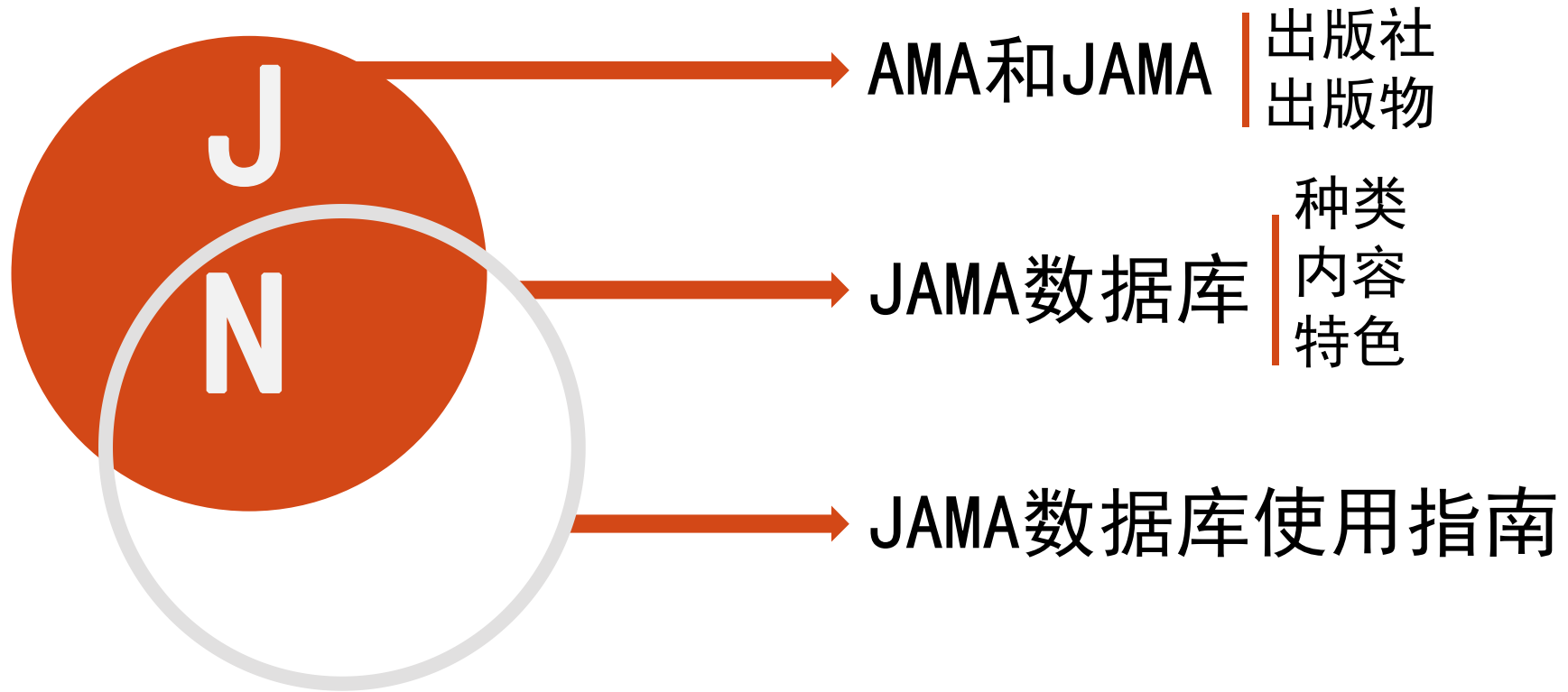




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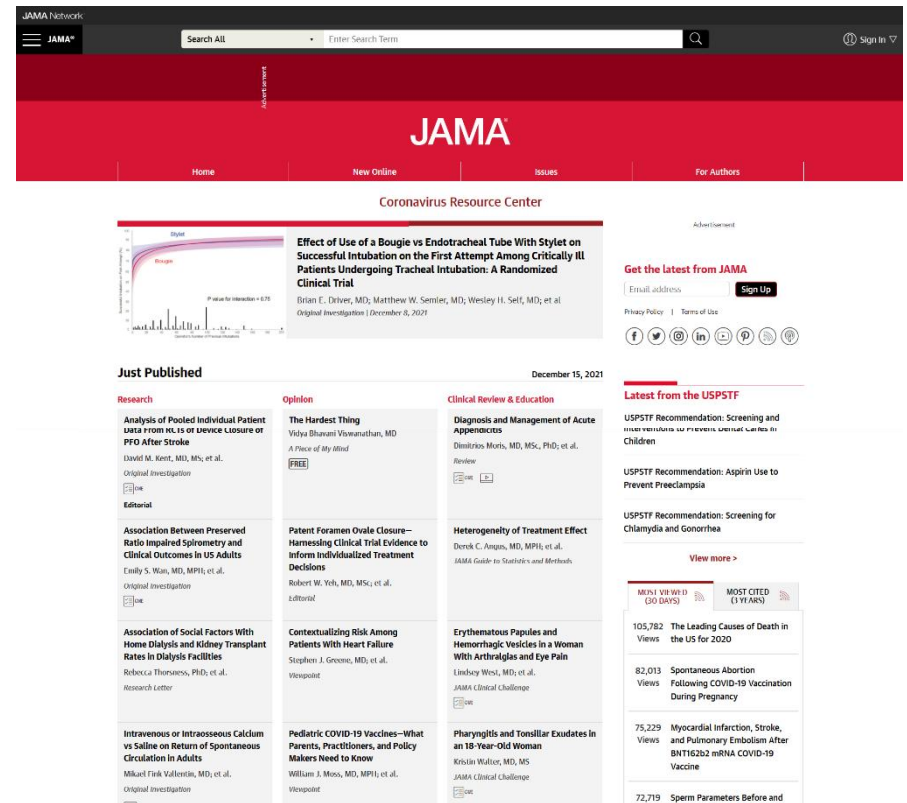
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出版内容: 世界上发行范围最广的综合性医学杂志。主要刊载临床及实验研究论文, 还包括编者述评、读者来信等文章, 除主要关注临床医学外, 还涉及卫生保健、政治、哲学、伦理、经济、历史等非临床信息。此外, 期刊注重教育职能, 设有CME栏目, 向临床医师提供基础医学与临床医学方面的继续教育服务。



The screenshot shows the JAMA website interface. At the top, there is a search bar and navigation links for Home, New Online, Issues, and For Authors. Below this is a red banner with the JAMA logo. The main content area features a 'Coronavirus Resource Center' section with a graph and a featured article titled 'Effect of Use of a Bougie vs Endotracheal Tube With Stylet on Successful Intubation on the First Attempt Among Critically Ill Patients Undergoing Tracheal Intubation: A Randomized Clinical Trial'. Below this is a 'Just Published' section with a grid of articles under categories like Research, Opinion, and Clinical Review & Education. On the right, there is a 'Latest from the USPSTF' section and a 'Most Cited' section.

