Research

Estimated Outcomes and Cervical Cancer Screening 867
Sawaya and colleagues performed this cost-effectiveness analysis to estimate the quality of life and economic outcomes associated with 12 cervical cancer screening strategies among women aged 21 to 65 years. Results showed that cytologic testing every 3 years for women aged 21 to 29 years with either continued triennial cytologic testing or switching to a low-cost, high-risk human papillomavirus test every 5 years from age 30 to 65 years conferred a reasonable balance of benefits, harms, and costs from both a societal and health care sector perspective. Feldman provides the Invited Commentary.

Invited Commentary 879
Author Audio Interview jamainternalmedicine.com

Associations of Prior Abuse With Elder Abuse 889
In this cross-sectional study of 3157 US Chinese community-dwelling older adults, Dong and Wang examined the associations of child maltreatment and intimate partner violence with elder abuse. Participants were interviewed by multilingual research assistants in face-to-face and private context, and data were collected using a custom-built, web-based software. Results demonstrated that individuals with a history of child maltreatment had 2 times higher odds of experiencing intimate partner violence and elder abuse, and those who had experienced intimate partner violence had 6 times higher odds of experiencing elder abuse. Koenen and colleagues provide the Invited Commentary.

Invited Commentary 896

Nonfasting vs Fasting Lipid Levels and Coronary Events 898
In this secondary analysis of a randomized clinical trial using data from the Anglo-Scandinavian Cardiac Outcomes Trial–Lipid Lowering Arm, Mora and colleagues compared the association of nonfasting vs fasting lipid levels with coronary and vascular outcomes and assessed differences in calculated risk among participants undergoing both measurements. Results showed that nonfasting lipid levels were similar to fasting lipid levels measured 4 weeks apart in the same participants in association with incident cardiovascular events overall and by randomized statin therapy. Concordance of fasting and nonfasting lipid levels for classifying participants into appropriate risk categories was high.

Benefit of Cancer Drugs Given Accelerated Approval 906
In an updated review of 93 cancer drug indications, Gyawali and colleagues assessed the end points used to verify benefit in confirmatory trials of cancer drugs approved via the US Food and Drug Administration’s accelerated approval pathway. Of the 93 cancer drugs granted accelerated approval from December 11, 1992, through May 31, 2017, confirmatory trials reported that 20% had improvement in overall survival, 21% had improvement in a different surrogate measure, and 20% had improvement in the same surrogate measure used in confirmatory trials and preapproval trials. Lehman and Gross and DiMaggio and colleagues provide Invited Commentaries.

Invited Commentary 913 and 922

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Challenges in Clinical Electrocardiography 973
Electrocardiographic Changes After Overdose of Epinephrine in a Patient With Anaphylaxis
C Jiang and H Li

Challenges in Clinical Electrocardiography 975
Dual Sinus Nodes With Donor Sinus Node Dysfunction in Biatral Heart Transplantation
E Lai and Coauthors

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Research Letter 977
Primary Care Spending in the Fee-for-Service Medicare Population
R Reid and Coauthors

980 Use of Opioid Overdose Deaths Reported in One State’s Criminal Justice, Hospital, and Prescription Databases to Identify Risk of Opioid Fatalities
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982 Comparative Analysis of Medicines Safety Advisories Released by Australia, Canada, the United States, and the United Kingdom
LT Perry and Coauthors

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Hospital Responses to the End of Life Option Act: Implementation of Aid in Dying in California
CL Cain and Coauthors

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One-Year Mortality After Dialysis Initiation Among Older Adults
MW Wachterman and Coauthors

990 | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING
Association of Increased Colony-Count Threshold for Urinary Pathogens in Hospitalized Patients With Antimicrobial Treatment
M-A Smith and Coauthors

992 | Comment & Response
Association of Increased Colony-Count Threshold for Urinary Pathogens in Hospitalized Patients With Antimicrobial Treatment
M-A Smith and Coauthors

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Research (continued)

Outcomes of Bundled Payments for Joint Replacement

In this population-based study, Haas and colleagues examined the changes in economic and clinical outcomes after institution of the mandatory Comprehensive Care for Joint Replacement bundled payment program by the Centers for Medicare & Medicaid Services. An analysis of Medicare fee-for-service beneficiaries undergoing lower extremity joint replacement was conducted using 100% Medicare Part A data and 5% Medicare Part B data. Results demonstrated that over 2 years, the Comprehensive Care for Joint Replacement model was associated with reduced Medicare Part A spending driven by postacute savings, without changes in volume, quality, or patient selection. Jayakumar and Bozic provide the Invited Commentary.

A New Risk-Prediction Tool in IgA Nephropathy

This modeling study by Barbour and colleagues used large, international, multiethnic cohorts including 3927 patients with biopsy-proven IgA nephropathy to evaluate a risk-prediction tool for 50% decline in kidney function or end-stage renal disease. The patients were enrolled to both derive and externally validate 2 prediction models, one that included patient race/ethnicity and one that did not. The 2 prediction models were shown to be accurate and validated methods that outperformed clinical measures for prediction of kidney disease progression and patient risk stratification.

Same-Day vs Different-Day Endoscopic Procedures

Wang and colleagues performed this cohort study using US Medicare claims data to estimate the rate of different-day upper and lower endoscopic procedures in 3 types of outpatient settings and investigate the factors associated with the performance of these procedures on different days when they could potentially be performed on the same day. Of all paired upper and lower endoscopic procedures performed within a 90-day period among Medicare beneficiaries from January 1, 2011, to June 30, 2018, the different-day procedure rate was significantly higher in physician offices and freestanding ambulatory surgery centers compared with hospital outpatient departments. Ibrahim and Saini provide the Invited Commentary.

Clinical Review & Education

Promoting Sleep for Noncritically Ill Inpatients

In this Special Communication, Soong and colleagues summarized effective interventions aimed at promoting sleep and reducing inappropriate sedative-hypnotic initiation among inpatients while proposing an implementation strategy to guide quality improvement teams. Sedative-hypnotic medications are frequently prescribed for hospitalized patients with insomnia, but they can result in preventable harm such as delirium, falls, hip fractures, and increased morbidity. Furthermore, sedative-hypnotic initiation while in the hospital carries a risk of chronic use after discharge. Interventions include improving nonpharmacologic sleep hygiene, implementing pharmacist-enabled medication reviews, and generating audit and feedback between pharmacists and clinicians.