

ACTA MEDICINAE 1/2014 Biologická léčba

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Nové monoklonální protilátky v nenádorových indikacích

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- 1 Baeten, D. – Baraliakos, X. – Braun, J., et al.: Anti-interleukin-17A monoclonal antibody secukinumab in treatment of ankylosing spondylitis: a randomised, double-blind, placebo-controlled trial. *Lancet*, 2013, 382, s. 1705–1713.
- 2 Erickson, H. K. – Lambert, J. M.: ADME of antibody – maytansinoid conjugates. *AAPS Journal*, 2012, 14, s. 799–805.
- 3 Farnier, M.: PCSK9: from discovery to therapeutic applications. *Arch Cardiovasc Dis*, 2013, doi: 10.1016/j.acvd.2013.10.007.
- 4 Genovese, M. C. – Durez, P. – Richards, H. B.: Efficacy and safety of secukinumab in patients with rheumatoid arthritis: a phase II, dose-finding, double-blind, randomised, placebo controlled study. *Ann Rheum Dis*, 2013, 72, s. 863–869.
- 5 Hueber, W. – Sands, B. E. – Lewitzky, S., et al.: Secukinumab, a human anti-IL-17A monoclonal antibody, for moderate to severe Crohn's disease: unexpected results of a randomised, double-blind placebo-controlled trial. *Gut*, 2012, 61, s. 1693–1700.
- 6 Kappos, L. – Li, D. – Calabresi, P. A., et al.: Ocrelizumab in relapsing-remitting multiple sclerosis: a phase 2, randomised, placebo-controlled, multicentre trial. *Lancet*, 2011, 378, s. 1779–1787.
- 7 Koren, M. J. – Giugliano, R. P. – Raal, F. J., et al.: Efficacy and safety of longer-term administration of evolocumab (AMG 145) in patients with hypercholesterolemia: 52-weeks results from the open-label study of long-term evaluation against LDL-C (OSLER) randomized trial. *Circulation*, 2013, ePub před tiskem.
- 8 Leonardi, C. – Matheson, R. – Zachariae, C., et al.: Anti-interleukin-17 monoclonal antibody ixekizumab in chronic plaque psoriasis. *N Engl J Med*, 2012, 366, s. 1190–1199.
- 9 May, C. – Sapra, P. – Gerber, H.-P., et al.: Advances in bispecific biotherapeutics for the treatment of cancer. *Biochemical Pharmacology*, 2012, 84, s. 1105–1112.
- 10 McClung, M. R. – Grauer, A. – Boonen, S., et al.: Romosozumab in postmenopausal women with low bone mineral density. *N Engl J Med*, 2014, doi: 10.1056/NEJMoa1305224.
- 11 Mysler, E. F. – Spindler, A. J. – Aranow, R., et al.: Efficacy and safety of ocrelizumab in active proliferative lupus nephritis: results from a randomized, double-blind, phase III study. *Arthritis Rheum*, 2013, 65, s. 2368–2379.
- 12 Nelson, A. L. – Dhimolea, E. – Reichert, J. M.: Development trends for human monoclonal antibody therapeutics. *Nat Rev Drug Discovery*, 2010, 9, s. 767–774.
- 13 Papp, K. A. – Langley, R. G. – Sigurgeirsson, B., et al.: Efficacy and safety of secukinumab in the treatment of moderate-to-severe plaque psoriasis: a randomized, double-blind, placebo-controlled phase II dose-ranging study. *Br J Dermatol*, 2013, 168, s. 412–421.
- 14 Pavord, I. D. – Korn, S. – Howarth, P., et al.: Mepolizumab for severe eosinophilic asthma (DREAM): a multicentre, double-blind, placebo-controlled trial. *Lancet*, 2012, 380, s. 651–659.
- 15 Reichert, J. M.: Which are the antibodies to watch in 2013? *mAbs*, 2013, 5, s. 1–4.
- 16 Reichert, J. M.: Antibodies to watch in 2013. Mid-year update. *mAbs*, 2013, 5, s. 513–517.
- 17 Reichert, J. M.: Antibodies to watch in 2014. *mAbs*, 2013, 6, s. 1–10.
- 18 Rich, P. – Sigurgeirsson, B. – Thaci, D., et al.: Secukinumab induction and maintenance therapy in moderate-to-severe plaque psoriasis: a randomized, double-blind, placebo-controlled, phase II regimen-finding study. *Br J Dermatol*, 2013, 168, s. 402–411.
- 19 Shimamoto, G. – Gegg, C. – Quéva, C.: Peptibodies. A flexible alternative format to antibodies. *mAbs*, 2012, 4, s. 586–591.
- 20 Goede, V. – Fischer, K. – Busch, R., et al.: Obinutuzumab plus chlorambucil in patients with CLL and coexisting conditions. *N Engl J Med*, 8. 1. 2014, publikováno před tiskem.