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| JAMA | 《美国医学会志》 | 157.335 |
| JAMA Dermatology | 《皮肤病学纪要》 | 44.409 |
| JAMA Psychiatry | 《精神病学纪要》 | 33.006 |
| JAMA Internal Medicine | 《内科学纪要》 | 30.154 |
| JAMA Neurology | 《神经病学纪要》 | 29.907 |
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| JAMA Otolaryngology-Head & Neck Surgery | 《耳鼻喉科学文献集：头和颈外科学》 | 25.911 |
| JAMA Pediatrics | 《儿科学与青少年疾病文献集》 | 16.681 |
| JAMA Surgery | 《外科学纪要》 | 13.353 |
| JAMA Cardiology | 《心脏病学纪要》 | 11.816 |
| JAMA Oncology | 《肿瘤学纪要》 | 8.961 |

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“JAMA Network unites 12 journals linked by their commitment to the same high standards of publication, medical and scientific excellence, pursuit and development of outstanding content, and the use of technology to present that content in novel and creative formats.”

– Howard Bauchner, MD, Editor-in-Chief, *JAMA*



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- **2012年5月**: 新平台上线: jamanetwork.com
- **2013年3月**: APP上线: The JAMA Network Reader
- **2013年7月**: 期刊改版: JAMA Network journals
- **2013年12月**: CME部分增加离线访问功能
- **2015年2月**: JAMA Oncology创刊
- **2016年2月**: JAMA Cardiology创刊
- **2018年5月**: [JAMA Network Open](#)创刊



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2. **Opinion**
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 - Editorial
 - Commentary

3. **Clinical Review & Education**
 - Review Articles
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 - Patient Information



内容阅读

Just Published

December 16, 2021

Research

Antibody Response and Variant Cross-Neutralization After SARS-CoV-2 Breakthrough Infection

Timothy A. Bates, BSc; et al.

Research Letter

ONLINE FIRST **FREE**

Analysis of Pooled Individual Patient Data From RCTs of Device Closure of PFO After Stroke

David M. Kent, MD, MS; et al.

Original Investigation

CME

Editorial

Association Between Preserved Ratio Impaired Spirometry and Clinical Outcomes in US Adults

Emily S. Wan, MD, MPH; et al.

Original Investigation

CME

Opinion

Vaccination for Dengue Prevention

Laura E. Adams, DVM, MPH; et al.

Viewpoint

ONLINE FIRST **FREE**

Medicare Advantage for All: A Potential Path to Universal Coverage

Greg J. Zahner, MD, MSc; et al.

Viewpoint

ONLINE FIRST **FREE**

The Hardest Thing

Vidya Bhavani Viswanathan, MD

A Piece of My Mind

FREE

Clinical Review & Education

Severe Polyarthralgia After Kidney Transplant

Nur Azizah Allameen, MBBS, MMed; et al.

JAMA Clinical Challenge

ONLINE FIRST CME

Diagnosis and Management of Acute Appendicitis

Dimitrios Moris, MD, MSc, PhD; et al.

Review

CME

Heterogeneity of Treatment Effect

Derek C. Angus, MD, MPH; et al.

JAMA Guide to Statistics and Methods

文章类型

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- Clinical trials
- Meta-analyses
- Epidemiological studies
- Review articles
- New article types aimed at busy clinicians
- Viewpoints
- Dueling Viewpoints
- Editorial

JAMA PATIENT PAGE | Infectious Diseases

Traveler's Diarrhea

Traveler's diarrhea is the most common illness among persons visiting lower-income countries.

What Is Traveler's Diarrhea?
Traveler's diarrhea is an illness mostly caused by bacteria in food or water. It is a common symptom of travel. It is also common. You also know that diarrhea will probably not last more than a few days. You should recover within 4 days.

Ways to avoid traveler's diarrhea



Wash hands often with soap and water, especially after using the bathroom and before meals.

Eat only food that has been recently prepared and is served very hot.

Wash soap produce with clean water or peel when possible.

Wash your produce with clean water or peel when possible.

Wash soap produce with clean water or peel when possible.

Wash soap produce with clean water or peel when possible.

Opinion

EDITORIAL

Substance Misuse Among Adolescents To Screen or Not to Screen?

Geetha A. Subramaniam, MD, DFAPA, Nora D. Volkow, MD

Alcohol, tobacco, and marijuana are the top 3 substances of misuse among teenagers. According to the Monitoring the Future study,¹ marijuana use continues to increase in contrast to tobacco or alcohol use, which has leveled off; currently, more than one-third of 12th graders report having used marijuana in the past year, and 6.5% report using it regularly. Emerging evidence suggests that the adolescent brain

administration and interviewer administration, and it took less than 1 minute to complete. The authors serendipitously found that asking the frequency of use screen questions alone was sufficient to identify the 3 types of *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5)* SUD diagnostic categories, further simplifying the process. Of course, these findings need to be replicated in larger samples to allow validation of these and other common substances, such as prescription stimulants and prescription opioids, and to determine whether the teens' responses to the screen may change over time.

Strategies to disseminate the use of this validated screening tool would need to overcome barriers to perform routine screening in pediatric primary care settings. Among these barriers are the lack of knowledge on how to screen for substance abuse, the lack of training in or familiarity with the management of adolescents with substance use problems, and the burden on pediatric physicians to treat these patients within time constraints of busy practices. Perhaps an even bigger barrier to widespread adoption is the lack of an evidence base to clinically guide the pediatrician when substance misuse is uncovered in an adolescent. How and when does he/she intervene? To date, no clinical trials have reported the efficacy of brief (or extended) interventions for alcohol, cannabis, or other prescription medication misuse in pediatric settings. As a result, the US Preventive Services Task Force² has issued an "I" (insufficient) recommendation for screening and interventions for adolescents with illicit drug use, alcohol misuse, or nonmedical prescription drug use. According to their definition, insufficient means that the existing evidence is either lacking or of low quality, thereby precluding them from making a recommendation for or against screening and/or interventions for alcohol or substance abuse in pediatric settings. The natural history of adolescents with mild to moderate problem categories remains unknown, further confounding the decision to intervene. The use of substances without meeting the criteria for SUD is potentially dangerous, as seen in drunk and aged driving scenarios, limiting the utility of DSM-5 diagnostic categories. Psychiatric disorders, such as attention-deficit/hyperactivity disorder and depressive disorders, appear to frequently predate the onset of SUDs in adolescents, presenting a shared vulnerability, a risk factor, or both. However, the field lacks strategies to evaluate the severity of substance misuse in the context of co-occurring psychiatric or other medical problems and other known risk factors. The

Emergency Department Resource Use by Supervised Residents vs Attending Physicians Alone

Stephen R. Pitts, MD, MPH, Sofia R. Morgan, MD, MBA, Justin D. Schragar, MD, MPH, Todd J. Berger, MD

A 38-Year-Old Man With Extensor Surface Papules

Eric Melnychuk, DO, EMT-P, Alexis Weymann Perlmutter, MD, MEd, Eric Hossler, MD



Figure 1. Left, Erythematous pink and yellow papules on the wrists. Right, Close-up of the papules.

A 38-year-old morbidly obese man presents with a 1-month history of rash on the extensor surfaces of his hands, forearms, elbows, shoulders, flanks, and upper thighs. The rash is nonpruritic but is associated with burning pain. The patient has had no fevers, shortness of breath, recent viral syndromes, or recent travel. He has a history of pancreatitis several years prior, recent repair of a tibial fracture, ankle osteoarthritis, cholelithiasis, seizure disorder, and bipolar disorder. He has a family history of type 2 diabetes in his father and brother. His current medications include phenobarbital, levetiracetam, quetiapine, lorazepam, fluoxetine, tramadol, aspirin, celecoxib, and gabapentin, none of which were started in the past few months. Skin examination reveals hundreds of bright pink papules with central yellow hue distributed symmetrically over his dorsal hands, elbows, shoulders, and thighs (Figure 1). The remainder of the examination is unremarkable.

