## Original Research

### Cost-Effectiveness and Budget Impact of Hepatitis C Virus Treatment With Sofosbuvir and Ledipasvir in the United States

J. Chhatwal, F. Kanwal, M.S. Roberts, and M.A. Dunn

The recent approval of sofosbuvir plus ledipasvir, the first oral combination therapy for hepatitis C virus (HCV) treatment, has enabled many patients who were unable to tolerate previous therapies to become eligible for HCV treatment. However, this therapy is very expensive. The authors evaluated the cost-effectiveness and budget impact of sofosbuvir-ledipasvir. They concluded that the treatment is cost-effective in most patients with HCV, but additional resources and value-based patient prioritization will be needed to manage such patients.

### Cost-Effectiveness of Novel Regimens for the Treatment of Hepatitis C Virus


Treating HCV with newer regimens seems efficacious but expensive. The authors analyzed the cost-effectiveness of standard regimens versus newer regimens containing sofosbuvir for each HCV genotype and found that newer regimens were cost-effective for genotype 1 and probably genotype 3 but not genotype 2. Reducing the prices of newer HCV drugs may not only be cost-effective but may also reduce the cost of HCV treatment over time.

### Effect of a Culture-Based Screening Algorithm on Tuberculosis Incidence in Immigrants and Refugees Bound for the United States. A Population-Based Cross-sectional Study

Y. Liu, D.L. Posey, M.S. Cetron, and J.A. Painter

Tuberculosis (TB) screening of immigrants and refugees bound for the United States has been based on a smear-based screening algorithm. This cross-sectional study evaluated the effect of a culture-based algorithm, introduced in 2007, on preventing importation of TB to the United States. The culture-based algorithm increased the number of TB cases detected in immigrants and refugees. The authors conclude that screening strategies should be expanded to reduce the number of new TB cases in the United States.

## Review

### Cervical Spine Clearance in Obtunded Patients After Blunt Traumatic Injury. A Systematic Review


Protocols for cervical spine clearance are controversial for unconscious patients after blunt traumatic injury and negative computed tomography findings. The potential emotional, psychological, and social burdens faced by these patients can lead physicians to prolong collar use as a defensive measure rather than one based on medical necessity. This systematic review found that cervical spine clearance in obtunded adults after blunt traumatic injury with negative computed tomography results is probably safe and efficient.

## Clinical Guideline

### Cardiac Screening With Electrocardiography, Stress Echocardiography, or Myocardial Perfusion Imaging: Advice for High-Value Care From the American College of Physicians

R. Chou, for the High Value Care Task Force of the American College of Physicians

In this article, the High Value Care Task Force of the American College of Physicians recommends against the use of resting or stress electrocardiography, stress echocardiography, or stress myocardial perfusion imaging to screen for cardiac disease in asymptomatic, low-risk adults. The Task Force recommends that clinicians instead focus on strategies for mitigating cardiovascular risk by treating modifiable risk factors and encouraging healthy levels of exercise.

### Summary for Patients

CME quiz available at www.annals.org

### Ideas and Opinions

### Acute Myocardial Infarction: What’s in a Name?

G.R. Shroff

Type 2 myocardial infarction, defined as infarction occurring in the absence of acute coronary syndromes from an imbalance between myocardial oxygen supply and demand, is evolving into a distinct clinical entity but lacks a separate diagnostic code. This commentary discusses the clinical, epidemiologic, and economic ramifications from the lack of a diagnostic code for type 2 myocardial infarction.

Continued on page I-12
The Past and Future Office of the Surgeon General 450
D. Satcher
Some argue that changes in the U.S. Department of Health and Human Services and the U.S. Public Health Service have diminished the power of the U.S. Surgeon General over the years. In this commentary, former Surgeon General David Satcher contends that the Office of the Surgeon General has actually gained credibility and influence with the American people as the reporting structure has evolved.

Editorials
Celebrating the ACP Centennial: From the Annals Archive 452
D. Cotton
Tuberculosis is the topic of this issue’s discussion from the Annals archives.

On Being a Doctor
White Flag 453
K. Hirni and B. Carter
The monitor beeped on in the otherwise silent room. Eventually, I cleared my throat, mindful of my agenda. “Grandma, have you thought about what you want to do if you are dying?”

Letters
Comments and Responses
Diagnosis of Obstructive Sleep Apnea in Adults 455
Informed Decision Making About Prostate Cancer Screening 457
Treatment of Hepatitis C Virus Infection 458

Low-Dose Computed Tomography Screening for Lung Cancer 459
Three Nonnucleoside Reverse Transcriptase Inhibitor-Sparing Antiretroviral Regimens for Treatment-Naive Volunteers Infected With HIV-1 460
Observation
Mercury Poisoning Presenting as Sporadic Creutzfeldt-Jakob Disease: A Case Report 462
Corrections 463

Ad Libitum
Revenant 428
B. Chandra
Boxing Up the Office 464
B. Butka

ACP Journal Club
The Best New Evidence for Patient Care

Web-Only Features
The Consult Guys: Anticoagulation? Antiplatelet? What’s the Score?
Continuing Medical Education 1-20
CME Bulletin Board 1-21
Classified Services Begin on 1-34
Subscription and Business Information 1-42

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