Biologická léčba systémového lupus erythematoses

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- 1 Závada, J.: Léčba systémového lupus erythematoses. *Postgr Med. Revmatologie*, 2009, 9, dostupné online z: <http://zdravi.e15.cz/clanek/postgradualni-medicina/lecba-systemoveho-lupus-erythematoses-447988>, vyhledáno 18. 11. 2013.
- 2 Tesar, V. – Hruskova, Z.: Treatment of proliferative lupus nephritis: a slowly changing landscape. *Nat Rev Nephrol*, 2011, 7, s. 96–109.
- 3 Wallace, D. J. – Stohl, W. – Furie, R. A., et al.: A phase II, randomized, double-blind, placebo-controlled, doseranging study of belimumab in patients with active systemic lupus erythematosus. *Arthritis Rheum*, 2009, 61, s. 1168–1178.
- 4 Navarra, S. V. – Guzmán, R. M. – Gallacher, A. E., et al.: BLISS-52 Study Group. Efficacy and safety of belimumab in patients with active systemic lupus erythematosus: a randomised, placebo-controlled, phase 3 trial. *Lancet*, 2011, 377, s. 721–731.
- 5 Furie, R. – Petri, M. – Zamani, O., et al.: BLISS-76 Study Group. A phase III, randomized, placebo-controlled study of belimumab, a monoclonal antibody that inhibits B lymphocyte stimulator, in patients with systemic lupus erythematosus. *Arthritis Rheum*, 2011, 63, s. 3918–3930.
- 6 Wallace, D. J. – Navarra, S. – Petri, M. A., et al.: BLISS-52 and -76, and LBSL02 Study Groups. Safety profile of belimumab: pooled data from placebo-controlled phase 2 and 3 studies in patients with systemic lupus erythematosus. *Lupus*, 2013, 22, s. 144–154.
- 7 Dooley, M. A. – Houssiau, F. – Aranow, C., et al.: BLISS-52 and -76 Study Groups. Effect of belimumab treatment on renal outcomes: results from the phase 3 belimumab clinical trials in patients with SLE. *Lupus*, 2013, 22, s. 63–72.
- 8 Duxbury, B. – Combescur, C. – Chizzolini, C.: Rituximab in systemic lupus erythematosus: an updated systematic review and meta-analysis. *Lupus*, 2013, 22, s. 1489–1503.
- 9 Weidenbusch, M. – Römmele, C. – Schröttle, A. – Anders, H. J.: Beyond the LUNAR trial. Efficacy of rituximab in refractory lupus nephritis. *Nephrol Dial Transplant*, 2013, 28, s. 106–111.
- 10 Merrill, J. T. – Neuwelt, C. M. – Wallace, D. J., et al.: Efficacy and safety of rituximab in moderately-to-severely active systemic lupus erythematosus: the randomized, double-blind, phase II/III systemic lupus erythematosus evaluation of rituximab trial. *Arthritis Rheum*, 2010, 62, s. 222–233.
- 11 Rovin, B. H. – Furie, R. – Latinis, K., et al.: Efficacy and safety of rituximab in patients with active proliferative lupus nephritis: the Lupus Nephritis Assessment with Rituximab study. *Arthritis Rheum*, 2012, 64, s. 1215–1226.