WHAT WOULD YOU DO NEXT?

- Obtain a lipid panel
- Order a chest radiograph
- Treat empirically with oral prednisone
- Unroof one of the papules and send for viral culture

A common assumption that graduate medical education use. Supervised vs attending-only visits in a nationally representative sample of US EDs and ED visits. A retrospective study of the National Hospital Ambulatory Care Sample of US EDs and ED visits involving both resident and attending physicians. The proportion of supervised visits that involved ED (half or fewer supervised visits) was 15%.

pediatric EDs in the sample, 3374 visits were supervised vs attending-only visits, supervised visits were 12% (12% vs 14%, adjusted odds ratio [OR], 0.85; 95% CI, 0.79-0.91), adjusted odds ratio (OR), 1.27; 95% CI, 1.18-1.37), adjusted odds ratio (OR), 1.18; 95% CI, 1.09-1.27), adjusted odds ratio (OR), 1.21; 95% CI, 1.12-1.33), but had longer ED stays (adjusted mean ratio, 1.13; 95% CI, 1.08-1.18).

Of US EDs, supervised visits were associated with use of advanced imaging and with longer ED stays in EDs in which more than half of visits are supervised.

Supplemental content at jama.com

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Corresponding Author: Stephen R. Pitts, MD, MPH, Department of Emergency Medicine, Emory University School of Medicine, 531 Ashbury Circle, Annex Site N3140, Atlanta, GA 30322 (spitts@emory.edu).

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Letters

SEARCH LETTER

on-English-Language Proficiency of Applicants to US Residency Programs
It is also especially important to know about the non-English-language skills of physicians in training. This study characterizes the language diversity of all US residency applicants through the Electronic Residency Application Service and contrasts applicant language skills with the predominant languages of the US population with L2P.

Methods | Applicants were asked to self-report proficiency in all languages spoken using the Interagency Language Roundtable scale adapted for physicians for the first time in 2013.¹

Table 1. 2013 Residency Applicants by Ethnic Self-Identity and Citizenship/Immigration Status

| Ethnic Self-Identity* | Total (N = 52 882) | Applicants, % | Languages Spoken, N† | | At Least Advanced Proficiency of NEL, % |
|---------------------------|--------------------|---------------|----------------------|---------|---|
| | | | English Only | 2 or +2 | |
| White | 3000 | 5.7 | 14 | 73.6 | 25.0 |
| Black | 166 | 0.3 | 0 | 63.3 | 36.8 |
| Hispanic | 178 | 0.3 | 0 | 72.5 | 27.5 |
| Asian | 279 | 0.5 | 0.4 | 74.6 | 25.1 |
| Other | 594 | 1.1 | 1.2 | 85.4 | 13.5 |
| Other Hispanic, Latin | 743 | 1.4 | 1.2 | 55.6 | 39.2 |
| Cuban | 232 | 0.4 | 1.3 | 86.6 | 12.1 |
| Mexican, Mexican American | 608 | 1.1 | 3.1 | 77.1 | 19.7 |
| South Asian | 10 430 | 19.7 | 2.1 | 14.0 | 84.0 |
| Bangladeshi | 308 | 0.6 | 0.3 | 22.4 | 77.3 |
| Pakistani | 1842 | 3.5 | 0.8 | 14.9 | 84.3 |
| Indian | 8260 | 15.6 | 2.4 | 11.5 | 84.1 |
| Other Asian | 5548 | 10.5 | 4.3 | 48.1 | 47.6 |
| Vietnamese | 596 | 1.1 | 2.7 | 51.7 | 45.6 |
| Taiwanese | 404 | 0.8 | 2.7 | 41.6 | 55.7 |
| Chinese | 1812 | 3.4 | 2.9 | 58.7 | 42.6 |
| Other Asian | 1088 | 2.1 | 3.6 | 35.2 | 61.2 |
| Korean | 816 | 1.5 | 6.3 | 43.6 | 50.1 |
| Filipino | 668 | 1.3 | 7.5 | 49.9 | 42.7 |
| Japanese | 164 | 0.3 | 11.0 | 58.5 | 30.5 |
| Indo-European American | 6.4 | 0.01 | 27.7 | 47.9 | 24.4 |
| Other Black or African | 143 | 0.3 | 16.1 | 39.2 | 44.8 |
| African | 1372 | 2.6 | 19.7 | 54.5 | 25.8 |
| Afro-Caribbean | 519 | 1.0 | 24.1 | 33.2 | 42.7 |
| Other | 2343 | 4.4 | 28.5 | 47.7 | 12.9 |
| Hispanic | 21 077 | 39.8 | 27.9 | 50.9 | 21.3 |
| Other | 1722 | 3.3 | 8.3 | 44.8 | 47.0 |
| Non-English speaking | 8029 | 15.2 | 10.2 | 41.6 | 48.3 |
| Non-US citizens | 15 219 | 28.7 | 3.6 | 32.9 | 63.5 |
| Legal alien* | 7227 | 13.6 | 2.0 | 28.3 | 68.7 |
| US permanent residents | 8092 | 15.2 | 3.3 | 38.7 | 58.0 |
| Non-US-based applicants | 2865 | 5.4 | 5.6 | 34.9 | 60.4 |
| US citizen | 37 763 | 71.3 | 20.4 | 46.7 | 32.9 |


Abbreviation: NEL, non-English language.
*Noncitizens may not equal 100% due to rounding.
†Self-identity categories with at least 100 responses are shown; only the top 68% (2326) of self-identity categories are listed. Categories with self-report from predetermined application asked participants "How do you self-identify? Please select all that apply." Subgroup sizes ordered by percentage speaking English only (low to high).
‡Applicants who were citizens of a language country were instructed to select "prefer not to say."
§Refers to an individual who entered the United States legally but entered the United States as a student visa.

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Surgical Site Infection Prevention A Review

Jessica L. Seidelman, MD, MPH¹; Christopher R. Mantyh, MD²; Deverick J. Anderson, MD, MPH¹

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JAMA. 2023;329(3):244-252. doi:10.1001/jama.2022.24075

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图表合集

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Table 1. Modifiable and Nonmodifiable Patient-Related Factors Associated With Surgical Site Infections

| Factor | Pathophysiology |
|--|---|
| Patient-related, modifiable | |
| Diabetes | Hyperglycemia impairs the innate immune system and promotes glycosylation of proteins, which compromises wound healing. ¹⁶ Diabetes can lead to higher perioperative glucose levels and hyperglycemia that is more difficult to treat. ¹⁷ |
| Immunosuppressive medications and conditions | Immunosuppressive clinical conditions or medications diminish the inflammatory phase of wound healing. ^{18,19} |
| Malnutrition | Malnutrition can decrease collagen synthesis, granulation formation in surgical wounds, and result in poor tissue healing. Hypoalbuminemia weakens innate immunity by prompting macrophage apoptosis and diminishing macrophage activation. Low albumin also accelerates the seepage of interstitial fluid into the surgical wound and promotes general tissue edema. ²⁰ |
| Obesity | Adipose tissue has less blood flow, which inhibits the delivery of oxygen and antibiotics. ²¹⁻²³ |
| Preoperative infections | Prior to elective surgery, recognize and treat all infections (even if they are distant from the surgical site). ²⁴ |
| Tobacco use | Tobacco use causes vasoconstriction, which can progress to alterations in collagen metabolism, decreased inflammatory response, and relative ischemia. ²⁵ |

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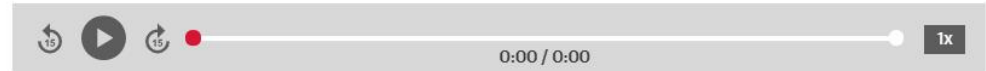
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Effect of Incisional Negative Pressure Wound Therapy vs Standard Wound Dressing on Deep SSI

Original Investigation | February 11, 2020

This randomized clinical trial compares the effects of incisional negative pressure wound therapy vs standard wound dressing on deep surgical site infection (SSI) at 30 days among patients undergoing surgery for major trauma-related lower limb fractures.

