



The NEW ENGLAND JOURNAL of MEDICINE

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出版社简介

NEJM由美国马萨诸塞州医学会（the Massachusetts Medical Society, MMS）出版发行，拥有18,500多名医生和学生会员，致力于为马萨诸塞州的患者和医生提供教育与支持。该协会成立于1781年，是美国持续运作历史最悠久的医学协会。

1812

- 约翰·柯川博士创办，始称《新英格兰医学与外科期刊》。

1928

- 改为周刊型态出版，也被更名为《波士顿医学与外科期刊》

一百年后

- 采用现今我们所知道的名称《新英格兰[医学期刊](#)》。



The NEW ENGLAND JOURNAL of MEDICINE 期刊影响力

新英格兰医学杂志

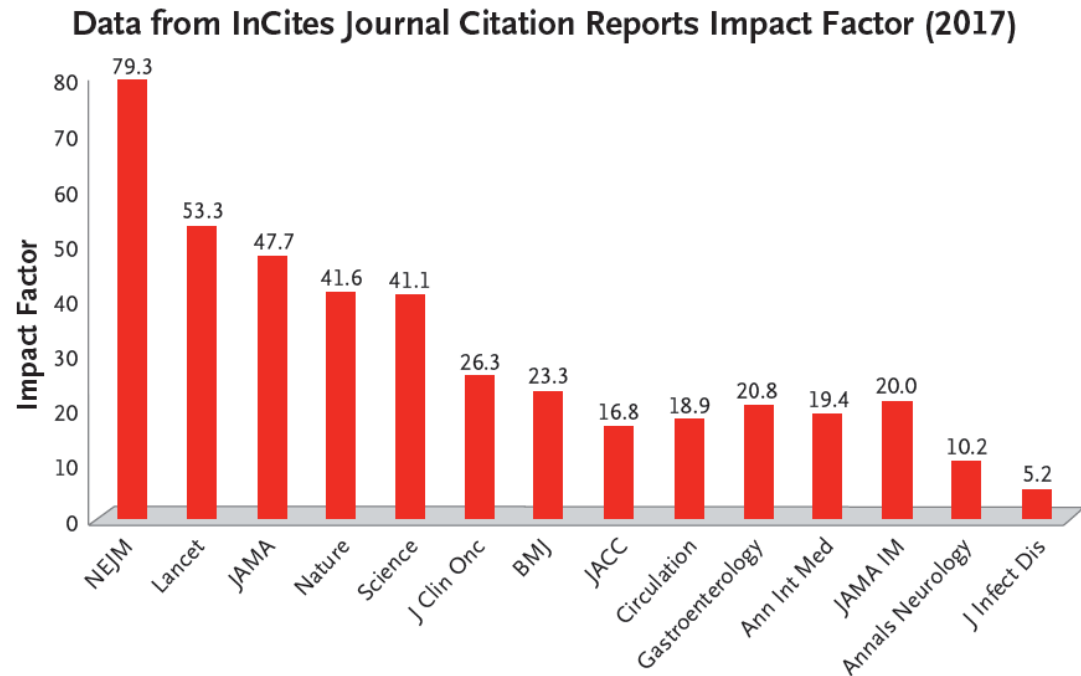
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世界上阅读、引用最广泛、影响力最大的综合性医学期刊。

内容着重在内科学和过敏/免疫学、心脏病学、内分泌学、肠胃病学、血液学、肾脏疾病、肿瘤学、肺部疾病、风湿病学、HIV 以及传染病等专业领域。

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影响因子（IF）是衡量期刊“平均文章”在某一年或某一时期被引用的频率。年度期刊引文报告影响因子是引文与最近发表的可选文章之间的比。



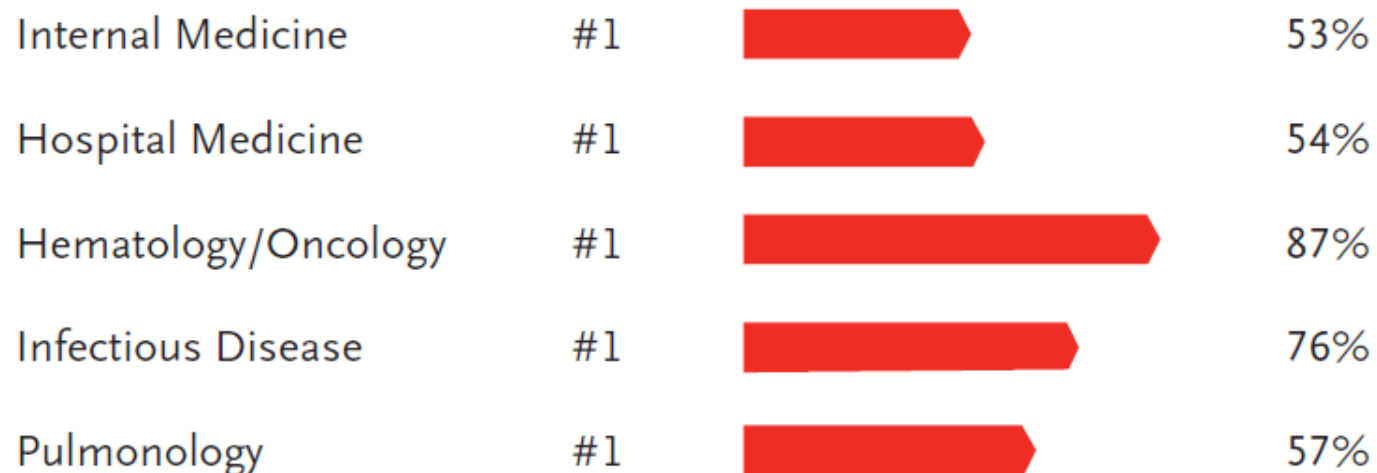
*BPA Statement, July 2018.

†How Physicians Search for Jobs study, Zeldis Research Associates, Inc.

