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.

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.

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.

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Correction

Editor in Chief
Howard Bauchner, MD
Clinical Review & Education

RECOMMENDATION STATEMENT
Screening for Cervical Cancer

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.

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EVIDENCE REPORT
Outcomes of Human Papillomavirus Screening

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.

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MODELING STUDY
Screening Strategies for Cervical Cancer

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.

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

Author Audio Interview
Carol M. Mangione, MD, MSPH, author of “Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement”

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


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