Preventing Surgical Site Infections—Looking Beyond the Current Guidelines

JAMA Insights | March 17, 2020

This JAMA Insights Clinical Update summarizes current guidelines for prevention of surgical site infections and discusses emerging prevention strategies, such as preoperative bowel preparation and negative-pressure wound therapy, that are challenging longstanding surgical practices.

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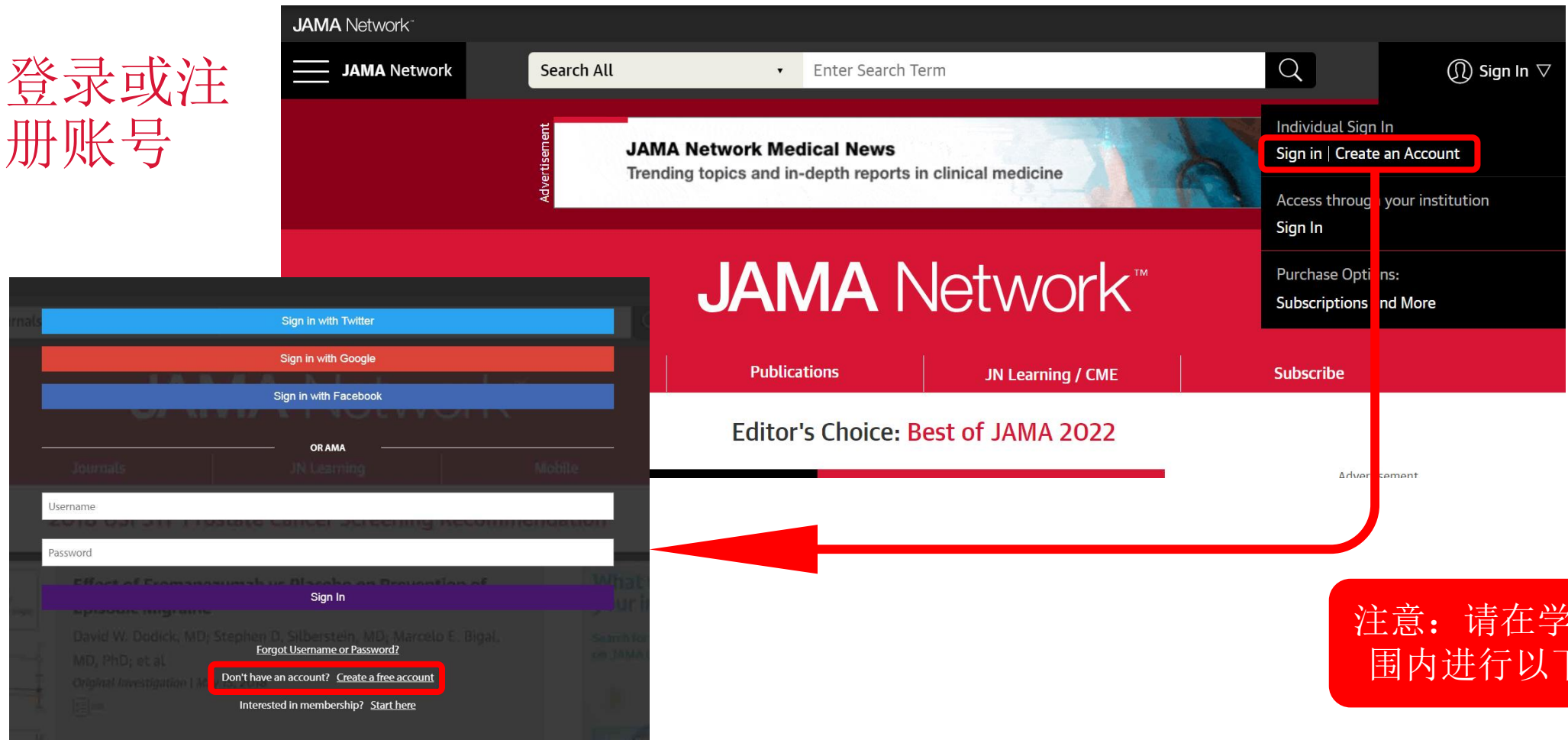
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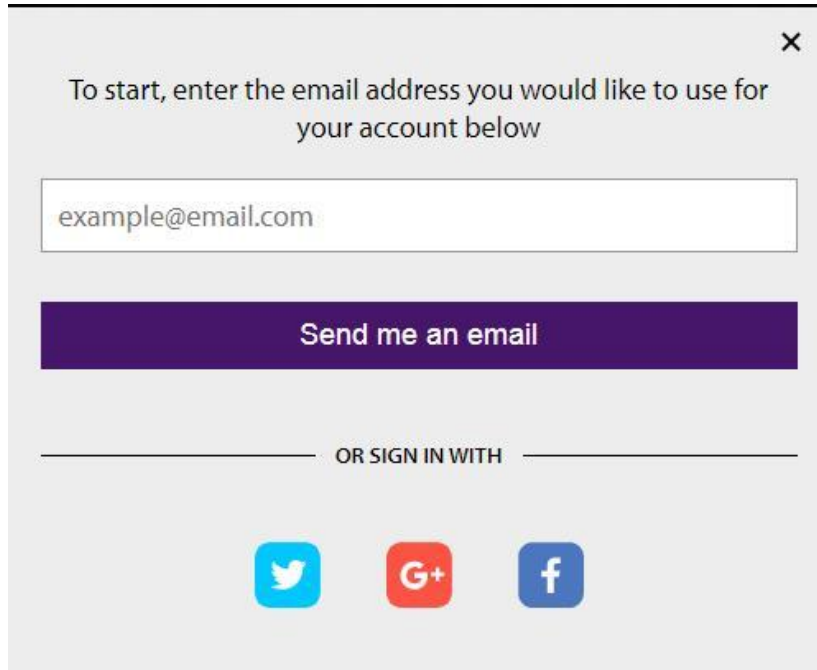