NEJM排名

《新英格兰医学杂志》
一直被评为全科医学
中最重要的期刊。

New England Journal of Medicine Ranks



***Essential Journals Study, The Matalia Group, 2017.*

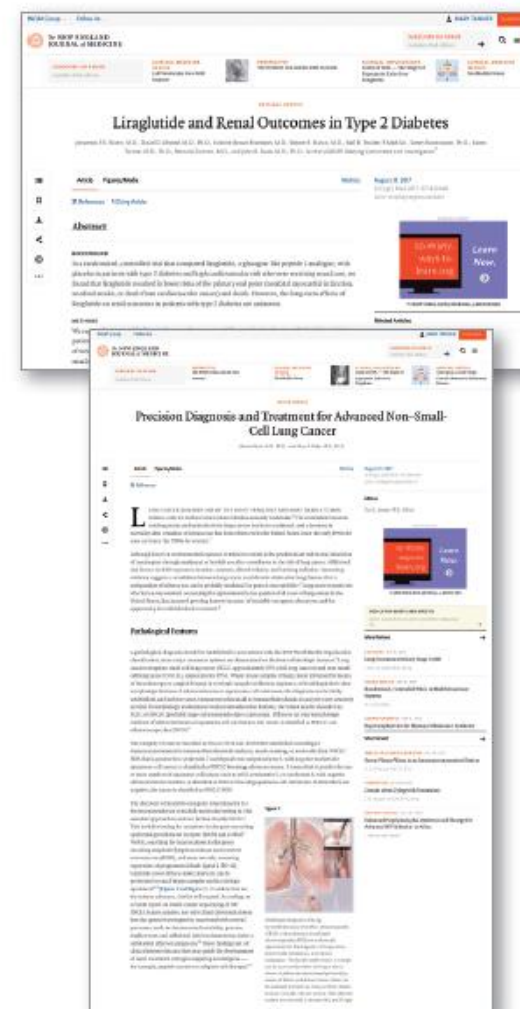


The NEW ENGLAND JOURNAL of MEDICINE 文章类型

Review evidence


ORIGINAL ARTICLES报道了改善病人护理和临床实践的原创临床研究科学结果，或提供了有关疾病生物学的新信息。每一个原创性文章都要考虑独创性、质量、强有力的结果和伦理价值。

REVIEW ARTICLES综合了最近的研究和对关键临床概念的新见解，将当前的思考纳入了上下文。具体的临床指导通常包括在内。几乎每周都有新的评论文章发表。



治疗方案

CLINICAL PRACTICE文章首先介绍一个单一的案例，然后完整的描述诊断和治疗策略，治疗方案，治疗选择，和治疗指南。



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Management of Acute Hip Fracture

Mohit Bhandari, M.D., Ph.D., and Marc Swionkowski, M.D.

November 23, 2017
N Engl J Med 2017; 377:2053-2062
DOI: 10.1056/NEJMc1610990

49 References 1 Citing Article Letters 2 Comments

Comments open through November 29, 2017

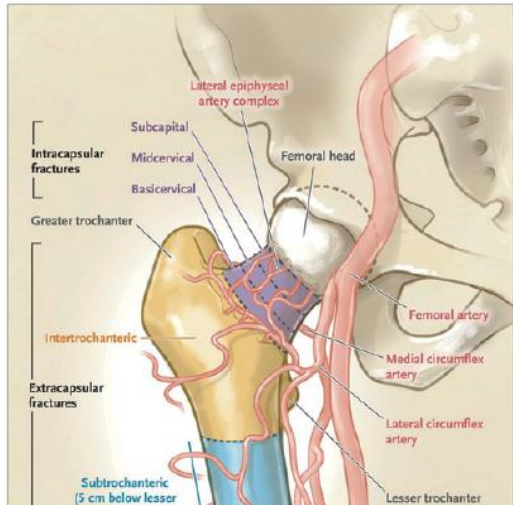
This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the authors' clinical recommendations.

A 65-year-old woman who has been healthy and active presents to the emergency department several hours after a slip and fall. She is unable bear any weight on her right leg and reports that she has pain with any attempt to move. On inspection, her right leg is shortened and externally rotated. A plain radiograph of her pelvis and hip confirms a fracture of the femoral neck. The fracture is comminuted and extends into the head of the femur (a basicervical fracture) with a more vertical fracture line.

The Clinical Problem

WORLDWIDE, 4.5 MILLION PEOPLE suffer from a hip fracture each year, with an expected increase to 6.5 million by 2040.¹ Globally, hip fracture is the leading cause of long-term disability and is a major public health problem. In 2010, the estimated annual health care costs of hip fracture in the United States were \$1.1 billion. In Canada, the estimated annual health care costs were \$1.1 billion. However, given that three projected that Asian countries will contribute to the global burden of hip fracture, it is estimated that by 2050, more than 50% of all hip fractures will occur in Asia.

Figure 1. Classification of Hip Fracture According to Anatomical Fracture Site.



The diagram illustrates the anatomical classification of hip fractures. It shows a lateral view of the hip joint and femur. The femoral head is at the top, followed by the femoral neck. The femoral artery and vein are shown running along the femur. The lesser trochanter is at the bottom. The diagram is divided into two main categories: Intracapsular fractures (Subcapital, Midcervical, Basicervical) and Extracapsular fractures (Intertrochanteric, Subtrochanteric). The diagram also shows the femoral artery, femoral vein, and the lesser trochanter.

Subcapital
Midcervical
Basicervical
Greater trochanter
Intertrochanteric
Extracapsular fractures
Subtrochanteric (5 cm below lesser)
Lesser trochanter
Femoral head
Femoral artery
Medial circumflex artery
Lateral circumflex artery

CLINICAL PRACTICE

Management of Acute Hip Fracture

Mohit Bhandari, M.D., Ph.D., and Marc Swionkowski, M.D.

November 23, 2017
N Engl J Med 2017; 377:2053-2062
DOI: 10.1056/NEJMc1610990

Editors
Caren G. Solomon, M.D., M.P.H., Editor

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治疗方案病例描述

A 32-year-old woman who emigrated from Eastern Europe is evaluated for persistent epigastric pain and bloating. Previous assessments showed a normal complete blood count and comprehensive metabolic panel and a negative result on serologic testing for celiac disease. Serum testing for *Helicobacter pylori* IgG was positive. She was treated with 20 mg of omeprazole, 1 g of amoxicillin, and 500 mg of clarithromycin, each taken twice daily for 10 days, but her symptoms persisted. How would you further evaluate and treat this patient?

