

Research

Ruling Out Pulmonary Embolism

559

The intent of the Pulmonary Embolism Rule-Out Criteria is to avoid excessive diagnostic testing in patients with low clinical probability of pulmonary embolism. Freund and colleagues for the PROPER Investigative Group randomized 14 emergency departments with 1916 patients at low risk of pulmonary embolism and found that the rate of thromboembolic events using the Pulmonary Embolism Rule-Out Criteria was noninferior to the use of a conventional diagnostic strategy. In an Editorial, Kline notes that optimal diagnostic testing avoids overexposure to radiation and overtreatment of patients with false-positive diagnoses.

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Improving the Treatment of Acute Myocardial Infarction

567

Improving the quality of care for patients with acute myocardial infarction, particularly in low- and middle-income countries, is a global health priority. A randomized trial by Huffman and colleagues for the Acute Coronary Syndrome Quality Improvement in Kerala Investigators enrolled 63 hospitals in Kerala state, India, and found that a quality improvement intervention did not decrease the rate of cardiovascular events in 21 374 patients with acute myocardial infarction. In an Editorial, Granger and Xavier discuss why the increased use of guideline-based therapies did not result in better clinical outcomes.

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Dependent Insurance Coverage and Prenatal Care

579

Nearly one-third of US births are to women in the age range affected by the Affordable Care Act policy that requires private health insurers to allow young adults to remain on a parent's plan until their 26th birthday. In a retrospective cohort study by Daw and Sommers of 1379 005 births among 24- to 25-year-old women and 1551192 births among 27- to 28-year-old women, the dependent coverage provision was associated with increased use of prenatal care and a modest reduction in preterm births.

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Editor in Chief
Howard Bauchner, MD

Clinical Review & Education

RECOMMENDATION STATEMENT

Screening for Ovarian Cancer

588

Ovarian cancer is difficult to diagnose because the symptoms are nonspecific. Based on a review of the available evidence, the US Preventive Services Task Force recommends against screening for ovarian cancer in asymptomatic women who are not known to have a high-risk hereditary syndrome. In an Editorial, Lu suggests that expanding the overall strategy to improve the accuracy of risk models, apply genetic testing, and explore new options for prevention may decrease the incidence and mortality of ovarian cancer.

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EVIDENCE REPORT

Outcomes of Screening and Treatment for Ovarian Cancer

595

In a review of 4 clinical trials of ovarian cancer screening for the US Preventive Services Task Force, Henderson and colleagues found that screening did not decrease mortality but exposed women without cancer to major surgical complications.

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Stepped-Wedge Clinical Trials

607

A stepped-wedge design can be used to determine the order that study groups receive an intervention. In this JAMA Guide to Statistics and Methods, Ellenberg discusses the application of this study design when the goal is to implement the intervention at all study sites while retaining the capacity to assess its efficacy.

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Screening for Ovarian Cancer



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Editor's Audio Summary

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

Author Interview



AUDIO Michael J. Barry, MD, author of "Screening for Ovarian Cancer"

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