

Research

Treatment of Patients Co-infected With Hepatitis C and HIV 1223

Treatment of patients co-infected with hepatitis C virus (HCV) and human immunodeficiency virus (HIV) is challenging. In a randomized, open-label study that included 63 patients with HCV genotype 1 and HIV co-infection and who were either treatment-naïve or did not respond to prior treatment with pegylated interferon plus ribavirin, Sulkowski and colleagues found that 12 or 24 weeks' treatment with an all-oral, interferon-free antiviral regimen consisting of ombitasvir/paritaprevir co-dosed with ritonavir, dasabuvir, and ribavirin resulted in high sustained virologic response rates. In an Editorial, Graham discusses treatment of patients co-infected with HCV and HIV.

✚ Editorial 1217 Related Article 1232

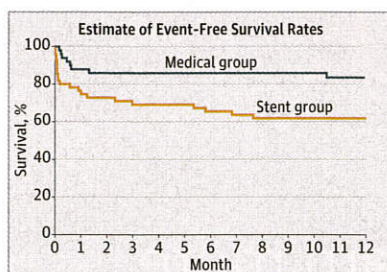
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Ledipasvir and Sofosbuvir in HCV and HIV Co-infection 1232

In an open-label, pilot study that enrolled 50 patients with hepatitis C virus (HCV) genotype 1 infection (treatment-naïve) and human immunodeficiency virus (HIV) co-infection, Osinusi and colleagues found that administration of an oral combination of ledipasvir and sofosbuvir for 12 weeks was associated with high rates of sustained virologic response after treatment completion.

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Intracranial Stent vs Medical Therapy for Intracranial Stenosis 1240



Intracranial stenosis is a common cause of stroke. In a multicenter randomized trial involving 112 patients with symptomatic intracranial stenosis, Zaidat and colleagues assessed the safety and efficacy of combination treatment with a balloon-expandable stent and medical therapy—clopidogrel and aspirin therapy and management of individual medical risk factors—compared with medical

therapy alone. Trial enrollment was stopped after early assessment of short-term outcomes suggested futility. In an analysis of data from the 111 study participants treated, the authors found that patients receiving a balloon-expandable stent and medical therapy had an increased 12-month risk of stroke or transient ischemic attack (TIA) in the same territory and an increased 30-day risk of any stroke or TIA. In an Editorial, Chimowitz and Derdeyn discuss endovascular therapy for intracranial arterial stenosis.

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Editor in Chief
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131 YEARS
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Research (continued)

Postexposure, Experimental Ebola Vaccination: A Case Report 1249

A physician who experienced a needlestick while working in an Ebola treatment unit in Sierra Leone consented to postexposure vaccination with an experimental vesicular stomatitis virus–vectored Ebola vaccine (VSVΔG-ZEBOV), which was administered 43 hours after the needlestick occurred. Lai and colleagues report details of the patient's clinical course and immune response after vaccination. In an Editorial, Geisbert discusses progress in the development of an Ebola vaccine.

📖 Editorial 1221

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Clinical Review & Education

Surveillance of Adverse Psychiatric Medication Events 1256

An article in *JAMA Psychiatry* reported there are nearly 90 000 emergency department visits each year in the United States for adverse drug events resulting from therapeutic use of psychiatric medications among adults. In this From The JAMA Network article, Olfson discusses the adverse drug events identified and medications implicated in the study and highlights the need to improve surveillance of adverse medication events in clinical practice.

Systemic Corticosteroid Therapy for Acute Sinusitis 1258

This JAMA Clinical Evidence Synopsis article by Venekamp and colleagues summarizes a Cochrane review of data from 5 randomized trials (1193 patients) that compared systemic corticosteroids with either placebo or standard clinical care for acute sinusitis in adults. Limited data suggest oral corticosteroids combined with antibiotics (vs antibiotics alone) may be effective for short-term relief in patients with severe symptoms. The evidence does not support corticosteroid monotherapy for acute sinusitis.

Evaluating Hyponatremia 1260

This JAMA Diagnostic Test Interpretation article by Cohen and Ellison presents a patient with abdominal pain and hyponatremia. Twenty years ago the patient underwent radiation for an optic glioma; treatment sequelae included anterior hypopituitarism. Medication review revealed recent prescription of haloperidol. Peripheral edema was absent on physical examination. How would you interpret the laboratory values?

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Editor's Audio Summary

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

Author Reading



AUDIO Judy Lieberman, MD, PhD, reads her Viewpoint "Harnessing RNA Interference for Therapy: The Silent Treatment."

Author Interview

VIDEO Interview with Mark Joseph Mulligan, MD, author of "Emergency Postexposure Vaccination With Vesicular Stomatitis Virus–Vectored Ebola Vaccine After Needlestick"

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