临床问题描述

The Clinical Problem

HELICOBACTER PYLORI INFECTION IS A COMMON, USUALLY LIFELONG, infection that is found worldwide.¹ Studies suggest that infection rates vary according to geographic region, but the number of infected people has persisted or even increased over the past three decades because of population growth and because of reinfection and recrudescence due to unsuccessful eradication.² A less advantaged socioeconomic status is a risk factor for *H. pylori* infection² because it is associated with more crowded living conditions that favor intrafamilial transmission.³ Iatrogenic infection by means of endoscopes also occurs.⁴

临床要点

Helicobacter pylori Infection

- Testing for *H. pylori* is recommended in patients with peptic ulcer disease, gastric cancer, or gastric mucosa-associated lymphoid tissue lymphoma (MALToma). Other recommended indications for testing include dyspepsia, prolonged use of nonsteroidal antiinflammatory drugs or aspirin, unexplained iron-deficiency anemia, and immune thrombocytopenia.
- Testing for *H. pylori* can be performed directly on biopsy specimens obtained during endoscopy or performed by means of the stool antigen test or urea breath test. Proton-pump inhibitors (PPIs) interfere with the detection of bacteria and must be discontinued before any testing is performed.
- Several regimens are considered to be acceptable for initial treatment. The presence of an allergy to penicillin, previous exposure to macrolides, and high levels of macrolide resistance where the patient lives or has lived (if information is known) are relevant in choosing a regimen.
- After treatment, it is essential to document clearance of the infection, typically by means of a stool antigen test or urea breath test performed 1 month after the completion of antibiotic therapy (again, while the patient is not taking a PPI).
- Should retreatment be indicated, a different regimen that avoids repetitive use of the same antibiotic agents is recommended.

什么情况下需要进行幽门螺旋杆菌检查

如何进行幽门螺旋杆菌检查

几种初步治疗方案

治疗后需要再次检查

再次治疗注意事项

Conclusions and Recommendations

结论和建议

The patient in the vignette received a diagnosis of *H. pylori* infection that was made on the basis of IgG serologic testing. More-specific testing, with the use of stool antigen or urea breath testing, would have been preferred to determine whether she had active infection. She is likely to benefit from treatment with a proton pump inhibitor (PPI) to ameliorate her symptoms.

Helicobacter pylori Infection

<https://www.nejm.org/doi/full/10.1056/NEJMc1710945>

Because of cost and ease, I would recommend a stool antigen test to confirm the presence of active infection and the failure of the clarithromycin-based treatment. If the test results are positive, a different treatment regimen would be indicated. Failure of the initial clarithromycin-based regimen would not be surprising because the patient is from Eastern Europe, an area that has a clarithromycin resistance level of 15 to 40%.⁴² I would recommend treatment with bismuth-based quadruple therapy for 10 to 14 days, with a subsequent test performed 4 weeks after the completion of treatment (including the use of a PPI) to confirm eradication.

ference to the multi-
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he incidence and s-

reatment for *H. pylori*
ion and an increase
r assess the effects

...has greater than that for peptic ulcer disease.

教学材料

QUICK TAKE每周快速拍摄视频，以吸引人的动画格式呈现重要文章的亮点。这些简短的视频提供了一个简洁，创新的方式来理解重要的新研究发现，对医疗实践和病人护理有影响。

RESIDENT E-BULLETIN住院医师电子简报每周发送电子邮件，其中包含两篇对教学特别有价值的文章摘要。在我们的博客 **NOW @ NEJM** 中，针对 **NEJM** 内容的临床意义及激发讨论的问题，给出了简要见解。



The NEW ENGLAND JOURNAL of MEDICINE
Resident e-Bulletin
TEACHING TOPICS from the New England Journal of Medicine

Teaching Topics | April 5, 2018

Nivolumab plus Ipilimumab versus Sunitinib in Renal-Cell Cancer: How does the combination of nivolumab plus ipilimumab compare to sunitinib for previously untreated advanced renal-cell carcinoma?

Stream of Consciousness: What are some of the features of posterior reversible encephalopathy syndrome?

Teaching Topic
Nivolumab plus Ipilimumab versus Sunitinib in Renal-Cell Cancer

ORIGINAL ARTICLE
Nivolumab plus Ipilimumab versus Sunitinib in Advanced Renal-Cell Carcinoma
R.J. Motzer and Others
CME Quick Take Comments

Combination therapy with nivolumab plus ipilimumab has shown promising efficacy in multiple tumor types, resulting in higher rates of response than either agent alone, and is approved for the treatment of advanced melanoma. Motzer et al. conducted the phase 3 CheckMate 214 trial of nivolumab plus ipilimumab versus sunitinib in previously untreated advanced renal-cell carcinoma.

Clinical Pearls

- What is the present role of sunitinib in the treatment of renal-cell carcinoma?
Sunitinib, a vascular endothelial growth factor receptor tyrosine kinase inhibitor, is a standard of care for first-line treatment of advanced renal-cell carcinoma.
- How does the combination of nivolumab plus ipilimumab compare to sunitinib for previously untreated advanced renal-cell carcinoma?

Quick Take

SPECIALTIES

TOPICS

MULTIMEDIA

CURRENT ISSUE

LEARNING/CME

AUTHOR CENTER

QUICK TAKE

A Shorter Regimen for Tuberculosis

MDR tuberculosis is considerably more difficult to treat than drug-susceptible TB, especially in resource-poor settings. Is there a way to achieve treatment success more easily than the course recommended in the 2011 WHO guidelines? New research findings are summarized in a short video.

Video Summary of

ORIGINAL ARTICLE MAR 28, 2019

A Trial of a Shorter Regimen for Rifampin-Resistant Tuberculosis

A. J. Nunn and Others

Embolism during Pregnancy

March 28, 2019

DOI: 10.1056/NEJMdo005489

Chinese Translation 中文翻译



<https://www.nejm.org/doi/10.1056/NEJMdo005489/full/>

演示程序

VIDEOS IN CLINICAL MEDICINE 临床医学视频提供您在计算机或移动设备上观看常见的临床程序。这些视频的准确性获得同行评审并采用查阅方便的方式编制章节，提供了对制剂、设备等程序的简要回顾。还可下载 PDF 版本的程序摘要。有超过 70 个视频可用，并且还在不断更新。



部分视频列表

- **Placing a Lumbar Epidural Catheter**
- **Monitoring Neuromuscular Function**
- **Carotid Sinus Massage**
- **Use of Pressure Transducers**
- **Clinical Examination of the Shoulder**
- **Managing Procedural Anxiety in Children**
- **Transfusion of Red Cells**
- **Removal of Foreign Bodies from the Ear and Nose**
- **Insertion of an Intracranial-Pressure Monitor**
- **Examination of the Retina**
- **Noninvasive Positive-Pressure Ventilation**
- **Treatment of Hematoma of the Nasal Septum**
- 放置腰椎硬膜外导管
- 监测神经肌肉功能
- 颈动脉窦按摩
- 使用压力传感器
- 肩部临床检查
- 处理儿童焦虑情绪
- 红细胞输注
- 移除耳鼻异物
- 插入鼻内压力监测器
- 视网膜检查
- 无创正压通气
- 鼻中隔血肿治疗

The following text summarizes information provided in the video.

