

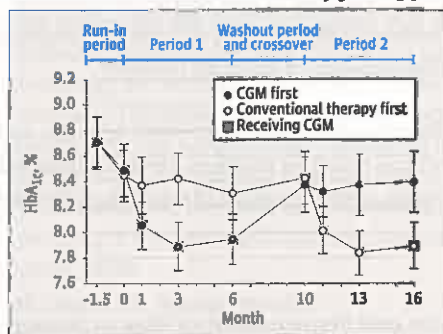
## Research

### Effect of CGM on Glycemic Control in Type 1 Diabetes 371

Only a small proportion of individuals with type 1 diabetes treated with multiple daily insulin injections use continuous glucose monitoring (CGM) devices. Beck and colleagues assessed the effectiveness of CGM in adults with type 1 diabetes treated with multiple daily insulin injections in a randomized clinical trial involving 158 patients. The authors report that compared with usual care consisting of self-monitored blood glucose management and multiple daily insulin injections, use of CGM resulted in greater lowering of hemoglobin A<sub>1c</sub> (HbA<sub>1c</sub>) levels over 24 weeks. In an Editorial, Davidson discusses whether CGM is feasible for most patients with diabetes.

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CME [jamanetworkcme.com](http://jamanetworkcme.com)

### CGM vs Conventional Therapy in Type 1 Diabetes 379



In an open-label crossover randomized clinical trial that enrolled 161 adults with type 1 diabetes who were treated with multiple daily insulin injections and had HbA<sub>1c</sub> levels of 7.5% or greater, Lind and colleagues compared glycemic control when using CGM vs conventional management. The authors report that among patients with inadequately controlled type 1 diabetes treated with multiple daily insulin injections, the

use of CGM for 26 weeks resulted in a mean HbA<sub>1c</sub> level that was 0.43% lower than that achieved with conventional treatment.

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### County-Level Disparities in Cancer Mortality, 1980-2014 388

Mokdad and colleagues examined US county-level trends and differences in mortality from 29 cancers in analyses of national data from 1980 to 2014. Based on their analysis of more than 19.5 million cancer deaths recorded between 1980 and 2014, the authors found that overall cancer mortality declined 20.1% between 1980 and 2014. However, the authors identified distinct clusters of counties with particularly high cancer mortality, which varied geographically by type of cancer. In an Editorial, Wheeler and Basch discuss use of regional cancer surveillance data to inform and support effective public health interventions.

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Editor in Chief  
Howard Bauchner, MD

**133 YEARS**  
OF CONTINUOUS  
PUBLICATION

## Clinical Review & Education

### Screening for Obstructive Sleep Apnea in Adults **407**

This US Preventive Services Task Force (USPSTF) recommendation statement addresses screening for obstructive sleep apnea among asymptomatic adults seen in primary care. Based on a review of the evidence on the accuracy, benefits, and potential harms of screening for obstructive sleep apnea, the USPSTF concluded that the current evidence is insufficient to assess the balance of benefits and harms of screening for obstructive sleep apnea in asymptomatic adults. In an Editorial, Redline discusses the prevalence of obstructive sleep apnea and the need to improve recognition of the disorder.

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### Screening for Obstructive Sleep Apnea: Evidence Report **415**

Jonas and colleagues summarize findings from the USPSTF review of the evidence from 110 studies (46 188 total participants) that addressed primary care-relevant questions regarding screening for obstructive sleep apnea among asymptomatic adults. Studies evaluating the accuracy of screening questionnaires or prediction tools, the diagnostic accuracy of portable monitors, and the association between apnea-hypopnea index and health outcomes were included. The authors report that the available evidence could not establish with certainty that potential screening tools are accurate or have clinical utility. It is not established that continuous positive airway pressure and other treatments reduce mortality or improve health outcomes, except for modest improvement in sleep-related quality of life.

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### Managing Thyroid Nodules and Differentiated Thyroid Cancer **434**

This JAMA Clinical Guidelines Synopsis article by Cohen and Davis summarizes the 2015 American Thyroid Association Management Guidelines for Adult Patients With Thyroid Nodules and Differentiated Thyroid Cancer. The guidelines provide recommendations on a variety of topics, including which thyroid nodules to biopsy, when to proceed to surgery, the extent of surgery (including use of lobectomy for certain low-risk cancers), and when patients with differentiated thyroid cancer should receive additional treatment such as radioactive iodine.

Screening for Obstructive Sleep Apnea



ASYMPTOMATIC ADULTS

**I** There is insufficient evidence to make a recommendation.

#### JAMA Patient Page

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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 H. Krist, MD, MPH, author of "Screening for Obstructive Sleep Apnea in Adults: US Preventive Services Task Force Recommendation Statement"

##### The JAMA Forum

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