

Research

Etelcalcetide and Parathyroid Hormone in Patients Receiving Dialysis 146

Secondary hyperparathyroidism is a major complication of chronic kidney disease, particularly among patients receiving hemodialysis. In 2 parallel, randomized, placebo-controlled clinical trials, which together enrolled 1023 patients who were receiving hemodialysis and had moderate to severe secondary hyperparathyroidism, Block and colleagues evaluated the effect of etelcalcetide—a calcimimetic agent administered intravenously after each hemodialysis session—on serum parathyroid hormone (PTH) concentration. The authors report that compared with placebo, use of etelcalcetide resulted in greater reduction in serum PTH levels over 26 weeks. In an Editorial, Middleton and Wolf discuss the potential for calcimimetic therapy to improve outcomes in patients with end-stage renal disease.

Editorial 139 Related Article 156

Etelcalcetide vs Cinacalcet in Secondary Hyperparathyroidism 156

Treatment of secondary hyperparathyroidism among patients receiving hemodialysis is often suboptimal. In a randomized clinical trial that enrolled 683 patients receiving hemodialysis and having moderate to severe secondary hyperparathyroidism, Block and colleagues assessed the efficacy of 2 calcimimetics—either intravenous etelcalcetide or oral cinacalcet—to reduce serum PTH levels. The authors found that use of etelcalcetide was not inferior to cinacalcet in achieving more than 30% reduction from baseline in predialysis PTH concentrations over 26 weeks.

Editorial 139 Related Article 146

Global Burden of Hypertension and Elevated Systolic Blood Pressure 165

Elevated systolic blood pressure (SBP) is a leading global health risk. Based on an analysis of data from 844 studies ($n = 8.69$ million participants) published between 1980 and 2015, Forouzanfar and colleagues estimated associations between elevated SBP and the burden of different causes of death and disability by age and sex for 195 countries. The authors report that the rate of elevated SBP (≥ 110 -115 mm Hg and ≥ 140 mm Hg) increased substantially between 1990 and 2015, and disability-adjusted life-years and deaths associated with elevated SBP also increased. In an Editorial, Huffman and Lloyd-Jones discuss implications of the study findings for developing population-level hypertension risk-reduction strategies.

Editorial 142

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Humanities

The Arts and Medicine
116 Coping With Uncertainty:
Roz, Ray, and the AIDS Epidemic
JW Zylke

Poetry and Medicine
214 Wellspring
CK Morris

JAMA Revisited
215 Physiologic Aspects
of the Working Day Problem

Opinion

Viewpoint

129 The Risks of Marijuana Use
During Pregnancy
ND Volkow, WM Compton, and EM Wargo

131 The Rise of Altmetrics
HR Warren, N Raison, and P Dasgupta

133 Surgeon General's Report
on Alcohol, Drugs, and Health
VH Murthy

135 Revised CIOMS International Ethical
Guidelines for Health-Related Research
Involving Humans
JIM van Delden and R van der Graaf

A Piece of My Mind

137 Aspects of Ending a Lifelong Dream
LJ Hergott

Editorial

139 Second Chances to Improve
ESRD Outcomes With a Second-
Generation Calcimimetic
JP Middleton and M Wolf

142 Global Burden of Raised Blood
Pressure: Coming Into Focus
MD Huffman and DM Lloyd-Jones

144 Strategies for Preventing
Folate-Related Neural Tube Defects:
Supplements, Fortified Foods, or Both?
JL Mills

LETTERS

Research Letter

207 Trends in Marijuana Use
Among Pregnant and Nonpregnant
Reproductive-Aged Women,
2002-2014
QL Brown and Coauthors

209 Use of Marijuana for Medical
Purposes Among Adults
in the United States
WM Compton and Coauthors

Comment & Response

211 Alternatives in the Evaluation
of Suspected Coronary Heart Disease

213 Clinical Guidelines for Management
of Acne Vulgaris

Editor in Chief
Howard Bauchner, MD

133 YEARS
OF CONTINUOUS
PUBLICATION

Clinical Review & Education

Folic Acid Supplementation to Prevent Neural Tube Defects 183

Daily folic acid supplementation in the periconceptional period can prevent neural tube defects. However, most women of childbearing age do not achieve the recommended intake of folate from diet alone. This US Preventive Services Task Force (USPSTF) recommendation statement addresses folic acid supplementation in women of childbearing age to prevent neural tube defects in the developing fetus. Based on a review of the evidence relating to benefits and harms of folic acid supplementation, the USPSTF recommends that all women who are planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400-800 µg) of folic acid. In an Editorial, Mills discusses folic acid supplementation and folate fortification of foods to prevent folate-related neural tube defects.

✚ Editorial 144 Related Article 190

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Folic Acid to Prevent Neural Tube Defects: Evidence Report 190

Viswanathan and colleagues summarize findings from the USPSTF review of the evidence from 24 studies (N > 58 860 participants) of folic acid supplementation for preventing neural tube defect-affected pregnancies in women of childbearing age. Evidence was sought to address questions relating to differences in risk reduction or harms by race or ethnicity or by dosage, timing, or duration of therapy. The evidence review found that prior to 1998 and the initiation of folate fortification of foods in the United States, folic acid supplementation provided protection against neural tube defects. Newer postfortification studies have not consistently demonstrated a protective association but have the potential for misclassification and recall bias.

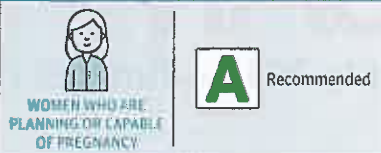
✚ Editorial 144 Related Article 183

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Patient-Reported Outcomes After LASIK 204

An article in *JAMA Ophthalmology* reported findings from web-based patient surveys that assessed visual symptoms and satisfaction after laser in situ keratomileusis (LASIK) surgery. This From The JAMA Network article by Sugar and colleagues discusses the use of patient-reported visual quality of life before and after LASIK procedures to enhance preoperative patient counseling and to identify ways to reduce postoperative symptoms.

Folic Acid for the Prevention of Neural Tube Defects



JAMA Patient Page

222 Folic Acid Supplementation for Prevention of Neural Tube Defects

NEWS & ANALYSIS

Medical News & Perspectives

123 Study Suggests Alzheimer and Parkinson Disease Are Not Transmitted Through Blood Transfusion

The JAMA Forum

125 How Would the Next President Ensure Competitiveness in the Health Care Marketplace?

127 Capitol Health Call

Concerns About Women's Health

Bill to Link Rural Physicians With Top Specialists Advances

Augmented Reality Goes Bedside

128 News From the CDC

Modest Obesity Reduction in Low-Income Kids

Drop in Preventable Cancer Deaths

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Editor's Audio Summary

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

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Author Interview



AUDIO Interview with Alex R. Kemper, MD, MPH, MS, author of "Folic Acid Supplementation for the Prevention of Neural Tube Defects: US Preventive Services Task Force Recommendation Statement"

Departments

107 Staff Listing

206 CME Questions

217 Classified Advertising

220 Journal Advertiser Index

221 Contact Information

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