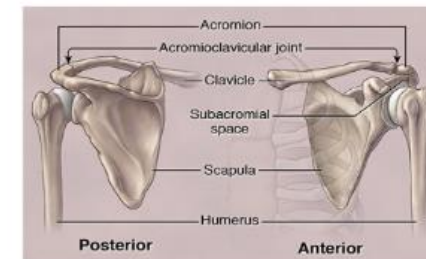
OVERVIEW

Shoulder pain leads many patients to see a primary care physician. Obtaining a focused history and performing a proper examination of the shoulder facilitate diagnosis and treatment. This video reviews the anatomy of the shoulder, common shoulder injuries, and the procedures for obtaining the patient's history and performing a physical examination of the shoulder.

ANATOMY

A thorough understanding of the anatomy of the shoulder is crucial for a good clinical examination. The major anatomical landmarks of the shoulder include the clavicle, the acromion, the acromioclavicular joint, the humerus, the subacromial space, the rotator cuff (including the supraspinatus, infraspinatus, and teres minor on the posterior

Figure 1.



Greater Tubercle.

识别标志和条件

IMAGES IN CLINICAL MEDICINE展示常见临床表现的突出范例，并随附文字。每周发布两张影像。影像挑战**IMAGE CHALLENGE**有助于提高诊断技能。每次影像挑战都广受好评的 **NEJM** 医学影像，要求观看人作出诊断或回答问题。

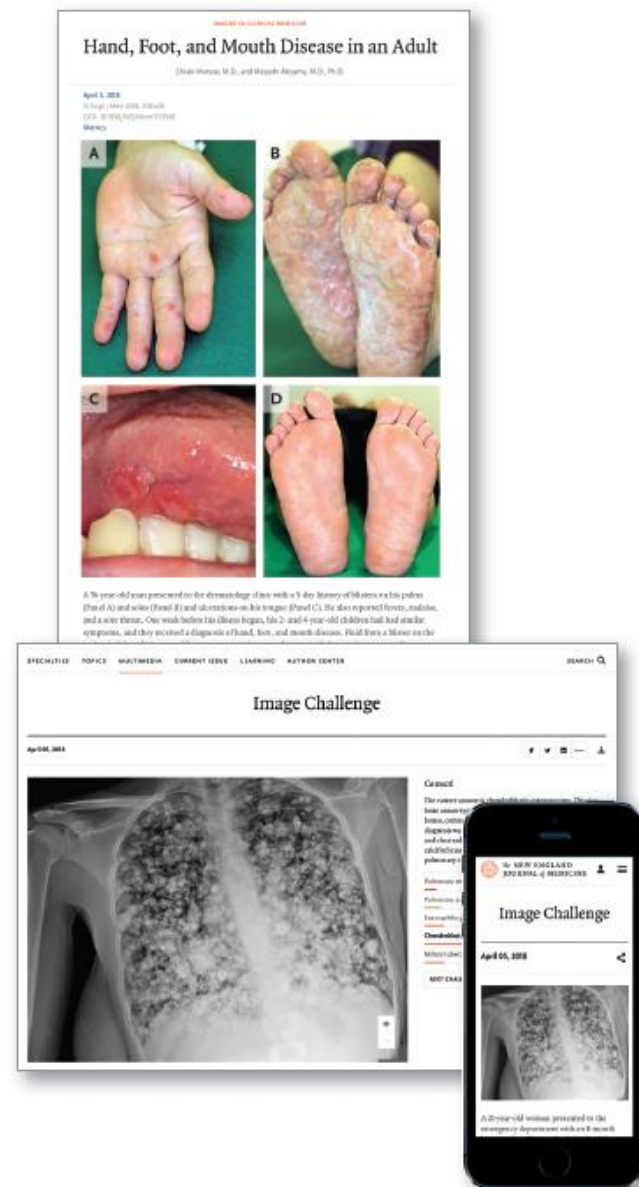


IMAGE CHALLENGE



Coxsackievirus infection	10%
Furuncular myiasis	24%
Foreign body granulomas	11%
Tungiasis	44%
Scabies infestation	11%

[Back to Poll](#)

70809 Total Responses

Ibrahim Nofal ▼
Feb 22, 2019

Appendicitis
I think appendicitis complicated by perforation because there isn't electrolyte imbalance .

MOHAMED ▼
THAQIF IMTIAZ
Feb 17, 2019

PR BLEED
WONDERING WHY NO EARLY COLONOSCOPY.

SAMEER KAUL, ▼
MD
Feb 05, 2019

Crohn's Disease Flare Up
Appears to be a flare-up of Crohn's disease possibly by increased consumption of starchy food(being an athlete). Starchy meals are known to increase the growth of gut flora. During a flare, the G.I inflammation can be severe enough to warrant hospitalization.

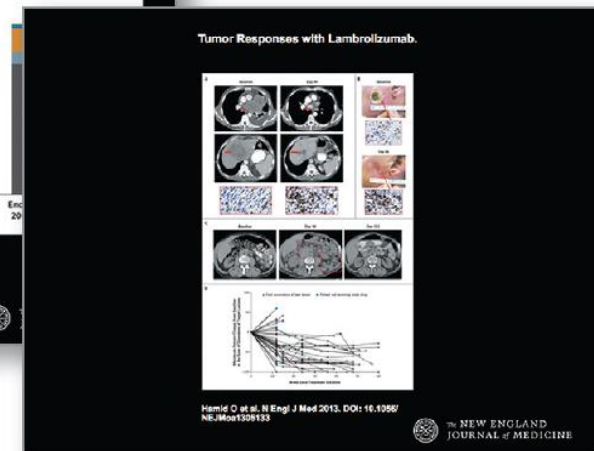
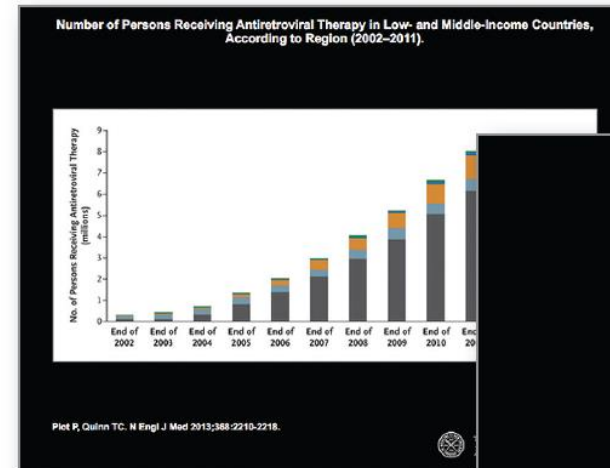
ful?

