

## Home Page

## Logo



## URL

<http://www.jwatch.org/>

## Subject

Medical – Digest

## Accessibility

On subscription basis

## Language

English

## Publisher

NEJM (New England Journal of Medicine) Group, a division of the Massachusetts Medical Society.

## Brief History

NEJM Journal Watch is the principal products of NEJM Group. The mission of NEJM Group is to advance medical knowledge from research to patient care, making the connections between developments in clinical science and clinical practice to improve healthcare quality and patient outcomes. NEJM Journal Watch is an independent voice within the group. It started its journey from the year of 1988. Its online archive available from 2006 to till date.

## Scope and Coverage

Its primary mission is to help clinicians efficiently understand medical developments to improve patient care and foster professional development. The esteemed physician authors and editors curate and summarize the most

important research available from over 250 medical journals, as well as other sources of medical news. It covers most important research, medical news, drug information, public health alerts, and medical guidelines etc. NEJM Journal Watch Online, including the content of all 11 specialty editions, which are NEJM Journal Watch Cardiology, NEJM Journal Watch Emergency Medicine, NEJM Journal Watch Gastroenterology, NEJM Journal Watch General Medicine, NEJM Journal Watch Hospital Medicine, NEJM Journal Watch Infectious Diseases, NEJM Journal Watch Neurology, NEJM Journal Watch Oncology and Hematology, NEJM Journal Watch Pediatrics and Adolescent Medicine, NEJM Journal Watch Psychiatry, NEJM Journal Watch Women's Health. NEJM Journal Watch is used by practicing clinicians - physicians, nurses, physician assistants, nurse practitioners, residents, students, pharmacists, and other healthcare professionals - to stay informed and current in their fields.

### ***Kind of Information***

This tool provides medical related articles. All articles are presented with its title, author and reviewer name, short description and publication date. After each entry citation(s) are available. Users can leave any comment and can also share. An example is given below.

#### **The Beginning of the End for Bioresorbable Coronary Scaffolds?**

Pascal Meier, MD reviewing *Wykrzykowska JJ et al. N Engl J Med 2017 Mar 29. Mukherjee D. N Engl J Med 2017 Mar 29.*

A worrying increase is seen in thrombosis risk with bioresorbable coronary scaffolds compared to standard metallic stents in a large randomized controlled trial.

Coronary angioplasty was performed for years by simple balloon angioplasty, which brought problems of recoil and high restenosis rates. The invention of stents dramatically reduced the restenosis risk but at the price of stent thrombosis. Therefore, the concept of bioresorbable vascular scaffolds was intriguing, and the first one (ABSORB) was widely used, despite scarce data. Now, researchers have reported results from one of the largest randomized, controlled trials evaluating bioresorbable scaffolds.

The industry-funded trial randomized 1845 patients to percutaneous coronary intervention with an everolimus-eluting bioresorbable scaffold or an everolimus-eluting metallic stent (stable coronary artery disease, 40% of patients; ST-segment elevation myocardial infarction, 25%; non-ST-segment elevation acute coronary syndrome, 35%).

At 2 years, no significant group differences were seen on the primary endpoint (a composite of cardiac death, target-vessel myocardial infarction, or target-vessel revascularization; scaffold group, 11.7%; stent group, 10.7%) or on most secondary endpoints. However, the scaffold group experienced an about 3.5-fold higher rate of definite or probable device thrombosis (3.5% vs. 0.9%). The safety monitoring board recommended early data reporting because of safety concerns.

#### **Citation(s):**

1. *Wykrzykowska JJ et al. Bioresorbable scaffolds versus metallic stents in routine PCI. N Engl J Med 2017 Mar 29; [e-pub]. (<http://dx.doi.org/10.1056/NEJMoa1614954>)*
2. *Mukherjee D. Device thrombosis with bioresorbable scaffolds. N Engl J Med 2017 Mar 29; [e-pub]. (<http://dx.doi.org/10.1056/NEJMe1703202>)*

## Special Features

- FAQ and help present.
- RSS news feed available.
- Contact and feedback option available with proper form.
- NEJM Blog present.
- Users can follow this tool in various social networking sites like Facebook, Twitter, Google+ and so on.
- One can subscribe newsletter through proper way.
- Audio links attached with this tool.

## Arrangement Pattern

Different specialties and topics are arranged in alphabetical order. Then under a particular specialties or topics entries are arranged according to publication date wise (older to newer order). An example is given below under “Cardiology”.

Specialties:	Topics:	
Cardiology	Aging / Geriatrics	Lipid Management
Emergency Medicine	Allergy / Asthma	Nutrition / Obesity
Gastroenterology	Arthritis/Rheumatic Disease	Osteoporosis/Bone Disease
General Medicine	Breast Cancer	Pediatric Infections
HIV/AIDS	Depression / Anxiety	Pregnancy / Infertility
Hospital Medicine	Diabetes	Respiratory Infections
Infectious Diseases	GERD / Peptic Ulcers	STDs
Neurology	Gynecology	Stroke
Oncology and Hematology	Hepatitis	Substance Abuse
Pediatrics and Adolescent Medicine	Hypertension	
Psychiatry		
Women's Health		

  

CARDIOLOGY

**The Beginning of the End for Bioresorbable Coronary Scaffolds?** *FREE*

*Pascal Meier, MD reviewing Wykrzykowska JJ et al. N Engl J Med 2017 Mar 29. Mukhejee D. N Engl J Med 2017 Mar 29.*

A worrying increase is seen in thrombosis risk with bioresorbable coronary scaffolds compared to standard metallic stents in a large randomized controlled trial.

CARDIOLOGY

**Ranolazine Fails to Improve Angina: Further Insights from RIVER-PCI**

*Harlan M. Krumholz, MD, SM reviewing Fanaroff AC et al. J Am Coll Cardiol 2017 May 9.*

In a substudy of patients with diabetes, ranolazine failed to improve angina frequency.

GENERAL MEDICINE, CARDIOLOGY, HOSPITAL MEDICINE

**Perioperative Troponin Predicts 30-Day Mortality After Noncardiac Surgery**

*Allan S. Brett, MD reviewing Writing Committee for the VISION Study Investigators JAMA 2017 Apr 25.*

Most troponin elevations were not obviously symptomatic.

CARDIOLOGY, HOSPITAL MEDICINE

**Heart-Failure Readmissions: What Does the Hospitalization Diagnosis Mean?**

*Joel M. Gore, MD, Harlan M. Krumholz, MD, SM reviewing Carey SA et al. Am J Cardiol 2017 Apr 1.*

## Remarks

The goal of NEJM Journal Watch is to provide physicians and allied health professionals with current, clinically focused information and commentary regarding their respective practice areas and medical disciplines.

***Comparable Tools***

- Open Medicine Digest (<https://blogs.biomedcentral.com/on-medicine/tag/open-medicine-digest/>)
- Online Health Digest ( <https://onlinehealthdigest.com/>)

***Date of Access***

May 15, 2017