Nové možnosti léčby maligního melanomu

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- 1 Carvajal, R. D., et al.: KIT as a target in metastatic melanoma. *JAMA*, 2011, 305, s. 2327–2334.
- 2 Chapman, P. B. – Hauschild, A. – Robert, C. – Haanen, J. B., et al.: Improved survival with vemurafenib in melanoma with BRAF V600E mutation. *N Engl J Med*, 2011, 364, s. 2507–2516.
- 3 Guo, J., et al.: Phase II, open-label, single-arm trial of imatinib mesylate in patients with metastatic melanoma harboring c-Kit mutation or amplification. *J Clin Oncol*, 2011, 29, s. 2904–2909.
- 4 Heneberg, P.: Pokroky v klinické léčbě zhoubného melanomu: inhibice kinázy B-RAF. *Klin Onkol*, 2011, 24, s. 256–264.
- 5 National Cancer Institute: <http://www.cancer.gov/cancertopics/types/melanoma>, vyhledáno 9. 12. 2013.
- 6 Pflugfelder, A., et al.: Malignant Melanoma S3-Guideline "Diagnosis, Therapy and Follow-up of Melanoma". *JDDG*, 2013, 11 (dopl. 6), s. 1–116.
- 7 Wolchok, J. D., et al.: Nivolumab plus ipilimumab in advanced melanoma. *N Engl J Med*, 2013, 369, s. 122–133.

Biologická léčba ANCA-asociované vaskulitidy

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- Jennette, J. C. – Falk, R. J. – Bacon, P. A., et al.: 2012 Revised international Chapel Hill Consensus Conference nomenclature of vasculitides. *Arthritis & Rheum*, 2013, 65, s. 1–11.
- Mukhtyar, C. – Guillevin, L. – Cid, M. C., et al.: EULAR Recommendations for the management of primary small and medium vessel vasculitis. *Ann Rheum Dis*, 2009, 68, s. 310–317.
- Keogh, K. A. – Ytterberg, S. R. – Fervenza, F. C. – Carlson, K. A. – Schroeder, D. R. – Specme, U.: Rituximab for refractory Wegener's granulomatosis: report of a prospective, open-label pilot trial. *Am J Respir Crit Care Med*, 2006, 173, s. 180–187.
- Stasi, R. – Stipa, E. – Del Poeta, G. – Amadori, S. – Newland, A. C. – Provan, D.: Long-term observation of patients with anti-neutrophil cytoplasmic antibody-associated vasculitis treated with rituximab. *Rheumatology*, 2006, 45, s. 1432–1436.
- Aries, P. M. – Hellmich, B. – Voswinkel, J., et al.: Lack of efficacy of rituximab in Wegener's granulomatosis with refractory granulomatous manifestations. *Ann Rheum Dis*, 2006, 65, s. 853–858.
- Alberici, F. – Jayne, D. R.: Impact of rituximab trials on the treatment of ANCA-associated vasculitis. *Nephrol Dial Transplant*, 2013, 14. října – Epub před tiskem.
- Jones, R. B. – Ferrari, A. J. – Chaudhry, A. N.: A multicenter survey of rituximab therapy for refractory antineutrophil cytoplasmic antibody-associated vasculitis. *Arthritis Rheum*, 2009, 60, s. 2156–2168.
- Jones, R. B. – Tervaert, J. W. – Hauser, T., et al.: Rituximab versus cyclophosphamide in ANCA-associated renal vasculitis. *N Engl J Med*, 2010, 363, s. 211–220.
- Stone, J. H. – Merkem, P. A. – Spirea, R., et al.: Rituximab versus cyclophosphamide for ANCA-associated vasculitis. *N Engl J Med*, 2010, 363, s. 221–232.
- Cartin-Ceba, R. – Golbin, J. M. – Keogh, K. A., et al.: Rituximab for remission induction and maintenance in refractory granulomatosis with polyangiitis (Wegener's): ten year experience at a single center. *Arthritis Rheum*, 2012, 64, s. 3770–3778.
- Smith, R. M. – Jones, R. B. – Guerry, M. J., et al.: Rituximab for remission maintenance in relapsing antineutrophil cytoplasmic antibody-associated vasculitis. *Arthritis Rheum*, 2012, 64, s. 3760–3769.
- Guillevin, L. – Pagnoux, C., et al.: FVSG. MAINTenance of remission using RITuximab for Systemic ANCA-associated vasculitides (abstrakt A 66). ANCA Workshop 2013, Paříž, Francie.
- Jayne, D.: What place for the new biologics in the treatment of necrotising vasculitides. *Clin Exp Rheumatol*, 2006, 24 (dopl. 41), s. 1–5.
- Booth, A. – Harper, L. – Hammad, T., et al.: Prospective study of TNFalpha blockade with infliximab in anti-neutrophil cytoplasmic antibody-associated systemic vasculitis. *J Am Soc Nephrol*, 2004, 15, s. 717–721.
- Stone, J. H. – Uhlfelder, M. L. – Hellmann, D. B. – Crook, S. – Bedocs, N. M. – Hoffman, G. S.: Etanercept combined with conventional treatment in Wegener's granulomatosis: a six-month open-label trial to evaluate safety. *Arthritis Rheum*, 2001, 44, s. 1149–1154.
- Wegener's Granulomatosis Etanercept Trial (WGET) Research Group: Etanercept plus standard therapy for Wegener's granulomatosis. *N Engl J Med*, 2005, 352, s. 351–361.
- Stone, J. H. – Holbrook, J. T. – Marriott, M. A., et al.; Wegener's Granulomatosis Etanercept Trial Research Group: Solid malignancies among patients in the Wegener's Granulomatosis Etanercept Trial. *Arthritis Rheum*, 2006, 54, s. 1608–1618.
- Walsh, M. – Chaudhry, A. – Jayne, D. R.: Long-term follow-up of relapsing/refractory ANCA associated vasculitis treated with the lymphocyte depleting antibody alemtuzumab (CAMPATH-1H). *Ann Rheum Dis*, 2008, 67, s. 1322–1327.