Ali Hami ▼
Jan 26, 2019

Crohn's disease
Hx backs to 20 days is relatively long for appendicitis although the right side abdominal pains, fever, tenderness and the toxic symptoms later are all could be a feature of AA

创建演示文稿

POWERPOINT SLIDE SETS幻灯片集可以轻松展示 NEJM 文章、图形和表格。幻灯片集可用于呈现原创和评论文章、MGH 病例记录和临床问题解决文章。用于影像、插图和表格的幻灯片影像下载**POWERPOINT IMAGE DOWNLOADS**在文章左侧工具栏中加入了标题和引文信息。



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ORIGINAL ARTICLE

Angiotensin II for the Treatment of Vasodilatory Shock

Ashish Khanna, M.D., Shane W. English, M.D., Xueyuan S. Wang, M.D., Kealy Ham, M.D., James Tumlin, M.D., Harold Szerlip, M.D., Laurence W. Busse, M.D., Laila Altaweel, M.D., Timothy E. Albertson, M.D., M.P.H., Ph.D., Caleb Mackey, M.D., Michael T. McCurdy, M.D., David W. Boldt, M.D., Stefan Chock, M.D., Paul J. Young, M.B., Ch.B., Ph.D., Kenneth Kreil, M.D., Richard G. Wunderink, M.D., Marlies Ostermann, M.D., Ph.D., Raghavan Murugan, M.D., Michelle N. Gong, M.D., Rakshit Panwar, M.D., Johanna Hästbacka, M.D., Ph.D., Raphael Favory, M.D., Ph.D., Balasubramanian Venkatesh, M.D., B. Taylor Thompson, M.D., Rinaldo Bellomo, M.D., Jeffrey Jensen, B.S., Stew Kroll, M.A., Lakhmir S. Chawla, M.D., George F. Tidmarsh, M.D., Ph.D., and Adam M. Deane, M.D., for the ATHOS-3 Investigators
N Engl J Med 2017; 377:419-430 | August 3, 2017 | DOI: 10.1056/NEJMoa1704154

Comments open through August 9, 2017

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BACKGROUND

Vasodilatory shock that does not respond to high-dose vasopressors is associated with high mortality. We investigated the effectiveness of angiotensin II for the treatment of patients with this condition.

Full Text of Background...

METHODS

We randomly assigned patients with vasodilatory shock who were receiving more than 0.2 µg of norepinephrine per kilogram of body weight per minute or the equivalent dose of another vasopressor to receive infusions of either angiotensin II or placebo. The primary end point was a response with respect to mean arterial pressure at hour 3 after the start of infusion, with response defined as an increase from baseline of at least 10 mm Hg or an increase to at least 75 mm Hg, without an increase in the dose of background vasopressors.

Full Text of Methods...

RESULTS

MEDIA IN THIS ARTICLE

QUICK TAKE VIDEO SUMMARY



Angiotensin II for Vasodilatory Shock

FIGURE 1



Screening, Randomization, and Follow-up.

FIGURE 2

TOOLS

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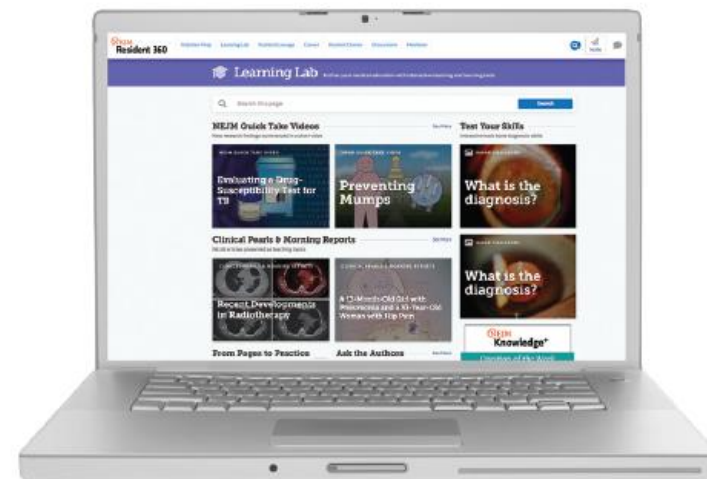


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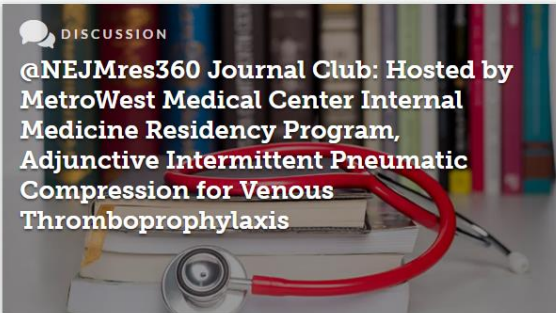

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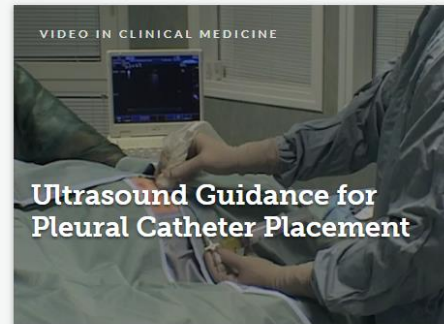
Guidelines The current guidelines from the major specialty associations in the field



