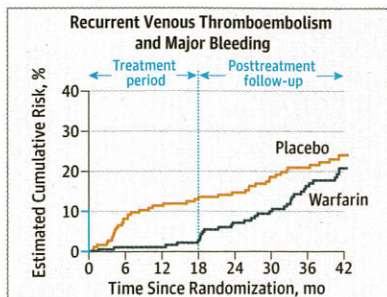


## Research

### Anticoagulation After First Episode of Pulmonary Embolism 31



To assess the optimal duration of anticoagulation after a first episode of unprovoked pulmonary embolism, Couturaud and colleagues randomly assigned 371 patients to receive an additional 18 months' treatment with warfarin or placebo after completion of 6 months' treatment with a vitamin K antagonist. The authors report that compared with placebo, extended treatment with warfarin reduced the risk of recurrent venous thromboembolism or major bleeding during the 18-month treatment period—a benefit not maintained when anticoagulation therapy was discontinued.

ism or major bleeding during the 18-month treatment period—a benefit not maintained when anticoagulation therapy was discontinued.

Related Articles 72, 74, and 76 JAMA Patient Page 98

Author Audio Interview [jama.com](http://jama.com) Continuing Medical Education [jamanetworkcme.com](http://jamanetworkcme.com)

### Trajectory of Cognitive Decline After Incident Stroke 41

Cognitive impairment after stroke is a major contributor to disability among stroke survivors. In a prospective study that enrolled 23 572 participants aged 45 years or older who were not cognitively impaired, Levine and colleagues assessed change in cognitive function associated with incident stroke—experienced by 515 participants. The authors found that incident stroke was associated with an acute decline in cognitive function and accelerated and persistent cognitive decline over 6 years' follow-up. In an Editorial, Gorelick and Nyenhuis discuss the association of stroke with cognitive decline.

Editorial 29

Author Video Interview [jama.com](http://jama.com) Continuing Medical Education [jamanetworkcme.com](http://jamanetworkcme.com)

### Association of Cardiometabolic Multimorbidity With Mortality 52

In an analysis of individual participant data from the Emerging Risk Factors Collaboration (91 cohorts; 689 300 participants; 128 843 deaths) and the UK Biobank (499 808 participants; 7995 deaths), Danesh and colleagues assessed the association of cardiometabolic multimorbidity—a history of 2 or more of the following: diabetes mellitus, stroke, myocardial infarction—with all-cause mortality and reductions in life expectancy. Among the investigators' findings was that mortality risks associated with a history of diabetes, stroke, or myocardial were similar. Any combination of these conditions was associated with a multiplicative mortality risk, with life expectancy substantially lower among individuals with cardiometabolic multimorbidity.

## Opinion

### Viewpoint

19 Direct Reprogramming: Bypassing Stem Cells for Therapeutics  
E Marbán and E Cingolani

21 Parental Consent for the Use of Residual Newborn Screening Bloodspots: Respecting Individual Liberty vs Ensuring Public Health  
MJ Bayefsky, KW Saylor, and BE Berkman

23 Ideological Anachronism Involving Needle and Syringe Exchange Programs: Lessons From the Indiana HIV Outbreak  
JD Rich and EY Adashi

25 The Role of Physicians in the Era of Predictive Analytics  
AD Sniderman, RB D'Agostino Sr, and MJ Pencina

### A Piece of My Mind

27 Stopping Time  
AE Page

### Editorial

29 Stroke and Cognitive Decline  
PB Gorelick and D Nyenhuis

### LETTERS

#### Research Letter

80 Trends in Management for Patients With Localized Prostate Cancer, 1990-2013  
MR Cooperberg and PR Carroll

#### Comment & Response

82 Discordant Interpretations of Breast Biopsy Specimens by Pathologists

84 Suicide Among US Army Personnel

85 Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Redefined by IOM

86 Correction



## Humanities

### The Art of JAMA

10 *Garden of the Generalife in Granada, 1913.*  
Théo van Rysselberghe (1862-1926).

