

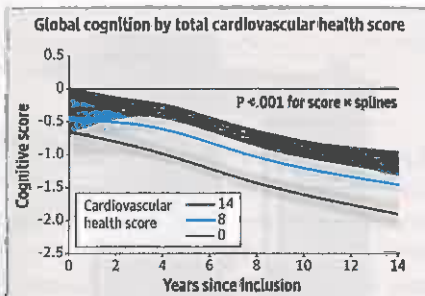
Research

Medicare Spending on Brand-name Combination Drugs 650

Brand-name combinations can be more expensive than their components, particularly when the components are available as low-cost generic drugs. In an analysis of Medicare data, Sacks and colleagues estimated that spending for 29 brand-name combinations was \$922 million greater than the cost of the generic components.

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Cardiovascular Health and Cognitive Decline 657



Hypertension, dyslipidemia, obesity, and diabetes are risk factors for diseases affecting the heart and brain. Samieri and colleagues followed a population-based cohort of 6626 older adults and found that a higher cardiovascular health score was associated with lower risks of dementia and cognitive decline. In an Editorial on 2 studies in this issue, Saver and Cushman emphasize that it is never too

early or too late to strive for ideal cardiovascular health.

[Editorial 645](#) [Related Article 665](#)

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Cardiovascular Risk Factors and Cerebrovascular Structure 665

Markers of cerebral injury are associated with future stroke, dementia, and all-cause mortality. Williamson and colleagues assessed 125 young adults with brain magnetic resonance imaging and found that modifiable cardiovascular risk factors were associated with white matter hyperintensities and evidence of altered cerebral vessel structure and function.

[Editorial 645](#) [Related Article 665](#)



Humanities

Poetry and Medicine

725 Hakimpara Kites
JW Girardy

JAMA Revisited

726 "The Day's Food in War and Peace"

Opinion

Viewpoint

635 Lyme Disease in 2018: What Is New (and What Is Not)
ED Shapiro and GP Wormser

637 Direct Primary Care: One Step Forward, Two Steps Back
EY Adashi, RP Clodfelter, and P George

639 Sustaining Health-Protective Behaviors Such as Physical Activity and Healthy Eating
GF Dunton

641 Mandatory Shared Decision Making by the Centers for Medicare & Medicaid Services for Cardiovascular Procedures and Other Tests
FM Merchant, NW Dickert Jr, and DH Howard

A Piece of My Mind

643 Blinded by Sight
S Lam

Editorial

645 Striving for Ideal Cardiovascular and Brain Health: It Is Never Too Early or Too Late
JL Saver and M Cushman

647 Screening for Cervical Cancer: New Tools and New Opportunities
LA Learman and FAR Garcia

LETTERS

Research Letter

717 Accuracy of Pulse Oximetry-Based Home Baby Monitors
CP Bonafide and Coauthors

Comment & Response

719 Sodium Excretion in Population Subgroups

720 Skin Self-examination for Skin Cancer Prevention

722 Stigmatizing Language About Neonatal Abstinence Syndrome

724 Correction

Editor in Chief
Howard Bauchner, MD

135 YEARS
OF CONTINUOUS
PUBLICATION

Clinical Review & Education

RECOMMENDATION STATEMENT

Screening for Cervical Cancer

674

Screening with cervical cytology alone, primary high-risk human papillomavirus testing alone, or cotesting can detect high-grade precancerous cervical lesions and cervical cancer. This US Preventive Services Task Force statement recommends screening with cervical cytology in women aged 21 to 29 years and screening with cytology, high-risk human papillomavirus testing, or both for women aged 30 to 65 years. In an Editorial, Learman and Garcia note that these updated recommendations provide patients with more options for cancer prevention.

Editorial 647 Related Articles 687 and 706 JAMA Patient Page 732

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EVIDENCE REPORT

Outcomes of Human Papillomavirus Screening

687

In a review of 14 studies with 989 635 participants, Melnikow and colleagues found that high-risk human papillomavirus screening detected higher rates of cervical intraepithelial neoplasia than cervical cytology but had higher false-positive and colposcopy rates.

Editorial 647 Related Articles 674 and 706 JAMA Patient Page 732

MODELING STUDY

Screening Strategies for Cervical Cancer

706

Human papillomavirus screening and cervical cytology are both effective for the prevention of cervical cancer. In this microsimulation modeling study, Kim and colleagues estimated that human papillomavirus screening has a reasonable balance of harms and benefits when performed every 5 years and switching from cytology to human papillomavirus screening at age 30 years has an efficient harm to benefit ratio.

Editorial 647 Related Articles 674 and 687 JAMA Patient Page 732

Screening for Cervical Cancer



POPULATION



JAMA Patient Page

732 Screening for Cervical Cancer

NEWS & ANALYSIS

Medical News & Perspectives

629 Hurricane Maria and Puerto Rico: A Physician Looks Back at the Storm

631 End-of-Life Care, Not End-of-Life Spending

633 Global Health

Alternative Crops Can Improve Nutrition, Save Water

Child Deaths From Pneumococcus and Hib Plummet

Air Pollution Linked to Infant Deaths

634 News From the FDA

Paving the Way for Biosimilars

First Smallpox Drug Approved

No Prescription Needed?

Online @ jama.com



Editor's Audio Summary

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

Audio Interview

Myriam Allende-Vigo, MD, endocrinologist in private practice, profiled in "Hurricane Maria and Puerto Rico: A Physician Looks Back at the Storm"

Author Audio Interview



Carol M. Mangione, MD, MSPH, author of "Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement"



Eugene D. Shapiro, MD, author of "Lyme Disease in 2018: What Is New (and What Is Not)"

Departments

619 Staff Listing

715 CME Questions

727 Classified Advertising

730 Journal Advertiser Index

731 Contact Information

Instructions for Authors

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