Novinky a současné možnosti biologické léčby metastatického kolorektálního karcinomu

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- Primrose, J. N. – Falk, S. – Jones, M. J., et al.: A randomized clinical trial of chemotherapy compared to chemotherapy in combination with cetuximab in k-RAS wild-type patients with operable metastases from colorectal cancer: The new EPOC study. *s. I. J Clin Oncol*, 2013, 31 (dopl.; abstrakt 3504).
- Nordlinger, B. – Sorbye, H. – Glimelius, B.: Perioperative chemotherapy with FOLFOX4 and surgery versus surgery alone for resectable liver metastases from colorectal cancer (EORTC Intergroup trial 40983): a randomised controlled trial. *Lancet*, 2008, 371, s. 1007–1016.
- Nordlinger, B. – Sorbye, H. – Glimelius, B., et al.: Perioperative FOLFOX4 chemotherapy and surgery versus surgery alone for resectable liver metastases from colorectal cancer (EORTC 40983): long-term results of a randomised, controlled, phase 3 trial. *Lancet Oncology*, 2013, s. 1208–1215.
- Heinemann, V. – Fischer, L. F. – Decker, T., et al.: Randomized comparison of FOLFIRI plus cetuximab versus FOLFIRI plus bevacizumab as first-line treatment of KRAS wild-type metastatic colorectal cancer: German AIO study KRK-0306 (FIRE-3). *J Clin Oncol*, 2013, 31 (dopl.; abstrakt LBA3506).
- Stintzing, S. – Jung, A. – Rossius, L., et al.: Analýza mutací KRAS/NRAS a BRAF ve studii FIRE-3: Randomizovaná studie fáze III hodnotící kombinovanou biochemoterapii FOLFIRI plus cetuximab oproti FOLFIRI plus bevacizumab u pacientů s metastazujícím kolorektálním karcinomem (mCRC) s divokým typem (WT). *ESMO*, 2013, abstrakt LBA17.
- Schwartzberg, L. S., et al.: Phase III PEAK Trial: First-line mFOLFOX6 + Panitumumab or Bevacizumab in mCRC. *ASCO GI*, 2013, abstrakt 446.
- Oliner, K. S. – Douillard, J. Y. – Siena, S., et al.: Analysis of KRAS/NRAS and BRAF mutations in the phase III PRIME study of panitumumab (pmab) plus FOLFOX versus FOLFOX as first-line treatment for metastatic colorectal cancer (mCRC). *ASCO*, 2013, abstrakt 3511.
- Falcone, A. – Cremolini, Ch. – Masi, G., et al.: FOLFOXIRI/bevacizumab (bev) versus FOLFIRI/bev as first-line treatment in unresectable metastatic colorectal cancer (mCRC) patients (pts): Results of the phase III TRIBE trial by GONO group. *J Clin Oncol*, 2013, 31 (dopl.; abstrakt 3505).
- Saunders, M. P. – Lang, I. – Marcuello, E., et al.: Efficacy and safety according to age subgroups in AVEA, a randomized phase III trial of bevacizumab in combination with capecitabine for the first-line treatment of elderly patients with metastatic colorectal cancer. *J Clin Oncol*, 2013, 31 (dopl.; abstrakt 3521).
- Koopman, M. – Simkens, L. H. J. – Albert, J., et al.: Maintenance treatment with capecitabine and bevacizumab versus observation after induction treatment with chemotherapy and bevacizumab in metastatic colorectal cancer (mCRC): The phase III CAIRO3 study of the Dutch Colorectal Cancer Group (DCCG). *J Clin Oncol*, 2013, 31 (dopl.; abstrakt 3502).
- Koeberle, D. – Betticher, D. C. – Moos, R., et al.: Bevacizumab continuation versus no continuation after first-line chemo-bevacizumab therapy in patients with metastatic colorectal cancer: A randomized phase III noninferiority trial (SAKK 41/06). *J Clin Oncol*, 2013, 31 (dopl.; abstrakt 3503).
- Van Cutsem, E. – Tabernero, J. – Lakomy, R., et al.: Addition of aflibercept to fluorouracil, leucovorin, and irinotecan improves survival in a phase III randomized trial in patients with metastatic colorectal cancer previously treated with an oxaliplatin-based regimen. *J Clin Oncol*, 2012, 30, s. 3499–3506.
- Grothey, A. – Van Cutsem, E. – Sobrero, A., et al.: Regorafenib monotherapy for previously treated metastatic colorectal cancer (CORRECT): an international, multicentre, randomised, placebo-controlled, phase 3 trial. *Lancet*, 2013, 381, s. 303–312.
- Cunningham, D. – Wong, R. P. – D'haens, G., et al.: A phase II, double-blind, randomized multicenter study of cediranib with FOLFOX versus bevacizumab with FOLFOX in patients with previously treated metastatic colorectal cancer (mCRC): final PFS results. *J Clin Oncol*, 2008, abstrakt 4025.
- Hoff, P. M. – Hochhaus, A. – Pestalozzi, B. C., et al.: Cediranib plus FOLFOX/CAPOX versus placebo plus FOLFOX/CAPOX in patients with previously untreated metastatic colorectal cancer: a randomized, double-blind, phase III study (HORIZON II). *J Clin Oncol*, 2012, 30, s. 3596–3603.
- Schmolli, H. J. – Cunningham, D. – Sobrero, A., et al.: Cediranib with mFOLFOX6 versus bevacizumab with mFOLFOX6 as first-line treatment for patients with advanced colorectal cancer: a double-blind, randomized phase III study (HORIZON III). *J Clin Oncol*, 2012, 30, s. 3588–3595.

