Research

Surgery, Perioperative Behavioral Therapy for Vaginal Prolapse 1023

Transvaginal sacrospinous ligament fixation and uterosacral ligament suspension are commonly performed surgeries to correct apical vaginal prolapse. To examine their comparative efficacy and safety and to assess whether perioperative behavioral therapy with pelvic muscle training improves surgical outcomes, Barber and colleagues randomly assigned 374 women with apical vaginal prolapse and stress urinary incontinence to 1 of the surgical interventions and randomly assigned them to receive either perioperative pelvic muscle training or usual care. The authors report that 2 years after surgery, neither surgical procedure was superior to the other for anatomic, functional, or adverse event outcomes. Pelvic muscle training did not improve urinary symptoms at 6 months or prolapse outcomes at 2 years.

Author Video Interview jama.com

Interpretation and Implications of Whole-Genome Sequencing 1035

In an exploratory study that involved 12 adults who underwent whole-genome sequencing, Dewey and colleagues found that depending on the sequencing platform used, there was incomplete coverage of inherited disease genes, low reproducibility of potentially clinically significant genetic variation, and uncertainty about clinically reportable findings. In an Editorial, Feero discusses challenges in the clinical application of whole-genome sequencing.

Editorial 1017

Discontinued RCTs: Prevalence, Characteristics, Publication 1045

In a retrospective cohort of 1017 randomized clinical trials (RCTs) approved by 6 research ethics committees in Switzerland, Germany, and Canada between 2000 and 2003, Kasenda and colleagues found that 253 of the RCTs were discontinued, with just 96 of the trial discontinuations reported to the research ethics committees. Poor recruitment was the most frequently reported reason for discontinuation, and discontinued trials were more likely than completed trials to remain unpublished. In an Editorial, Rennie and Flanagin discuss research on biomedical publication and peer review and initiatives to improve the reporting of research.

Editorial 1019 Research Letter 1063 and 1065

Opinion

Viewpoint 1009

Financial Incentives to Improve Quality: Sledding to the Puck or Avoiding the Penalty Box?

JR Brown, BC Sox, and DC Goodman

Shared Savings in Accountable Care Organizations: How to Determine Fair Distributions

M DeCamp, J Sugarman, and S Berkowitz

Quality Improvement of Care Transitions and the Trend of Composite Hospital Care

GW Daughtridge, T Archibald, and PH Conway

A Piece of My Mind 1015

Caregiver-Centered Care

MS Rosenthal

LETTERS

Research Letter 1063

Reporting of Results in ClinicalTrials.gov and High-Impact Journals

JE Becker and Coauthors

Study Design, Publication Outcome, and Funding of Research Presented at International Congresses on Peer Review and Biomedical Publication

M MulCH and Coauthors

Comment & Response 1067

Mortality in Patients With Hypovolemic Shock Treated With Colloids or Crystalloids

1070 Stem Cells and Cardiovascular Drug Development

1071 Correction

Editor in Chief
Howard Bauchner, MD

130 YEARS OF CONTINUOUS PUBLICATION
In This Issue of JAMA

Clinical Review & Education

Caregiver Burden

An estimated 43.5 million individuals in the United States provide in-home, long-term care for older adult family members with a chronic illness. Caregiver burden—the physical, emotional, social, and financial consequences of such caregiving responsibilities—is often overlooked by physicians providing care for chronically ill patients. Adelman and colleagues discuss the epidemiology of caregiver burden; suggest strategies to diagnose, assess, and intervene for caregiver burden early in its course; and summarize the evidence relating to the efficacy of interventions intended to prevent or mitigate caregiver burden and distress. In an Editorial, Lynn discusses care needs in an aging population and strategies to ease the burden of family caregivers.

Home Palliative Care for Patients With Advanced Illness

Most people with advanced illness prefer to receive care and die at home. In a JAMA Clinical Evidence Synopsis, Gomes and colleagues summarize a Cochrane review of 23 studies (37,561 patients) assessing the benefits and cost-effectiveness of home palliative care compared with usual care for patients with advanced illness and their family caregivers. Among the findings were that compared with usual care, home palliative care was associated with an increased odds of dying at home and a lower symptom burden. Home palliative care was not associated with changes in caregiver grief, and evidence addressing cost-effectiveness was inconclusive.

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

Author Reading
 AUDIO: Jeremiah Brown, PhD, reads his Viewpoint, Hospitals and Financial Incentives to Improve Quality: Skating to the Puck or Avoiding the Penalty Box?

Author Interview
 VIDEO: Interview with Linda Brubaker, MD, author of Comparison of 2 Transvaginal Surgical Approaches and Perioperative Behavioral Therapy for Apical Vaginal Prolapse: The OPTIMAL Randomized Trial

JAMA Clinical Challenge

An Immunocompromised Patient With Skin Lesions

A 53-year-old homosexual man with multiple sclarosis and recent rituximab treatment was admitted to hospital for worsening lower extremity weakness. One week prior to admission he noticed tender perianal and lower leg skin eruptions. On examination, the lesions were erythematous with irregular borders and the leg lesion was observed to have a central black hemorrhagic crust. What would you do next? Quiz jama.com