In This Issue of JAMA

September 6, 2016
Volume 316, Number 9
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Research

Effect of Bevacizumab on Epistaxis Duration in HHT 934

Spontaneous and frequent epistaxis is a common manifestation of hereditary hemorrhagic telangiectasia (HHT). In a randomized placebo-controlled trial involving 80 patients with HHT, Dupuis-Girod and colleagues assessed the efficacy of different doses of intranasal bevacizumab—an angiogenesis inhibitor—on nosebleed duration. The authors report that compared with placebo, treatment with bevacizumab nasal spray—3 doses of 25 mg, 50 mg, or 75 mg per spray administered at 14-day intervals for a total treatment duration of 4 weeks—did not reduce epistaxis duration in the 3 consecutive months after the end of treatment.

Related Article 943

Effect of Intranasal Therapy on Epistaxis Frequency in HHT 943

In a multicenter, randomized, placebo-controlled trial involving 120 adult patients with hereditary hemorrhagic telangiectasia (HHT), Whitehead and colleagues assessed the effect on epistaxis frequency of topical intranasal treatment with any of 3 drugs that have different mechanisms of action—bevacizumab, estriol, or tranexamic acid. The authors found that compared with placebo (saline spray), none of the 3 topical intranasal therapies significantly reduced the frequency of epistaxis during weeks 5 through 12 of treatment.

Related Article 934

Exposure to MRI During Pregnancy and Outcomes in Offspring 952

Whether magnetic resonance imaging (MRI) during the first trimester of pregnancy or MRI with gadolinium enhancement at any time during pregnancy is safe for the fetus is not known. In an analysis of data from more than 1.4 million births, Ray and colleagues assessed the relationship between these MRI exposures and fetal and child outcomes. Among the authors' findings was that MRI exposure in the first trimester was not associated with stillbirth or neonatal death, congenital anomaly, neoplasm, or hearing loss. Gadolinium-enhanced MRI at any time during pregnancy was associated with rare adverse outcomes in childhood, including higher risks of stillbirth or neonatal death and a broad set of rheumatological, inflammatory, or infiltrative skin conditions.

Author Video Interview jama.com

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Research Letter

Comment & Response

Editor in Chief
Howard Bauchner, MD

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OF CONTINUOUS
PUBLICATION

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Clinical Review & Education

Screening for Latent Tuberculosis Infection in Adults 962

This US Preventive Services Task Force (USPSTF) Recommendation Statement addresses primary care screening for latent tuberculosis infection in adults. Based on a review of the evidence relating to the accuracy of screening tests and the effectiveness of early detection and treatment, the USPSTF recommends that populations at increased risk undergo screening. In an Editorial, Blumberg and Ernst discuss challenges with implementation of the recommendation—including the best strategies to identify patients who are at increased risk of infection and patients who are at risk of progression to active tuberculosis.

Editorial 931
Author Audio Interview jama.com CME jamanetworkcme.com

Screening and Treatment for Latent TB Infection: Evidence Report 970

Kahwati and colleagues summarize findings from the US Preventive Services Task Force review and analysis of data from 72 studies relating to primary care screening and treatment for latent tuberculosis (TB) infection among adults. Key findings included evidence that available screening tests are moderately sensitive and highly specific in countries with low TB burden and that treatment reduces progression to active TB.

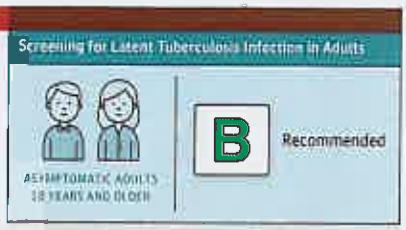
Editorial 931
CME jamanetworkcme.com

Clinical Significance of a Positive ANCA Test 984

This JAMA Diagnostic Test Interpretation article presents a woman with idiopathic pulmonary fibrosis who was admitted to the hospital for new-onset cough and blood-streaked sputum. On examination, she appeared dyspneic, had crackles at the lung bases, and pitting edema of the legs. Laboratory evaluation results included a low hemoglobin level, elevated creatinine level, an elevated perinuclear antineutrophil cytoplasmic autoantibody (ANCA) titer (1:320; reference range, <1:20), and an elevated myeloperoxidase antibody level (92 U; reference range, <21 U). How would you interpret these results?

From The Medical Letter: A New Abuse-Deterrent Opioid 986

This *Medical Letter on Drugs and Therapeutics* article provides information about a new extended-release, abuse-deterrent capsule formulation of oxycodone—Xtampza ER (Collegium)—the second such formulation approved for clinical use. Data from 2 pharmacokinetic studies and 1 clinical study of Xtampza ER are summarized. Dosage and administration recommendations are provided.



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

JAMA Clinical Review Podcasts
JAMA Clinical Review podcasts are on iTunes, featuring interviews about ideas and innovations in medicine, science, and clinical practice.

Author Interview

VIDEO Interview with Joel G. Ray, MD, MSc, FRCPC, author of "Association Between MRI Exposure During Pregnancy and Fetal and Childhood Outcomes"

AUDIO Interview with Francisco A. R. Garcia, MD, MPH, author of "Screening for Latent Tuberculosis Infection in Adults: US Preventive Services Task Force Recommendation Statement"

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