Vismodegib v léčbě pokročilého bazocelulárního karcinomu

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- SPC přípravku Erivedge (vismodegib). *Cancer*, 2008, 8, s. 743–754.
- Epstein, E. H.: Basal cell carcinomas: attack of the hedgehog. *Nat Rev*
- Sekulic, A., et al.: *J Clin Oncol*, 2013, 31 (dopl.), abstrakt 9037.

Biologická léčba karcinomu prsu a novinky v roce 2013

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- 1 ÚZIS: *Novotvary 2010 ČR*. Dostupné z: www.svod.cz, vyhledáno 6. 1. 2014.
- 2 Kaufmann, M. – Jonat, W. – Hilfrich, J., et al.: Improved overall survival in postmenopausal women with early breast cancer after anastrozole initiated after treatment with tamoxifen compared with continued tamoxifen: the ARNO 95 Study. *J Clin Oncol*, 2007, 25, s. 2664–2670.
- 3 Gibson, L. – Lawrence, D. – Dawson, C., et al.: Aromatase inhibitors for treatment of advanced breast cancer in postmenopausal women. *Cochrane Database Syst Rev*, 2009.
- 4 Baselga, J. – Campone, M. – Piccart, M., et al.: Everolimus in postmenopausal hormone-receptor-positive advanced breast cancer. *N Engl J Med*, 2012, 366, s. 520–529.
- 5 Slamon, D. J. – Clark, G. M. – Wong, S. G., et al.: Human breast cancer: correlation of relapse and survival with amplification of the HER-2/neu oncogene. *Science*, 1987, 235, s. 177–182.
- 6 Goldhirsch, A. – Winer, E. P. – Coates, A. S., et al.: Personalizing the treatment of women with early breast cancer: highlights of the St Gallen International Expert Consensus on the Primary Therapy of Early Breast Cancer 2013. *Ann Oncol*, 2013, 24, s. 2206–2218.
- 7 Slamon, D. J. – Leyland-Jones, B. – Shak, S., et al.: Use of chemotherapy plus a monoclonal antibody against HER2 for metastatic breast cancer that overexpresses HER2. *N Engl J Med*, 2001, 344, s. 783–792.
- 8 Kaufman, B. – Mackey, J. R. – Clemens, M. R., et al.: Trastuzumab plus anastrozole versus anastrozole alone for the treatment of postmenopausal women with human epidermal growth factor receptor 2-positive, hormone receptor-positive metastatic breast cancer: result from the randomized phase III TAndEM study. *J Clin Oncol*, 2009, 27, s. 5529–5537.
- 9 Piccart-Gebhart, M. – Procter, M. – Leyland-Jones, B., et al.: Trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer. *N Engl J Med*, 2005, 353, s. 1659–1672.
- 10 Romond, E. H. – Perez, E. A. – Bryant, J., et al.: Trastuzumab plus adjuvant chemotherapy for operable HER2-positive breast cancer. *N Engl J Med*, 2005, 353, s. 1673–1684.
- 11 Perez, E. A., et al.: Four-year follow-up of trastuzumab plus adjuvant chemotherapy for operable human epidermal growth factor receptor-2-positive breast cancer: joint analysis of data from NCCTG N9831 and NSABP B-31. *J Clin Oncol*, 2011, 29, s. 3366–3373.