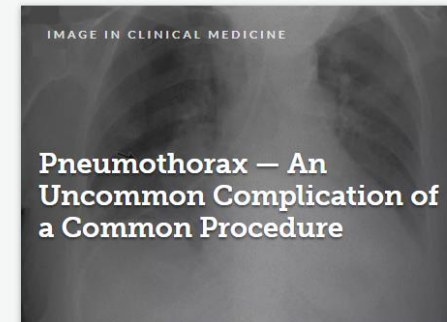
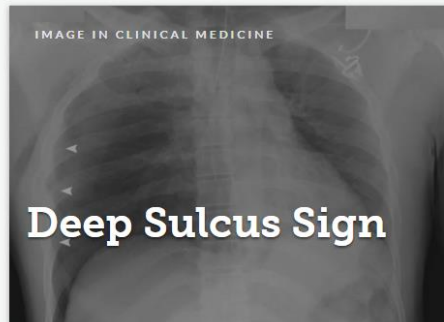
Additional Resources Videos, cases, and other links for more interactive learning

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Critical Care Videos Procedures explained and demonstrated



Critical Care Images Brief case presentations with pictures



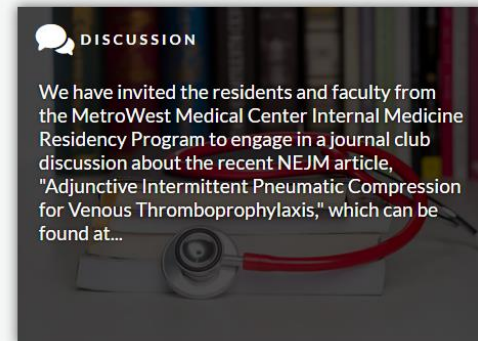
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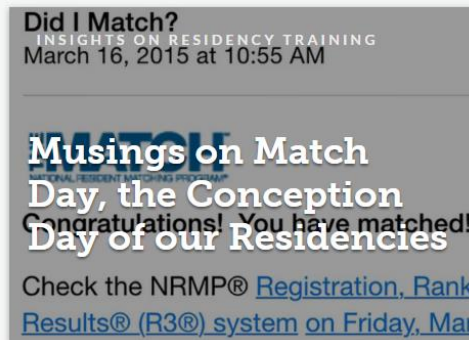


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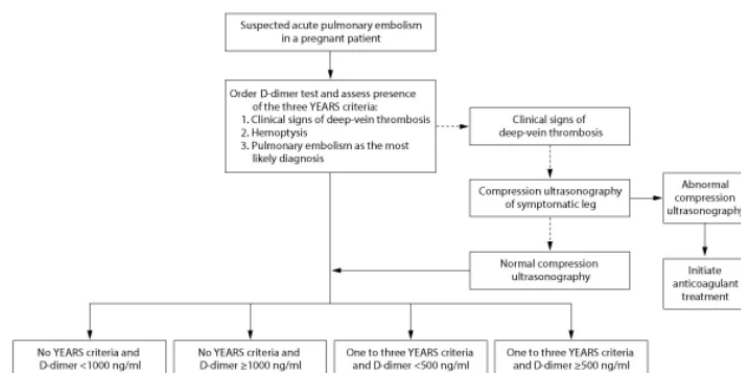
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MEDICINE AND SOCIETY

No Free Lunch

C.J. Haug

The evidence to date does not confirm the hypothesis that the Gold Open Access publication model will advance science and be an unprecedented public good. So this is a surprising time to insist that scientific content should be “free” online, as Europe’s Plan S aims to do.

Image Challenge

What is the diagnosis?
[Answer »](#)

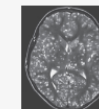


Image of the Week

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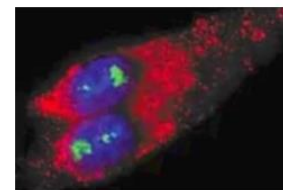
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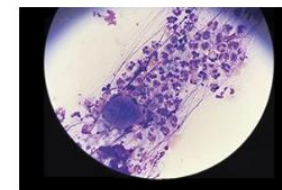
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March 21, 2019

VOL. 380 NO. 12 [Audio Summary](#) ▼

PERSPECTIVE

Case Studies in Social Medicine: Social Distance and Mobility — A 39-Year-Old Pregnant Migrant Farmworker

L. Madaras, S. Stonington, C.H. Seda, D. Garcia, and E. Zuroweste


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+

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Case Studies in Social Medicine: SEEING



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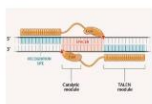
多媒体

REVIEW ARTICLE
FRONTIERS IN MEDICINE

Clinical Genome Editing

M.H. Porteus

Therapeutic editing of the human genome has long been a holy grail of genetic medicine. This



文章中的多媒体

dystrophy and HIV-1 infection.



MAR 07

MEDICINE AND SOCIETY
TEAMWORK — PART 3

The Not-My-Problem Problem

L. Rosenbaum

Though medical care has become ever more dependent on teamwork, the profession has devoted relatively little attention to what makes for a good team. In this roundtable discussion moderated

Video

视频



QUICK TAKE

Diagnosis of Suspected Pulmonary Embolism during Pregnancy

02:06

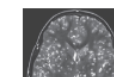
MAR 21

Image Challenge

影像挑战



An 18-year-old man presented to the emergency department with



Interactive Medical Case

临床案例



Bridging the Gap

Neurosyphilis



Neurocysticercosis



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Helicobacter pylori Infection

S.E. Crowe | N Engl J Med 2019; 380:1158-1165

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CLINICAL DECISIONS

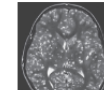
Antibiotics for Suspected Sepsis

M.Y. Mi, M. Klompas, and L. Evans

Image Challenge



An 18-year-old man presented to the emergency department with



Videos in Clinical Medicine



Examination of the Hand and Wrist

15:16



Peripheral Nerve Blocks for Hand Procedures

12:13



Ultrasound-Guided Cannulation of the Subclavian Vein

16:36



Digital Rectal Examination and Anoscopy

11:54



Clinical Assessment of Peripheral Arterial Disease of the Lower Limbs

10:56



Ultrasound Guidance for Pleural-Catheter Placement

13:50

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Antibodies and Levothyroxine

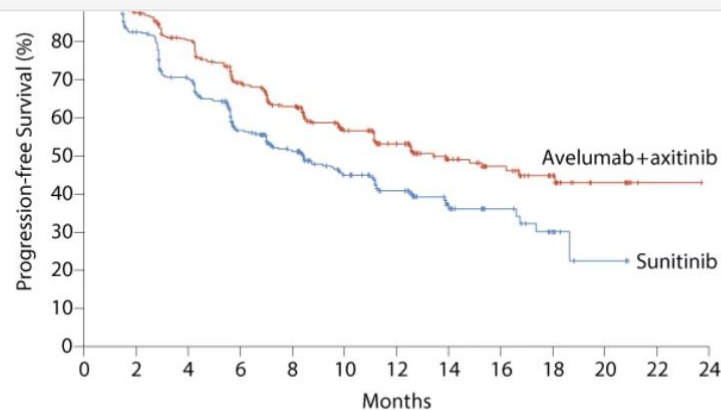
R.K. Dhillon-Smith and Others

Thyroid peroxidase antibodies may increase the risk of miscarriage and preterm birth. In this controlled trial, the use of levothyroxine before conception and through birth did not improve live-birth rates among euthyroid women with such antibodies and a history of miscarriage or infertility.