### Poetry and Medicine

87 Roentgen's Garden

### JAMA Revisited

88 Modern English Usage

**131 YEARS**  
OF CONTINUOUS  
PUBLICATION

Editor in Chief  
Howard Bauchner, MD

## Research (continued)

### Hormonal Factors, Risk of Endometrial Cancer in Lynch Syndrome 61

Dashti and colleagues investigated the association of hormonal factors—including age at menarche, first and last live birth, and menopause; number of live births; and exogenous hormone use—with risk of endometrial cancer in 1128 women with a mismatch repair gene mutation (Lynch syndrome). The authors report some endogenous and exogenous hormonal factors—similar to those observed in a general population—were associated with a lower risk of endometrial cancer in women with a mismatch repair gene mutation.

## Clinical Review & Education

### Vitamin K Antagonist Treatment Duration in Acute VTE 72

This JAMA Clinical Evidence Synopsis by Middeldorp and Hutten summarizes an updated Cochrane review of 11 clinical trials (3716 patients total) that compared long-term vs short-term duration vitamin K antagonist therapy for patients with acute venous thromboembolism (VTE). The review found that compared with short-term therapy, long-term vitamin K antagonist therapy was associated with a reduced risk of recurrent VTE and an increased risk of major bleeding, but no difference in mortality.

Related Article 31

### CT Pulmonary Angiography for Diagnosis of PE 74

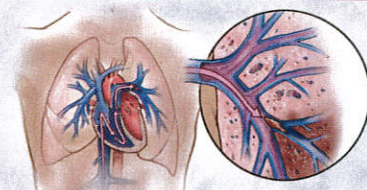
This JAMA Diagnostic Test Interpretation article by Le Gal and colleagues considers the case of a 67-year-old man who presented with a 3-day history of dyspnea on exertion, increased anxiety, and new onset pleuritic chest pain. He had no history of cancer or venous thrombosis. His pretest probability of pulmonary embolism (PE) was considered "likely." Computed tomography (CT) pulmonary angiography was performed. How would you interpret the results? What would you do next?

Related Article 31 JAMA Patient Page 98

### From The Medical Letter: Edoxaban, a New Oral Anticoagulant 76

This *Medical Letter on Drugs and Therapeutics* article provides information about edoxaban, a third oral direct factor Xa inhibitor, approved for treatment of venous thromboembolism and for prevention of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. Important adverse effects, drug interactions, and dosage adjustments are summarized.

Related Article 31



## JAMA Patient Page

98 Treatment Duration for Pulmonary Embolism

## NEWS & ANALYSIS

### Medical News & Perspectives

13 Varmus Returns to His Roots in Cancer Genetics

### The JAMA Forum

15 A Same-Sex Infertility Health Insurance Mandate in Maryland?

### 16 Lab Reports

Researchers Uncover Novel Spatially Defined Stem Cells

Blocking Glutamine Metabolism Shrinks Kidney Cancers in Mice

Acetaminophen During Pregnancy May Affect Offspring's Testes

Striking Similarities Between Cancerous and Normal Skin Cells

### 17 News From the FDA

Diabetes Drug Warning

New Therapies for Irritable Bowel Syndrome

Drug Approved for Rare Lung Disease

Label Confusion Leads to Errors

## Online @ jama.com



### Editor's Audio Summary

Mary McGrae McDermott, MD, summarizes and comments on this week's issue.

### Author Reading



AUDIO Eduardo Marbán, MD, PhD, reads his Viewpoint "Direct Reprogramming: Bypassing Stem Cells for Therapeutics."

### Author Interview

VIDEO Interview with Deborah Allison Levine, MD, MPH, author of "Trajectory of Cognitive Decline After Incident Stroke"

AUDIO Interview with Francis Couturaud, MD, PhD, author of "Six Months vs Extended Oral Anticoagulation After a First Episode of Pulmonary Embolism: The PADIS-PE Randomized Clinical Trial"

## Departments

7 Staff Listing

78 CME Questions

89 JAMA Network Abstracts

91 Classified Advertising

96 Journal Advertiser Index

97 Contact Information

## Instructions for Authors

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