1-30-2015

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Recommended Citation

Baumgardner DJ. Clinical guidelines: where environment meets medicine. J Patient Cent Res Rev. 2015;2:5. doi: 10.17294/2330-0698.1047

Published quarterly by Midwest-based health system Advocate Aurora Health and indexed in PubMed Central, the Journal of Patient-Centered Research and Reviews (JPCRR) is an open access, peer-reviewed medical journal focused on disseminating scholarly works devoted to improving patient-centered care practices, health outcomes, and the patient experience.

Clinical Guidelines: Where Environment Meets Medicine

Dennis J. Baumgardner, MD | Message from the Editor-in-Chief

Welcome to Volume 2 of *Journal of Patient-Centered Research and Reviews*! We greatly appreciate the industrious authors, dedicated editors and excellent reviewers who made our first year of publication a success. A listing of the latter individuals, who generously gave their time to support high-quality patient-centered reports, can be found on Page 42.

Our production team is excited to unveil a revamped journal design for 2015. In addition to improving readability, all articles now feature a Patient-Friendly Recap. A similar section incorporated within a previously published basic research paper by Oaks et al.¹ received overwhelming positive feedback.

This issue of the new and improved *JPCRR* contains original research on associations of body surface area and outcomes following percutaneous coronary intervention,² of unused cardiac device leads and future complications,³ and of antecedent weather conditions and certain outdoor exposures with occurrence of blastomycosis, a systemic pulmonary disease.⁴ We also present two summary articles on breast cancer screening modalities.^{5,6} These are accompanied by a thought-provoking editorial by breast surgeon Dr. Judy Tjoe on the present-day benefits and limitations of screening and subsequent follow-up.⁷

Now, how do these six manuscripts tie together?

Such things as weather, radon exposure, occupational hazards and environmental pollution may be classified as components of the external environment. We often have little direct control over most of these factors, but all can contribute risk to human health. On the flip side, such things as age, genetic makeup, body surface area, implanted medical devices, prior cancer and other diseases or conditions may be classified as components of the personal environment. Again, we have no or varying degrees of control over these entities.

Where do these external and personal environmental factors collide? In a multitude of diseases, from breast^{6,7} and lung cancer^{8,9} to multiple sclerosis.¹⁰ Where else?

In clinical guidelines. As pointed out by Jatala et al.,⁶ while sometimes controversial, guidelines nonetheless often combine features of external and personal environments to help us properly identify, diagnose and treat significant diseases and health risks (as the clinical pathway found on Page 40 certainly does). Clinical pathways should guide – but not substitute for – the judgment of the treating clinician. In this issue, we proudly present the discussion of two such guidelines⁵⁻⁷ as well as a pair of research articles^{2,3} that could very well inform future clinical pathways.

As for the weather? Unfortunately, we cannot do much about that.

REFERENCES

1. Oaks M, Rein N, Richards JO, Shaffer J. Autoantibodies to the NY-ESO-1 tumor antigen in metastatic melanoma: sialylation of the Fc region of immunoglobulin G induces differential expression signatures of inflammatory molecules during dendritic cell differentiation and maturation. *J Patient-Centered Res Rev.* 2014;1:171-87.
2. Shetabi K, Nfor T, Shen F, Gupta A, Bajwa T, Allaqaband S. Association between body surface area and outcomes after percutaneous coronary intervention. *J Patient-Centered Res Rev.* 2015;2:9-16.
3. Kolibash C, Mori N, Sra J, Akhtar M, Mortada ME. Lead burden as a factor for higher complication rate in patients with implantable cardiac devices. *J Patient-Centered Res Rev.* 2015;2:17-24.
4. Baumgardner DJ, Bernhard KA, Egan G. Pulmonary blastomycosis in Vilas County, Wisconsin: weather, exposures and symptoms. *J Patient-Centered Res Rev.* 2015;2:25-33.
5. Lo J. The clinical breast examination: a useful screening tool? *J Patient-Centered Res Rev.* 2015;2:34-7.
6. Jatala S, Fitzgerald S, Tietze P, Ramakrishnan K, McCarthy LH, Wickersham E. What are the recommended timing and screening modalities for women at higher risk of developing breast cancer? A Clin-IQ. *J Patient-Centered Res Rev.* 2015;2:38-42.
7. Tjoe JA. Breast cancer screening: early detection is not enough. *J Patient-Centered Res Rev.* 2015;2:6-8.
8. de Groot P, Munden RF. Lung cancer epidemiology, risk factors, and prevention. *Radiol Clin North Am.* 2012;50:863-76.
9. Dela Cruz CS, Tanoue LT, Matthay RA. Lung cancer: epidemiology, etiology, and prevention. *Clin Chest Med.* 2011;32:605-44.
10. Disanto G, Morahan JM, Ramagopalan SV. Multiple sclerosis: risk factors and their interactions. *CNS Neurol Disord Drug Targets.* 2012;11:545-55.

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