MAR 23

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ORIGINAL ARTICLE

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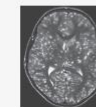
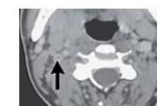


Image of the Week



Lemierre's Syndrome — This 18-year-old man presented with sore throat, fever, and pleuritic chest pain.



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2 Results for periungual wart

Articles Figures/Multimedia

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REVIEW ARTICLE
MAR 29, 2001

Primary Care: Cutaneous Squamous-Cell Carcinoma

Alam M. and Ratner D. | N Engl J Med 2001; 344:975-983

...squamous-cell carcinoma. Human papillomavirus types 6 and 11 are frequently found in patients with tumors of the genitalia and type 16 in those with periungual tumors. A link between human papillomavirus and squamous-cell carcinomas related to epidermodysplasia verruciformis has also been reported....

PDF

MEDICAL PROGRESS
DEC 10, 1953
ARCHIVE

Dermatologic Therapy

Downing J.G. | N Engl J Med 1953; 249:976-988

...dilution of Nethyl-o-crotonotoluide in a vanishing-cream base is a valuable antipruritic, with a low index of irritation and sensitization. Periungual warts are very

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REVIEW ARTICLE PRIMARY CARE **FREE PREVIEW**

Cutaneous Squamous-Cell Carcinoma

Murad Alam, M.D., and Désirée Ratner, M.D.

This article has no abstract; the first 100 words appear below.

Nonmelanoma skin cancer is the most common cancer in the United States, with over 1.3 million cases expected to occur in the year 2001. Approximately 80 percent of nonmelanoma skin cancers are basal-cell carcinomas, and 20 percent are squamous-cell carcinomas.¹ Squamous-cell carcinoma is the second most common cancer among whites.² Unlike almost all basal-cell carcinomas, cutaneous squamous-cell carcinomas are associated with a substantial risk of metastasis. Incidence In 1994 in the United States, the lifetime risk of squamous-cell carcinoma was 9 to 14 percent among men and 4 to 9 percent among women.³ Although it is known that this neoplasm . . .

March 29, 2001

N Engl J Med 2001; 344:975-983

DOI: 10.1056/NEJM200103293441306

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MAR 21, 2019 | GENERAL MEDICINE

Promoting Better Glucose Management for Type 2 Diabetes *FREE*

Bruce Soloway, MD reviewing Bergenstal RM et al. Lancet 2019 Feb 22 Evans ML and Golubic R. Lancet 2019 Feb 22

A novel glucose monitoring system offers automated guidance on insulin dose adjustments.

MAR 21, 2019 | PEDIATRICS AND ADOLESCENT MEDICINE

Developmental Screening and Care Coordination Through 2-1-1 Telephone Service

Jenny Radesky, MD reviewing Nelson BB et al. Pediatrics 2019 Mar 20

Families randomized to working with a 2-1-1 coordinator were more likely to receive developmental screening, referral and services.

MAR 21, 2019 | PEDIATRICS AND ADOLESCENT MEDICINE

Cigarette-Related Behaviors in Sexual Minority Youth


Catherine M. Gordon, MD, MSc reviewing Fish JN et al. Pediatrics 2019 Mar 12

Sexual minority youth are at higher risk for cigarette smoking than heterosexual youth.

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NEJM Journal Watch and Physician's First Watch cover study findings presented at the American College of Cardiology's annual Scientific Session, held this year in New Orleans.





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JANUARY 6, 2015 | ONCOLOGY AND HEMATOLOGY

Fondaparinux Is Safe for Heparin-Induced Thrombocytopenia

David Green, MD, PhD reviewing Kang M et al. *Blood* 2014 Dec 16.

Safety and efficacy outcomes were comparable to those with danaparoid or argatroban use.

JANUARY 6, 2015 | WOMEN'S HEALTH, ONCOLOGY AND HEMATOLOGY

Do Adverse Effects Foretell Efficacy of Adjuvant Aromatase Inhibitor Therapy for Breast Cancer?

Andrew M. Kaunitz, MD reviewing Stearns V et al. *J Clin Oncol* 2014 Dec 15. Gradishar WJ. *J Clin Oncol* 2014 Dec 15.

Neither baseline nor treatment-associated vasomotor or joint symptoms affected relapse-free survival.

JANUARY 6, 2015 | ONCOLOGY AND HEMATOLOGY

Ibrutinib Impairs Platelet Function

David Green, MD, PhD reviewing Levade M et al. *Blood* 2014 Dec 18.

In vitro and ex vivo findings suggest that platelet transfusions may be needed to help restore normal hemostasis.

JANUARY 5, 2015 | ONCOLOGY AND HEMATOLOGY

The Impact of Copay on Adherence to Breast Cancer Medications

William J. Gradishar, MD reviewing Hershman DL et al. *J Natl Cancer Inst* 2014 Nov 12.

Women taking generic versus brand-name aromatase inhibitors were less likely to discontinue therapy.

Blood →

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SUMMARY AND COMMENT | ONCOLOGY AND HEMATOLOGY

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June 10, 2014

Exemestane for Premenopausal Breast Cancer

William J. Gradishar, MD reviewing Pagani O et al. *N Engl J Med* 2014 Jun 1.

Outcomes were significantly improved with adjuvant exemestane versus tamoxifen in hormone-receptor-positive patients treated with ovarian function suppression.

Premenopausal women with early-stage, hormone-receptor-positive breast cancer will receive a recommendation of tamoxifen for at least 5 years and as long as 10 years. But whether adding ovarian function suppression (OFS) to tamoxifen or using an aromatase inhibitor (AI) with OFS offers an advantage in terms of recurrence or survival in this patient population has not been defined.