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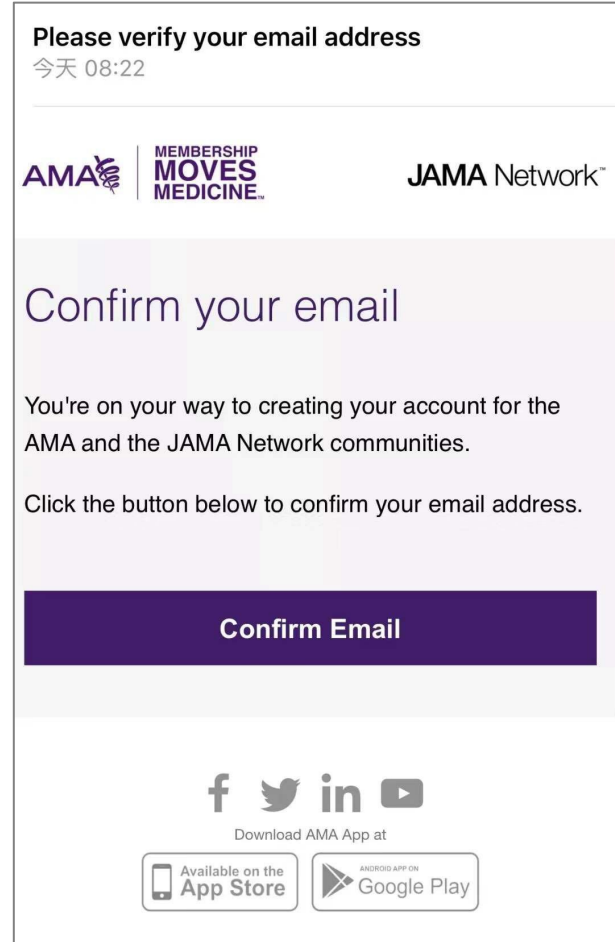
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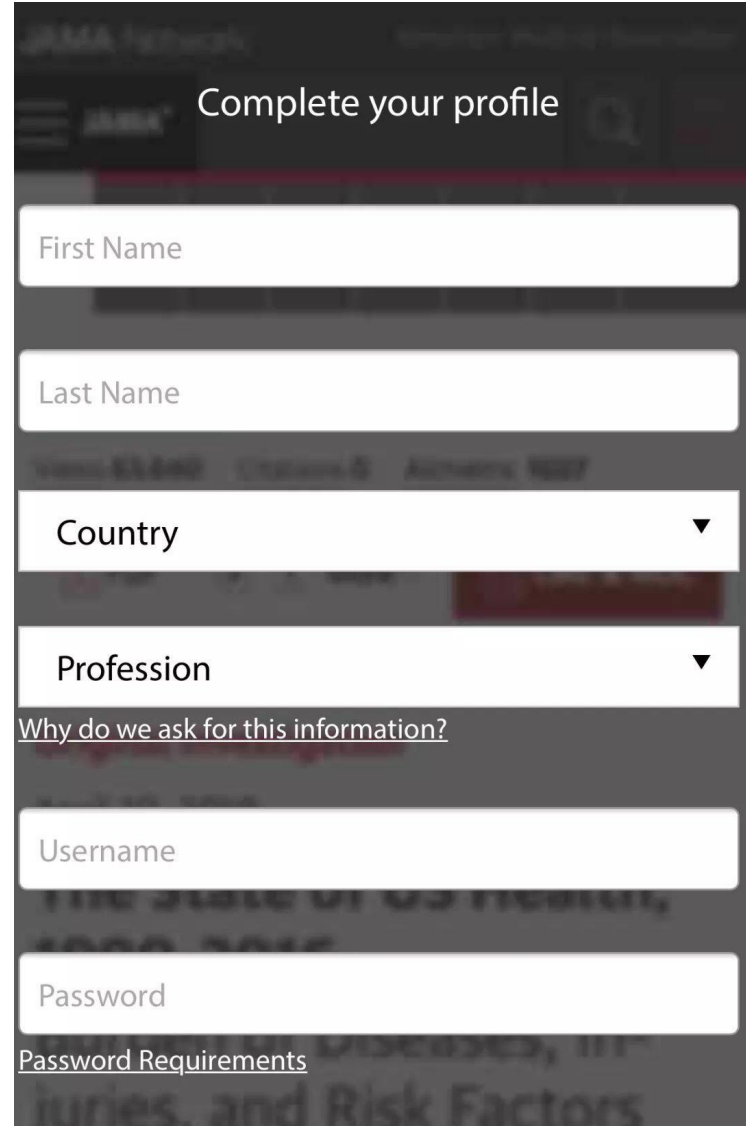
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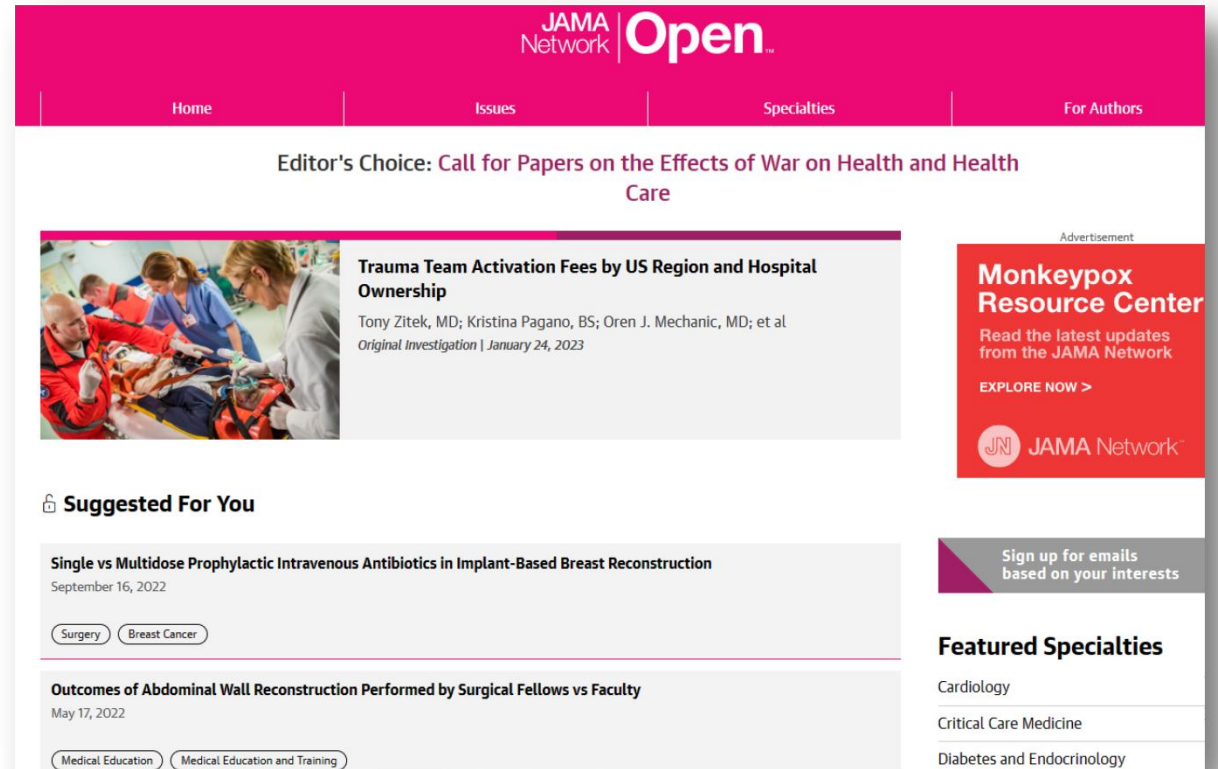
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JAMA 2018年推出