- 12 Slamon, D. J. – Eirmann, W. – Robert, N., et al.: Adjuvant trastuzumab in HER2-positive breast cancer. *N Engl J Med*, 2011, 365, s. 1273–1283.
- 13 Perez, E. A. – Suman, V. J. – Davidson, N. E., et al.: Sequential versus concurrent trastuzumab in adjuvant chemotherapy for breast cancer. *J Clin Oncol*, 2011, 34, s. 4491–4497.
- 14 Buzdar, A. U. – Ibrahim, N. K. – Francis, D., et al.: Significantly higher pathologic complete remission rate after neoadjuvant therapy with trastuzumab, paclitaxel, and epirubicin chemotherapy: results of a randomized trial in human epidermal growth factor receptor 2-positive operable breast cancer. *J Clin Oncol*, 2005, 23, s. 3676–3685.
- 15 Gianni, L. – Eiermann, W. – Semiglazov, V., et al.: Neoadjuvant chemotherapy with trastuzumab followed by adjuvant trastuzumab versus neoadjuvant chemotherapy alone, in patients with HER2-positive locally advanced breast cancer (the NOAH trial): a randomised controlled superiority trial with a parallel HER2-negative cohort. *Lancet*, 2010, 375, s. 377–384.
- 16 Untch, M. – Rezaei, M. – Loibl, S., et al.: Neoadjuvant treatment with trastuzumab in HER2-positive breast cancer: Results from the GeParQuattro study. *J Clin Oncol*, 2010, 28, s. 2024–2031.
- 17 Geyer, C. E. – Forster, J., et al.: Lapatinib plus capecitabine for HER2-positive advanced breast cancer. *N Engl J Med*, 2006, 355, s. 2733–2743.
- 18 Sherril, B., et al.: Quality of life in hormone receptor-positive HER2+ metastatic breast cancer patients during treatment with letrozole alone or in combination with lapatinib. *The Oncologist*, 2010, 15, s. 944–953.
- 19 Baselga, J. – Bradbury, I. – Eidtmann, H., et al.: Lapatinib with trastuzumab for HER2-positive early breast cancer (NeoALTTO): a randomised, open-label, multicentre, phase 3 trial. *Lancet*, 2012, 379, s. 633–640.
- 20 Miller, K. – Wang, M. – Gralow, J., et al.: Paclitaxel plus bevacizumab versus paclitaxel alone for metastatic breast cancer. *N Engl J Med*, 2007, 357, s. 2666–2676.
- 21 Ismael, G. – Hegg, R. – Muehlbauer, S., et al.: Subcutaneous versus intravenous administration of (neo)adjuvant trastuzumab in patients with HER2-positive, clinical stage I-III breast cancer (HannaH study): a phase 3, open-label, multicentre, randomised trial. *Lancet*, 2012, 13, s. 869–878.
- 22 Baselga, J. – Cortes, J. – Kim, S. B., et al.: Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *N Engl J Med*, 2012, 366, s. 109–119.
- 23 Verma, S. – Miles, D. – Gianni, L., et al.: Trastuzumab emtansine for HER2-positive advanced breast cancer. *N Engl J Med*, 2012, 367, s. 1783–1791.