Investigators have now conducted two randomized, phase III trials (TEXT and SOFT) to compare tamoxifen plus OFS versus an AI (exemestane) plus OFS in 4690 premenopausal women with hormone-receptor-positive early breast cancer (median age, 43; 42% with node-positive disease; 57% received adjuvant chemotherapy).

After a median follow-up of 68 months, 5-year disease-free survival was significantly better with exemestane than with tamoxifen (91.1% vs. 87.3%; hazard ratio, 0.72 for disease recurrence, second invasive cancer, or death; $P<0.001$), as was the rate of freedom from breast cancer at 5 years (92.8% vs. 88.8%; HR, 0.66 for recurrence; $P<0.001$). Overall survival was similar between the groups.

COMMENT

These results suggest that exemestane plus OFS may be another option for young patients with hormone-sensitive breast cancer. Of note, the magnitude of benefit derived in this trial from an AI (plus OFS) is similar to the benefit seen in large adjuvant trials of postmenopausal patients comparing tamoxifen with an AI. Not answered by this analysis is whether these results are superior to 10 years of tamoxifen therapy or to 5 years of tamoxifen followed by an AI in patients who become postmenopausal. The potential benefit of adding OFS to endocrine therapy versus tamoxifen alone will be answered by the SOFT trial, perhaps as early as later this year. The adverse-effect profile of an AI in this young population is similar to that observed in older, postmenopausal patients, but whether acceptance will be equivalent in younger patients will require a careful analysis of compliance. Also of note, many patients in these trials did not receive chemotherapy and yet had an excellent prognosis with endocrine therapy alone. This finding emphasizes that not all premenopausal women require chemotherapy.

[Editor Disclosures at Time of Publication](#)

CITATION(S):

Pagani O et al. Adjuvant exemestane with ovarian suppression in premenopausal breast cancer. *N Engl J Med* 2014 Jun 1; [e-pub ahead of print]. (<http://dx.doi.org/10.1056/NEJMoa1404037>)

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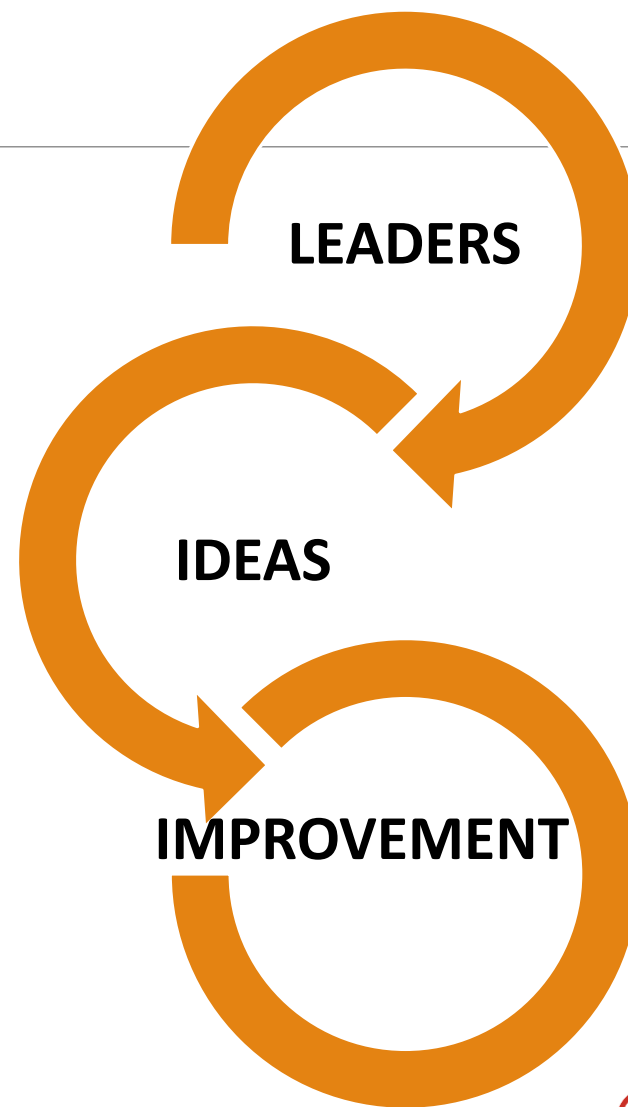


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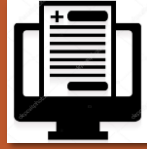
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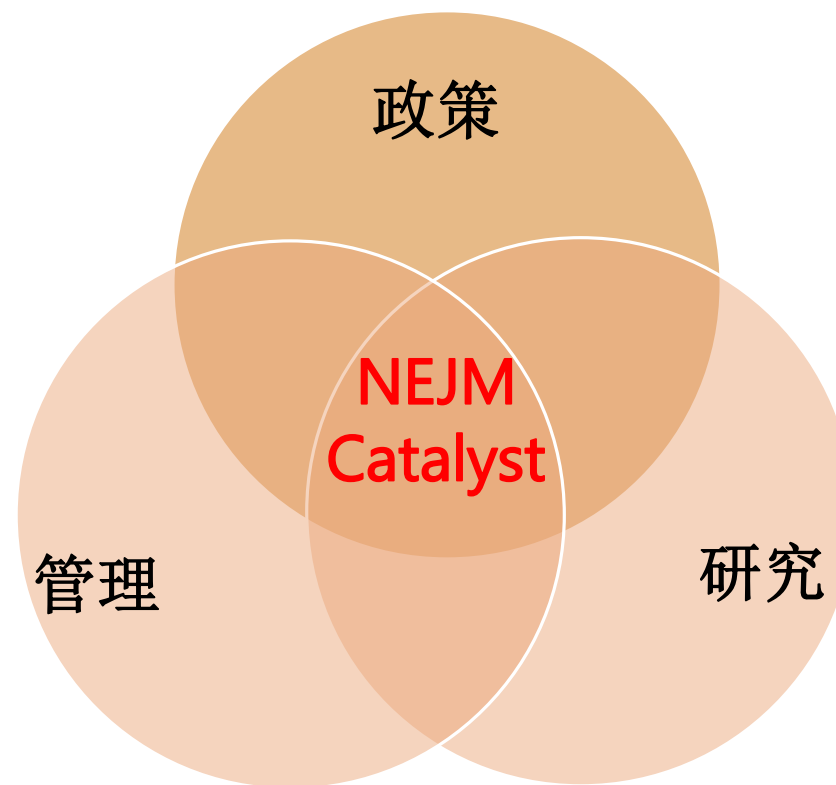
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