Comparison of Cardiovascular Outcomes in Elderly Patients With Diabetes Who Initiated Rosiglitazone vs Pioglitazone Therapy

This large study of elderly individuals with diabetes compared the rates of cardiovascular outcomes between patients initiating pioglitazone vs rosiglitazone treatment. Patients starting therapy with either of these 2 medications were similar at baseline, but those receiving rosiglitazone had greater all-cause mortality and more congestive heart failure during follow-up compared with pioglitazone users. The risks of myocardial infarction and stroke did not differ significantly between these groups. This study helps inform the treatment choice between these thiazolidinediones.

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Lung Cancer Risk Following Detection of Pulmonary Scarring by Chest Radiography

Yu et al examined the temporal and spatial relationship between pulmonary scarring and lung cancer risk, using longitudinal data from the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial. In the screening arm of the trial, more than 66,000 participants (aged 55-74 years) received a baseline chest radiographic examination and were followed for up to 12 years for the subsequent development of lung cancer. Lung cancer risk was reported elevated in those individuals with pulmonary scarring detected at baseline. Moreover, the increased risk for cancer was observed in lungs where scarring was present but not in the contralateral lungs, and the risk persisted over the entire duration of follow-up. These findings suggest that inflammation associated with pulmonary scarring may cause localized damage in the lung epithelium and that over time this process may promote the development of lung cancer.

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A Randomized Trial of the Effect of Community Pharmacist and Nurse Care on Improving Blood Pressure Management in Patients With Diabetes Mellitus

McLean et al conducted a randomized trial of community pharmacist and nurse identification and intervention on blood pressure (BP) control in 227 patients with diabetes and hypertension. The intervention was based on the Canadian Hypertension Education Program guidelines and consisted of care from the pharmacist-nurse team and included a wallet card with recorded BP, cardiovascular risk reduction education and referral to a primary care physician for further assessment and management, and 4 follow-up visits over 6 months. Usual care patients received the wallet card, diabetes education, and care from their primary care physician with no scheduled follow-up visits. Subjects in the intervention group had a 5.6-mm Hg greater reduction in systolic BP compared with the usual care patients (P = .008). The authors conclude that a pharmacist-nurse–based intervention resulted in a clinically important reduction in BP.

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Risk of Bloodstream Infection in Patients With Chronic Kidney Disease Not Treated With Dialysis

His study examined the association between nondialysis chronic kidney disease, categorized by estimated glomerular filtration rate (eGFR) and risk of bloodstream infection in a cohort of 25,675 elderly adults. Compared with subjects without chronic kidney disease, subjects with an eGFR less than 60 mL/min/1.73m² were at an increased risk of bloodstream infection, while subjects with an eGFR less than 30 mL/min/1.73m² were also at increased risk of death within 30 days of a community-onset bloodstream infection. Infections may contribute to the increased morbidity and mortality associated with nondialysis chronic kidney disease.

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The Natural History of Invasive Breast Cancers Detected by Screening Mammography

It is generally assumed that all screen-detected breast cancers would subsequently advance to be detected clinically. Zahl et al studied the 6-year cumulative incidence of invasive breast cancer in 2 staggered cohorts of women during the initiation of mammographic screening in Norway. The age-specific cumulative breast cancer incidence in women invited bidentally was 22% higher than in women invited once at the end of the 6-year period. This finding that some breast cancers detected by repeated mammographic screening do not persist to be detectable by a single mammogram at the end of 6 years raises the possibility that the natural course of some screen-detected invasive breast cancers is to spontaneously regress.

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