- 是一本经过同行评审的高质量期刊。
- 每周五在网上发布。
- 涵盖了医学和临床医学、医疗卫生保健、医疗技术创新、卫生政策等全部与医学相关的领域。



The screenshot displays the JAMA Network Open website. At the top, there is a pink navigation bar with the logo and menu items: Home, Issues, Specialties, and For Authors. Below the navigation bar, a central banner reads "Editor's Choice: Call for Papers on the Effects of War on Health and Health Care". The main content area features a featured article titled "Trauma Team Activation Fees by US Region and Hospital Ownership" by Tony Zitek, MD; Kristina Pagano, BS; Oren J. Mechanic, MD; et al, published as an Original Investigation on January 24, 2023. Below this, a "Suggested For You" section lists two articles: "Single vs Multidose Prophylactic Intravenous Antibiotics in Implant-Based Breast Reconstruction" (September 16, 2022) and "Outcomes of Abdominal Wall Reconstruction Performed by Surgical Fellows vs Faculty" (May 17, 2022). On the right side, there is a red advertisement for the "Monkeypox Resource Center" and a sign-up prompt for emails based on interests. At the bottom right, a "Featured Specialties" list includes Cardiology, Critical Care Medicine, and Diabetes and Endocrinology.

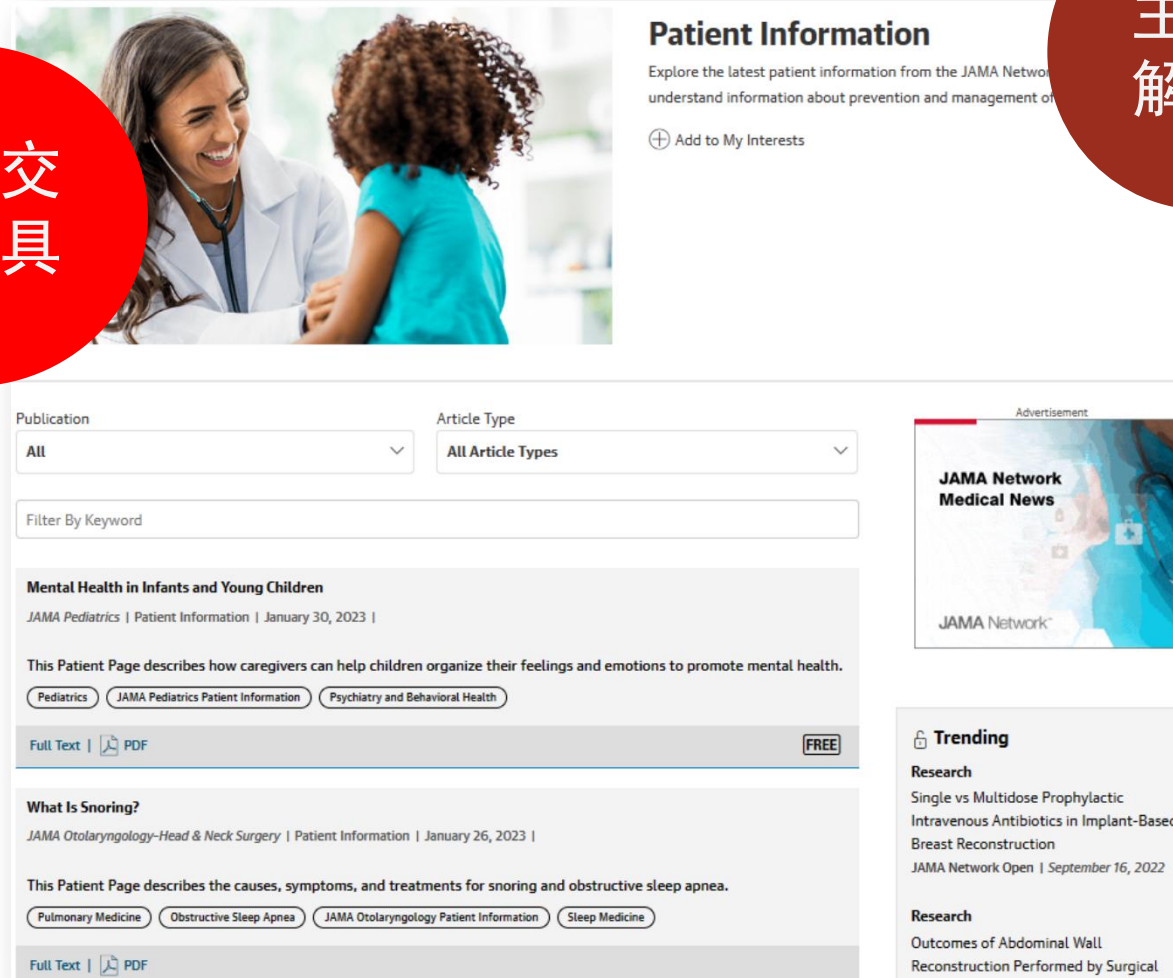
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Patient Information
Explore the latest patient information from the JAMA Network Open to better understand information about prevention and management of various conditions.
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Publication: All | Article Type: All Article Types
Filter By Keyword: []

Mental Health in Infants and Young Children
JAMA Pediatrics | Patient Information | January 30, 2023 |
This Patient Page describes how caregivers can help children organize their feelings and emotions to promote mental health.
Pediatrics | JAMA Pediatrics Patient Information | Psychiatry and Behavioral Health
Full Text | PDF [FREE]

What Is Snoring?
JAMA Otolaryngology-Head & Neck Surgery | Patient Information | January 26, 2023 |
This Patient Page describes the causes, symptoms, and treatments for snoring and obstructive sleep apnea.
Pulmonary Medicine | Obstructive Sleep Apnea | JAMA Otolaryngology Patient Information | Sleep Medicine
Full Text | PDF

Advertisement: JAMA Network Medical News

Trending Research:
Single vs Multidose Prophylactic Intravenous Antibiotics in Implant-Based Breast Reconstruction
JAMA Network Open | September 16, 2022
Research: Outcomes of Abdominal Wall Reconstruction Performed by Surgical

