

## IN BRIEF

## PEDIATRICS

Young adults with diabetes mellitus ( $\geq 5$  years since diagnosis) are at an increased risk of diabetes-related hospitalizations during the transition to adult health care, unless physician continuity is assured, according to a retrospective cohort study of 1,507 young adults with diabetes mellitus published in *Pediatrics*. Rates of diabetes-related hospitalizations after transition to adult care were reduced by 23% for individuals who were seen by the same physician compared with patients who were transferred to a new physician. Rates of retinopathy screening, however, did not differ after the transition to adult care (72% before versus 70% after transition), but were below guideline recommendations.

**Original article** Nakhla, M. *et al.* Transition to adult care for youths with diabetes mellitus: findings from a Universal Health Care System. *Pediatrics* **124**, e1134–e1141 (2009)

## NUTRITION

Low levels of 25-hydroxyvitamin D are associated with the development of end-stage renal disease and could account, in part, for the increased risk of this condition in black individuals, say US researchers. Data from the Third National Health and Nutrition Examination Survey revealed that study participants with 25-hydroxyvitamin D levels  $< 37$  nmol/l had a 2.6-fold higher incidence of end-stage renal disease than did those with 25-hydroxyvitamin D levels  $\geq 37$  nmol/l, after adjustment for variables, such as demographic, socioeconomic and clinical and laboratory factors (for example, diabetes mellitus, hypertension, albuminuria). Non-Hispanic black individuals had a 2.83-fold higher adjusted risk for the development of end-stage renal disease compared with non-Hispanic white individuals.

**Original article** Melamed, M. L. *et al.* 25-Hydroxyvitamin D levels, race, and the progression of kidney disease. *J. Am. Soc. Nephrol.* **20**, 2631–2639 (2009)

## CANCER

Current protocols to estimate the radiation dose absorbed by blood after radioiodine administration in patients with differentiated thyroid carcinomas require intensive blood dosimetry over several days. A German research group has developed a novel method to estimate whole-body radioiodine retention from a single external measurement. The blood dose is calculated under the assumption of an exponential decay of whole-body activity. The investigators assessed the accuracy and applicability of their method in 18 pretherapeutic tracer studies and 11 ablation therapies, with measurements of whole-body and blood retention over a minimum of 4 days.

**Original article** Hänscheid, H. *et al.* Blood dosimetry from a single measurement of the whole body radioiodine retention in patients with differentiated thyroid carcinoma. *Endocr. Relat. Cancer* **16**, 1283–1289 (2009)