ED Visits for Outpatient Adverse Drug Events 2115

In an analysis of nationally representative surveillance data from 58 emergency departments (EDs) in the United States, Shehab and colleagues assessed characteristics of adverse drug events that led to ED visits in 2013 and 2014. Based on data from 42 585 cases, the authors estimate that the annual prevalence of ED visits for adverse drug events was 4 per 1000 individuals in 2013 and 2014. Anticoagulants, antibiotics, diabetes agents, opioid analgesics, and antipsychotics were most commonly implicated. In an Editorial, Kessler and colleagues discuss interventions across the care continuum to reduce outpatient adverse drug events.

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133 YEARS
OF CONTINUOUS
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Research (continued)

Coronary Artery Calcification to Assess CVD in Low-Risk Women 2126

Whether coronary artery calcium testing is useful to guide cardiovascular disease (CVD) prevention strategies among women at low risk of CVD is unclear. Kavousi and colleagues examined this question in a meta-analysis of data from 6739 women at low risk of CVD (a predicted 10-year atherosclerotic CVD risk <7.5%) who were participating in 5 population-based cohort studies. The authors report that coronary artery calcium—present in approximately one-third of the women—was associated with an increased risk of atherosclerotic CVD. The addition of coronary artery calcium to CVD risk prediction models modestly improved prognostic accuracy compared with traditional risk factors alone.

Clinical Review & Education

Screening for Colorectal Cancer 2135

Colorectal cancer (CRC) screening—using a number of different screening options—can reduce CRC incidence and mortality. However, the number of available screening options can complicate informed decision making. Based on a literature review (2008-2016), Lieberman and colleagues provide an evidence-based approach to CRC screening of individuals at average and higher-than-average risk. The authors highlight key elements of informed decision making for CRC screening and summarize the evidence relating to the quality of the screening options. The authors found no evidence that one screening program is superior to another. However, when screening involves 2 or more modalities, adherence to all steps is critical for maximal effectiveness of the screening program.

 CME jamanetworkcme.com

Mixing Study for Evaluation of Abnormal Coagulation Testing 2146

This JAMA Diagnostic Test Interpretation article by Choi and colleagues presents a patient with recent onset of spontaneous subcutaneous ecchymoses and hematomas. Initial laboratory testing showed severe anemia and a prolonged partial thromboplastin time. A mixing study—mixing the patient's plasma with normal pooled plasma in a 1:1 ratio—was performed. How would you interpret the test results?



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

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