数据库特色-Health Forum

- 在线论坛
- 解决影响医学和卫生保健的**卫生政策**和**健康策略**问题
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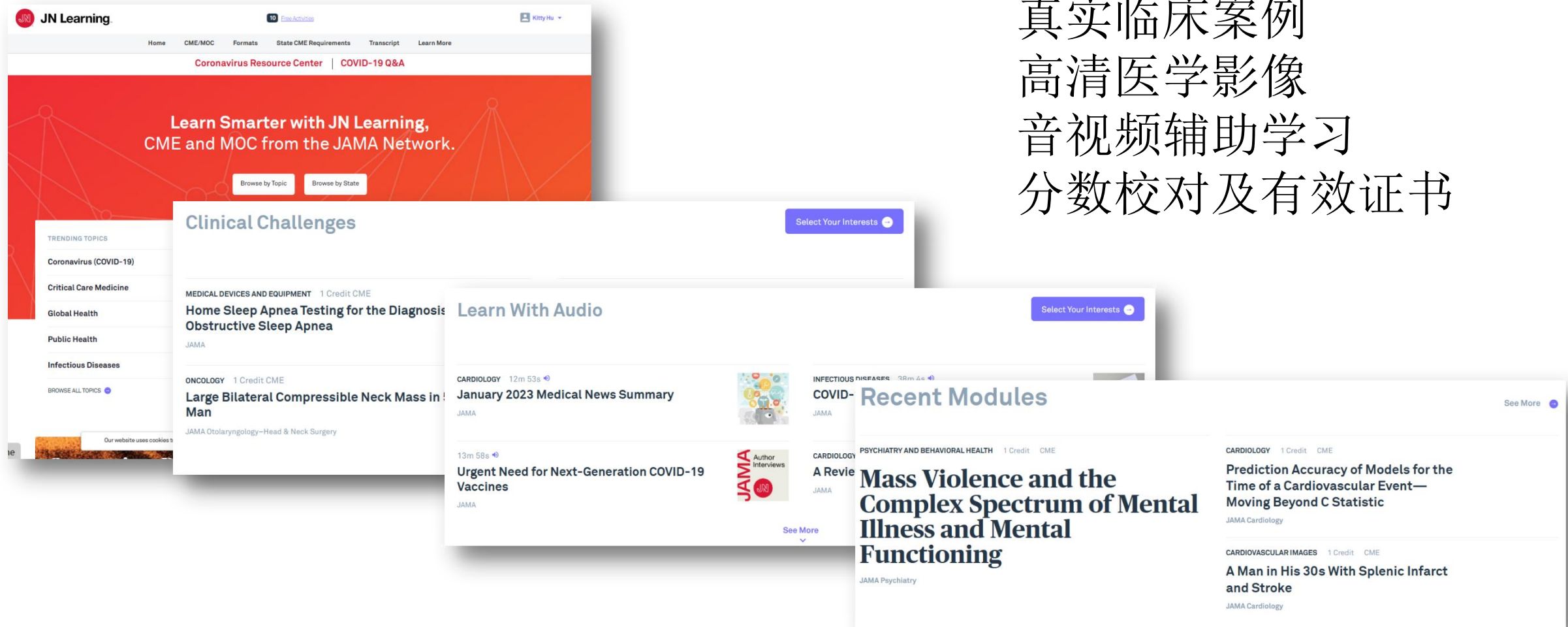
The screenshot displays the JAMA Health Forum website. At the top, there is a navigation bar with links for Home, New Online, Issues, and For Authors. Below the navigation bar, the main heading reads "JAMA Health Forum...". A featured article titled "Simulated Medicare Drug Price Negotiation Under the Inflation Reduction Act of 2022" is highlighted, accompanied by a bar chart showing Medicare spending on selected drugs in billions of dollars. The chart compares spending before and after Part D rebates, net of other Part D rebates, and with cost-sharing. The article is by Benjamin N. Rome, MD, MPH; Sarosh Nagar; Alexander C. Egilman, BA; et al. Below the featured article, there is a "Just Published" section dated January 27, 2023, with three columns of articles under the categories Research, Opinion, and News. On the right side, there is an advertisement for "VISUAL ABSTRACTS FROM THE JAMA NETWORK" and a "Get the latest from JAMA Health Forum" section with an email sign-up form and social media icons. At the bottom right, there are sections for "MOST VIEWED (30 DAYS)" and "MOST CITED (3 YEARS)".

| Category | Spending (billions of dollars) |
|-----------------------------|--------------------------------|
| Before Part D rebates | ~110 |
| Net of other Part D rebates | ~80 |
| Cost-sharing | ~20 |

| Category | Title | Author(s) |
|----------|---|-----------------------------------|
| Research | Simulated Medicare Drug Price Negotiation Under the Inflation Reduction Act of 2022 | Benjamin N. Rome, MD, MPH; et al. |
| Opinion | Using Evidence to Inform Legislation Aimed at Curbing Fentanyl Deaths | Cole A. Jurecka, BS, et al. |
| Opinion | Enhancing Oncology Model for Cancer Bundled Payments in Medicare | Robert P. Kocher, MD, et al. |
| Opinion | Title 42 Exclusions of Asylum Seekers—A Misuse of Public Health Powers | |
| News | Most Nursing Home Staff, Residents Not Up to Date with COVID-19 Vaccinations | Joan Stephenson, PhD |
| News | US COVID-19 Vaccine Costs Expected to Soar if Funding for Federal Program Ends | Joan Stephenson, PhD |
| News | Report on Long COVID Urges Actions to Address Needs of Patients, Caregivers | |

数据库特色-Clinical Challenge

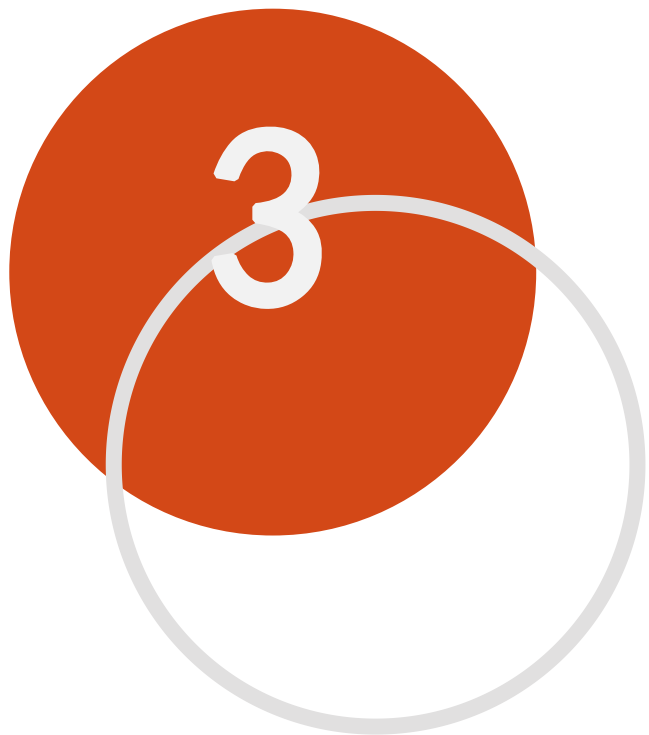
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音视频辅助学习
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The screenshot displays the JN Learning website interface, which is a platform for medical education. The main navigation bar includes links for Home, CME/MOC, Formats, State CME Requirements, Transcript, and Learn More. A prominent red banner at the top reads "Learn Smarter with JN Learning, CME and MOC from the JAMA Network." Below this, there are buttons for "Browse by Topic" and "Browse by State".

The interface is divided into several sections:

- TRENDING TOPICS:** A list of current topics including Coronavirus (COVID-19), Critical Care Medicine, Global Health, Public Health, and Infectious Diseases.
- Clinical Challenges:** A section featuring a "Select Your Interests" button and a list of articles. One article highlighted is "Home Sleep Apnea Testing for the Diagnosis of Obstructive Sleep Apnea" from JAMA, categorized under "MEDICAL DEVICES AND EQUIPMENT" with 1 Credit CME.
- Learn With Audio:** A section with a "Select Your Interests" button and audio content. One article is "January 2023 Medical News Summary" from JAMA, categorized under "CARDIOLOGY" with a duration of 12m 53s.
- Recent Modules:** A section with a "See More" button and a list of modules. One module highlighted is "Mass Violence and the Complex Spectrum of Mental Illness and Mental Functioning" from JAMA Psychiatry, categorized under "PSYCHIATRY AND BEHAVIORAL HEALTH" with 1 Credit CME.
- Other Modules:** Other visible modules include "Large Bilateral Compressible Neck Mass in a Man" (ONCOLOGY, 1 Credit CME) and "Prediction Accuracy of Models for the Time of a Cardiovascular Event—Moving Beyond C Statistic" (CARDIOLOGY, 1 Credit CME).



