Bariatric Surgery for Patients With Early- vs Late-Onset T2DM

In this prospective cohort study, Aung and colleagues compared the short- and long-term outcomes of bariatric surgery with a specific focus on the rate of remission of type 2 diabetes mellitus (T2DM) in 339 patients with early-onset (age <40 years) and 299 patients with late-onset (age ≥40 years) T2DM. They found that bariatric surgery may achieve better and more long-lasting glycemic control in select patients with early-onset T2DM than in those with late-onset T2DM.

Invited Commentary 806

PACIFIC COAST SURGICAL ASSOCIATION

Cervical Spine Clearance in Intoxicated Patients With CT

Current trauma guidelines dictate that the cervical spine should not be cleared in intoxicated patients, resulting in prolonged immobilization or additional imaging. Modern computed tomography (CT) technology may obviate this and allow for immediate clearance. Bush et al conducted a prospective observational study of 1668 blunt trauma patients and found that CT scans were highly reliable for identifying all clinically significant cervical spine injuries. Spine clearance based on a normal CT scan among intoxicated patients with no gross motor deficits appears to be safe and avoids prolonged and unnecessary immobilization.

Invited Commentary 813
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Survey of Trauma Care Hospitals in Syria

To identify the number of trauma hospitals operating in Syria and to delineate their capacities, Mowafi et al conducted a nationwide survey of 94 trauma hospitals providing operative trauma care. They found that Syrian trauma hospitals operate in the Syrian civil war under severe material and human resource constraints. Attention must be paid to providing biomedical engineering support and to directing resources to currently unsupported and geographically isolated critical access surgical hospitals.

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Hospital and Payer Costs With Surgical Complications

The increased costs of complications have been borne mostly by third-party payers. However, numerous policy changes aimed at incentivizing high-quality care shift more of this burden to hospitals. Healy et al evaluate the costs associated with surgical quality and the relative financial burden on hospitals and payers. A total of 5120 episodes of surgical care for 24 surgical procedure groups were examined. They found that hospitals and third-party payers experience increased costs with surgical complications, with hospitals experiencing a reduction in profit margin.

Invited Commentary 830

Clinical Review & Education

Therapeutic Advances in Localized Pancreatic Cancer

It is estimated that pancreatic cancer will become the second leading cause of cancer-related death in the United States by 2030. In this narrative review, Tsai and Evans summarize recent advances in the management of localized pancreatic cancer, including the rationale for neoadjuvant treatment sequencing. Neoadjuvant treatment sequencing will ensure the receipt of systemic therapy by all patients and improve the discrimination between patients who will and will not benefit from surgery.

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