Dear friends of clinical journal club - load the latest file down at https://www.mdc-berlin.de/cjc. This website also gives you access to my seminar on Wednesdays 16:00 English and 17:00 German. You need to click on *Besprechung beizutreten*. If it fails to work immediately, keep on clicking.

A 56-year-old woman was evaluated for abnormal liver imaging results. She reported 2 months of fatigue and decades of intermittent epistaxis that had recently increased in frequency. Tongue, sclera, and fingers show lesions consistent with tiny vascular shunts. Laboratory testing showed a hemoglobin level of 8.9 g per deciliter (reference range, 11.0 to 15.0) with normal liver function tests. Contrast-enhanced abdominal computed tomography is shown. Which of the following is seen in the abdominal imaging? You are offered: Arterioportal shunting, Cirrhosis, Hepatic artery aneurysm, Hepatic hemangioma, and Hepatic vein thrombosis. Hint: Sir William Osler described this disease. The preferred method of renal-replacement therapy for acute kidney injury in critically ill patients remains uncertain. In a multicenter, open-label, noninferiority trial, investigators randomly assigned critically ill adults with acute kidney injury who had indications for renal-replacement therapy to undergo intermittent hemodialysis or continuous renal-replacement therapy as the initial treatment. The primary outcome was a major adverse kidney event — defined as death, dependence on renal-replacement therapy, or a serum creatinine concentration more than 25% above the baseline value — by day 90. Continuous treatment beat intermittent dialysis but not by much. In patients with syncope who present to the emergency department for evaluation, diagnosing an underlying cardiac arrhythmia remains difficult. Investigators conducted an open-label, randomized, controlled trial at 45 hospitals in the United Kingdom to assess the effects of 14-day cardiac monitoring on diagnosis, treatment, and outcomes among patients with syncope. Adults with syncope that remained unexplained after an evaluation in the emergency department were assigned to undergo 14-day ambulatory electrocardiographic (ECG) monitoring (the intervention group) or to receive the standard care. The primary outcome was the mean number of patient-reported episodes of syncope at 1 year. There was no significant difference in syncope with initial monitoring or usual care. However, I suggest that monitoring is superior nonetheless for additional reasons. Many patients with chronic obstructive pulmonary disease (COPD) have exacerbations despite receiving standard-of-care

inhaled maintenance therapy. Dysregulated interleukin-33 signaling is implicated in the pathogenesis of COPD. Tozorakimab is a monoclonal antibody that inhibits the activity of interleukin-33. Investigators enrolled adults with COPD who were current or former smokers and had a history of exacerbations in the previous year despite receiving stable standard-of-care inhaled maintenance therapy. There were no eligibility criteria related to blood eosinophil count. Patients were randomly assigned to receive add-on subcutaneous tozorakimab (300 mg) or placebo every 4 weeks for 52 weeks. The primary end point was the annualized rate of moderate or severe exacerbations that occurred over a 52-week period among former smokers. Tozorakimab reduced exacerbations without safety issues. Continuous glucose monitoring (CGM) has been shown to be beneficial in persons with type 1 diabetes and others with insulin-treated type 2 diabetes, but its role in the treatment of persons with type 2 diabetes not being treated with insulin has needed further study. In a 26-week trial conducted at 22 primary care practices in the United States, investigators randomly assigned adults with type 2 diabetes who were not using insulin to either CGM or routine care (control). The primary outcome was the glycated hemoglobin level at 26 weeks. Monitoring glucose in these patients reduced HbA1C by 1%. The N Engl J Med review is on gram-negative bacterial resistance. The mystery patient is an interactive case of a 56-year-old woman with confusion and a plasma calcium level of 18 mg/dL (double normal). In the Lancet we inspect a randomized trial of mechanical ventilation in children. Prone position and high-frequency ventilation were compared to standard care in a two-by-two factorial trial. Neither prone position nor high frequency ventilation led to more ventilator-free days. In patients with very heavy menses, endometrial ablation spares them from hysterectomy. Would a levonorgestrel-releasing intrauterine system help, compared to endometrial ablation alone? It did! In patients with colon cancer who have mismatch-repair deficiency, disease-free and overall survival is greater with neoadjuvant immunotherapy. A single-arm multicenter study from the Netherlands underscores this conclusion; 3-year disease-free and 5-year survival were 100%. Metabolic dysfunction-associated steatotic liver disease (MASLD or MASH) typically requires a multi-step diagnostic approach, while liver biopsy is the gold standard. Could a series of biomarkers help here and perhaps spare some biopsies? Multimarker panels identified patients with

severe fibrosis and cirrhosis. Lancet next presents three position papers on Men's Health. Next, Lancet reframes the "manosphere" in terms commercial ecosystems. I googled manosphere and identified J.D. Vance and Pete Hegseth as experts. Xeno-canto (meaning "strange sound") is the world's largest crowdsourced, open-access online database of wildlife sounds, focusing primarily on birds. In Science Magazine, researchers pulled audio recordings from Xeno-canto and manually annotated them into a dataset of ~70,000 bird vocal units. They compared these units against a separate repository of over 15,000 human speech and song units spanning 52 languages. They then computed spectrotemporal modulations and measured the distance of each bird species in principle component analysis (PCA) space relative to the centroid of human speech and song. The authors' data underscore the deep analogies between bird and human vocalizations and convergent motor mechanisms shaping communication. In Washington Post, we learn that Pierre Joliot has died at 92 years. His parents and his grandparents (Curies) all four won Nobel Prizes. Pierre instead was a botanist. He showed how plants split water to release hydrogen and oxygen. He discovered that oxygen release was not continuous but oscillated in a strict period-of-four cycle. He did not get a Nobel Prize but probably deserved one. Load down the file and join me again on November 4, 16:00 in English and 17:00 in German.
Sincerely, Fred Luft

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