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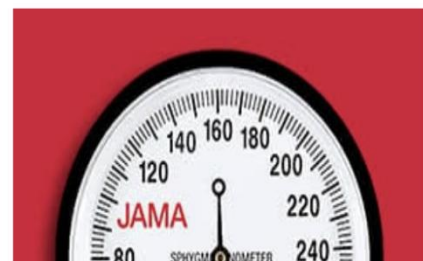
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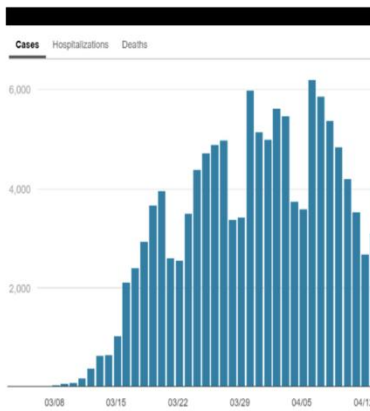
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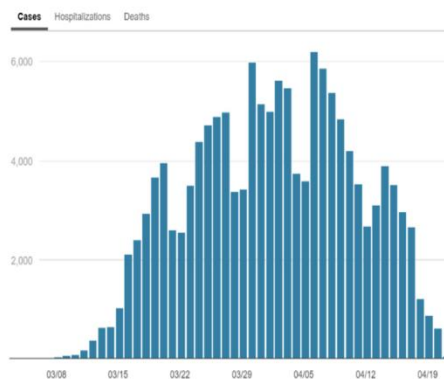
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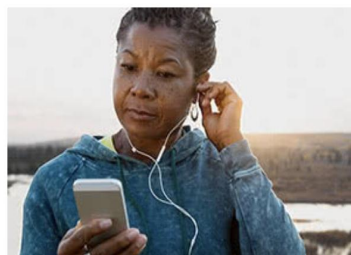
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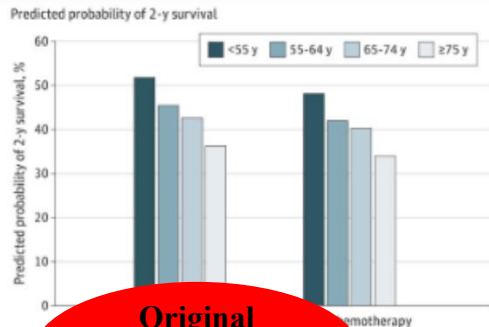
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Editor's Choice: The

For Authors



Association Between Age and Small Cell Lung Cancer After I

Teja Voruganti, MD, PhD; Pamela R. S
Original Investigation | January 26, 2023

ONLINE FIRST

Original Investigation;
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Viewpoint;
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January 26, 2023

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Association of Inflammatory Biomarkers With Survival Among Patients With Stage III Colon Cancer

En Cheng, MD, PhD; et al.

Original Investigation

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Opinion

Neoadjuvant Immunotherapy for Non-Small Cell Lung Cancer

Bo Zhang, PhD; et al.

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Laura T. Dicker

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Association Between Age and Survival Trends in Advanced Non-Small Cell Lung Cancer After Adoption of Immunotherapy

Teja Voruganti, MD, PhD; Pamela R. Soulos, MPH; Ronac Mamtani, MD; et al.

[Abstract](#) | [Full Text](#)*JAMA Oncol.* Published online January 26, 2023. doi:10.1001/jamaoncol.2022.6901

This cohort study evaluates trends in survival after immune checkpoint inhibitor therapy in patients with advanced non-small cell lung cancer by age.

Invited Commentary

First-line Immunotherapy and Clinically Meaningful Survival Benefits for the Oldest Adults With Lung Cancer

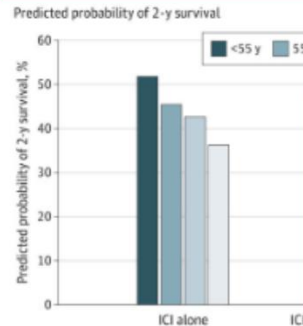
Marjory Charlot, MD; Jhanelle Gray, MD

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Latest IssueAvelumab Plus Talazoparib in Patients With *BRCA1/2*- or *ATM*-Altered Advanced Solid Tumors

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Research

Association of Inflammatory Biomarkers With Survival in Patients With Stage III Colon Cancer

En Cheng, MD, PhD; et al.

*Original Investigation***ONLINE FIRST****Association Between Age and Survival Trends in Advanced Non-Small Cell Lung Cancer After Adoption of Immunotherapy****First-line Immunotherapy and Clinically Meaningful Survival Benefits for the Oldest Adults With Lung Cancer****A Case of Multiple Hemorrhagic Erythematous Lesions****MOST VIEWED (30 DAYS)****MOST CITED (3 YEARS)**

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January 2023, Vol 9, No. 1, Pages 19-151



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Avelumab Plus Talazoparib in Patients With *BRCA1/2*- or *ATM*-Altered Advanced Solid Tumors: Results From JAVELIN *BRCA/ATM*, an Open-Label, Multicenter, Phase 2b, Tumor-Agnostic Trial

Alison M. Schram, MD; Nicoletta Colombo, MD, PhD; Edward Arrowsmith, MD; et al.



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JAMA Oncol. 2023;9(1):29-39. doi:10.1001/jamaoncol.2022.5218

This phase 2b nonrandomized controlled trial evaluates whether the combination of avelumab and talazoparib is effective in patients with pathogenic *BRCA1/2* or *ATM* alterations, regardless of tumor type.

Editorial

Combining PARP Inhibitor With Immunotherapy—Does the Promise of Preclinical Data Translate to Clinic?

Rajat Thawani, MD; Shivaani Kummar, MBBS

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Original Investigation | January 26, 2023

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December 2022, Vol 8, No. 12, Pages 1720-1860

Original Investigation

Association of Prostate-Specific Antigen Screening Rates With Subsequent Metastatic Prostate Cancer Incidence at US Veterans Health Administration Facilities



Alex K. Bryant, MD, MAS; Kyung Min Lee, PhD; Patrick R. Alba, MS; et al.

Abstract | Full Text

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JAMA | Research Letter

April 24, 2020

Characteristics of Hospitalized Adults With **COVID-19** in an Integrated Health Care System in California

Laura C. Myers, MD, MPH; Stephen M. Parodi, MD; Gabriel J. Escobar, MD; Vincent X. Liu, MD

Abstract | **Full Text**

FREE **ONLINE FIRST** JAMA. 2020; doi: 10.1001/jama.2020.7202

This case series characterizes the demographics, health services use, and vital status and discharge dispositions of patients with polymerase chain reaction-confirmed coronavirus disease 2019 (COVID-19) hospitalized in the Kaiser Permanente Northern California health system in March 2020.



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