
If one enters the words “outcome” or “medical outcome” in a Medline search, the entries for each will number at least 44,406 for the former and 13,821 for the latter. With this volume of literature, there is an obvious need for guidance of the laboratory community for the study of outcomes.

When first encountering this title, I anticipated a range of discussions focused on practical examples of the best and the worst of laboratory tests in relation to critical outcomes. The book, it turns out, is quite different from my preconceived notions. For that I am grateful and broadened. I found it illuminating and a valuable review of many concepts basic to the field of laboratory medicine. We benefit from periodically and systematically revisiting the subjects included in this review, including epidemiology, and concepts relevant to health economics included in the excellent, although brief chapter on health services. Many professional laboratorians would be well advised to use this short and readable manual to refresh the tattered edges of their knowledge about these important aspects of laboratory medicine. As such I commend it, certainly for those wishing to actually perform outcomes research, or for the considerably larger group who need to increase their understanding of outcomes research while enhancing their current familiarity with the many tools discussed in the treatise.

There are three sections of the book. Section one covers the history, economics, and introductory concepts of the Outcomes Movement. There is an appropriate introduction by the editor of the book that defines laboratory-related outcomes and describes the evolution of interest in this venture. There follows a perspective from the health-services discipline, identified as an “. . . interdisciplinary field that addresses access, organization, financing, quality, cost, and outcomes of care”. The CDC perspective is well written, recounting past laboratory-related outcomes research. This chapter informs the reader with regard to the effort to assess the contribution of quality laboratory testing. It also highlights the difficulty of obtaining funding to do laboratory outcomes research.

Section two is devoted to five chapters covering bodies of knowledge that impact the performance of, or appreciation for, outcomes research. These chapters provide an excellent review of each topic for any reader. The topics covered are epidemiology, use of surveys to collect data, construction of databases, data mining, and statistical concepts, all as they relate to outcomes research. These topics explain my statement that we can all benefit from the disciplined review provided by this manual. The information, although relevant to the title of the book, is also essential to most of what we do.

The third section, entitled “Practical Applications”, includes chapters covering laboratory screening, monitoring of patient outcomes after laboratory testing, and outcomes management in anatomic pathology. The review of laboratory screening was not novel, reflecting other conventional chapters on laboratory utilization. Rather than informing readers with detailed emphasis on examples such as the long-term benefit of reduced diabetic complications attributable to tighter glycemic control enabled by monitoring of glycohemoglobin, the effectiveness of human chorionic gonadotropin monitoring of treated choriocarcinoma, or the effective use of screening for neuroblastoma, the chapter belabored old literature regarding indiscriminate outpatient chemistry profile screening and mindless preoperative testing.

In support of the contents, there are useful principles laid down for future studies. The chapter on monitoring of patient outcomes principally discussed work resulting from data mining of third-party insurance records. Although informative in identifying valuable strengths and limitations of this approach, it is not translatable to the realm of the average laboratorian as a method for exploring and exploiting the concepts of outcomes research. The final chapter, dealing with surgical pathology, reminds us of the long-standing close relationship of a biopsy or pap smear to an immediate outcome of major significance and the many studies of interobserver variability that are being pursued.

In conclusion, I endorse this offering to any reader’s library. All will benefit from a thorough acquaintance with this work, while we await the next volume that I hope will include a host of individual and concrete studies of specific applications of laboratory testing. These should be integrated in the light of evidence-based medicine.

Joseph H. Keffer

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Erratum
The September 2000 letter by S. Neemeshkanna, O. Landt, H.F. Merk, and B. Blömeke, entitled “Fluorogenic Probes to Detect the A_{-444}C Transversion in the Leukotriene C4 Synthase Promoter” (Clin Chem 2000;46:1438–9), contained errors in the labeling of the LightCycler probes. The correct labeling is as follows: The detection probe was 5’-LC Red 640-ACCTTATCTGTTCCCTGTCCCCAT-3’, with the 3’ end phosphorylated to block extension. The anchor probe, 5’-CCAGGCTCCGGCTAACTCCTCC-3’, was labeled with fluorescein at the 3’ end. The authors apologize for this and for any inconveniences this may have caused.

Correction
In the article by J.M. Davenport and B. Schlain entitled “Testing Claimed Minimal Detectable Concentrations of in Vitro Medical Diagnostic Devices” (Clin Chem 2000;46:1669–80), the address for Appendix 3, which contains additional data that do not appear in the print version of the article, is incorrect. The address should read www.clinchem.org/content/vol46/issue10. The error occurred in production. We apologize for any confusion this may have caused.