In This Issue of JAMA

Research

Intravitreous Ranibizumab for Diabetic Retinopathy 2137

Proliferative diabetic retinopathy is a leading cause of vision loss among patients with diabetes. In a clinical trial conducted at 55 sites by the Diabetic Retinopathy Clinical Research Network, investigators randomly assigned 305 adults (394 study eyes) with proliferative diabetic retinopathy to receive standard treatment with panretinal laser photocoagulation or treatment with intravitreal ranibizumab—an antibody that inhibits vascular endothelial growth factor. The investigators report that treatment with ranibizumab resulted in visual acuity that was noninferior to (not worse than) panretinal photocoagulation treatment at a 2-year assessment. In an Editorial, Olsen discusses treatment of proliferative diabetic retinopathy.

Antiplatelet Therapy, Migraine After Transcatheter ASD Closure 2147

New-onset migraine headache is a complication of transcatheter atrial septal defect (ASD) closure. In a randomized trial involving 171 patients with an indication for transcatheter ASD closure and no history of migraine, Rodés-Cabau and colleagues found that compared with antiplatelet therapy with aspirin alone, patients randomly assigned to receive dual antiplatelet therapy with clopidogrel and aspirin had a lower monthly frequency of migraine attacks in the 3 months following ASD closure.

IVUS-Guided vs Angiography-Guided Coronary Stent Implantation 2155

In a multicenter randomized trial involving 1400 patients with long coronary artery lesions (estimated to require stent length >28 mm), Hong and colleagues assessed long-term clinical outcomes following everolimus-eluting stent implantation in the target lesion using either intravascular ultrasound (IVUS) guidance or angiographic guidance. The authors report that compared with angiography-guided stent implantation, use of IVUS-guided stent implantation resulted in a significantly lower rate of the composite of major adverse cardiac events at 1 year—primarily due to a lower risk of target lesion revascularization.

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Editor in Chief

Howard Bauchner, MD

132 YEARS OF CONTINUOUS PUBLICATION
In This Issue of JAMA

**Research (continued)**

**BMI <16 Among Women in Low- and Middle-Income Countries**

Body mass index (BMI) lower than 16.0—the most severe category of adult malnutrition—is associated with substantial morbidity and mortality. In analyses of 1993-2012 data from nationally representative surveys conducted in 60 low- and middle-income countries—representing nearly one-third of the world’s women—Razak and colleagues found that among women aged 20 to 49 years, the prevalence of BMI lower than 16 was 1.8% and was related to poverty and low education.

**Clinical Review & Education**

**Distal Symmetric Polyneuropathy**

Callaghan and colleagues review recent diagnostic and therapeutic advances in distal symmetric polyneuropathy—the most common subtype of peripheral neuropathy. The authors found evidence supporting limited routine laboratory testing. Despite their frequent use in the diagnostic evaluation of patients with polyneuropathy, evidence supporting electrodiagnostic testing and magnetic resonance imaging is lacking. Medications with proven efficacy for neuropathic pain are discussed.

**Red-Brown Plaques and Papules in a Patient With Breast Cancer**

A 55-year-old woman, diagnosed with invasive ductal carcinoma of the left breast in December 2012, was treated with neoadjuvant chemotherapy with docetaxel and trastuzumab, followed by 3 courses of epirubicin and cyclophosphamide before undergoing a radical mastectomy. After undergoing adjuvant radiotherapy in September 2013, she developed a generalized asymptomatic rash with red-brown plaques and papules. Computed tomographic scan of her chest and abdomen did not indicate metastasis. What would you do next?

**From The Medical Letter: VEGF Inhibitors**

Vascular endothelial growth factor (VEGF) induces angiogenesis and increases vascular permeability and inflammation. This Medical Letter on Drugs and Therapeutics article summarizes information on 4 VEGF inhibitors—administered as periodic intravitreal injections—that reduce leakage from blood vessels, prevent neovascularization, decrease retinal swelling, and improve visual acuity in patients with neovascular (wet) age-related macular degeneration, diabetic macular edema, or macular edema following retinal vein occlusion.

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**Author Audio Interview**

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