Nové možnosti v medikamentózní léčbě idiopatických střevních zánětů

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- 1 Bortlík, M. – Ďuricová, D. – Kohout, P., et al.: Doporučení pro podávání biologické terapie u idiopatických střevních zánětů. *Gastroent Hepatol*, 2012, 66, s. 12–22.
- 2 Dignass, A. – Lindsay, J. O. – Sturm, A., et al.: Second european evidence-based consensus on the diagnosis and management of ulcerative colitis Part 2: Current management. *J Crohn Colitis*, 2012, 6, s. 991–1030.
- 3 Conses, J. – Bourreier, A. – Laharie, D., et al.: Early administration of azathioprine vs conventional management of Crohn's disease: A randomized controlled trial. *Gastroenterology*, 2013, 145, s. 758–765.
- 4 Panes, J. – Lopéz-San Román, A. – Bermejo, F., et al.: Early azathioprine is not more effective than placebo for newly diagnosed Crohn's disease. *Gastroenterology*, 2013, 145, s. 775–781.
- 5 Sandborn, W. – Feagan, B. G. – Marano, C. W., et al.: A phase 2/3 randomized, placebo controlled double blind study, to evaluate the safety and efficacy of subcutaneous golimumab induction therapy in patients with moderately to severe active ulcerative colitis. *PURSUIT SC. Gastroenterology*, 2012, 142, s. S161.
- 6 Rutgeerts, P. – Feagan, B. G. – Marano, C., et al.: A phase 3 randomized, placebo controlled, double blind study to evaluate the safety and efficacy of subcutaneous golimumab maintenance therapy in patients with moderately to severely active ulcerative colitis: PURSUIT – MAINTENANCE. *Gut*, 2012, 44 (dopl. 2), OP 344.
- 7 Reinisch, W. – Sanborn, W. J. – Holmes, D. W., et al.: Adalimumab for induction clinical remission in moderately to severely active ulcerative colitis: results of a randomised controlled trial. *Gut*, 2011, 60, s. 780–787.
- 8 Sandborn, W. – Van Asche, G. – Reinisch, W., et al.: Adalimumab induces and maintains clinical remission in patients with moderate-to-severe ulcerative colitis. *Gastroenterology*, 2012, 142, s. 257–265.
- 9 Feagan, B. – Rutgeerts, P. – Sands, B., et al.: Vedolizumab as induction and maintenance therapy for ulcerative colitis. *N Engl J Med*, 2013, 369, s. 699–710.
- 10 Sandborn, W. J. – Feagan, B. – Rutgeerts, P., et al.: Vedolizumab as induction and maintenance therapy for Crohn's disease. *N Engl J Med*, 2013, 369, s. 711–721.
- 11 Sandborn, W. J. – Gasink, C. – Gao, L. L., et al.: Ustekinumab induction and maintenance therapy in refractory Crohn's disease. *N Engl J Med*, 2012, 18, s. 1519–1528.
- 12 Sandborn, W. J. – Ghos, S. – Panes, J., et al.: Tofacitinib, oral Janus kinase inhibitor in active ulcerative colitis. *N Engl J Med*, 2012, 367, s. 616–624.

Systemová terapie pokročilého světlobuněčného karcinomu ledviny v roce 2013

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- 1 Sterberg, C. N. – Davis, I. D. – Mardiak, J., et al.: Pazopanib in locally advanced or metastatic renal cell carcinoma: results of a randomized phase III trial. *J Clin Oncol*, 2010, 28, s. 1061–1068.
- 2 Motzer, R. J. – Escudier, B. – Tomczak, P., et al.: Axitinib versus sorafenib as second-line treatment for advanced renal cell carcinoma: overall survival analysis and updated results from a randomised phase 3 trial. *Lancet Oncology*, 2013, 14, s. 552–562.
- 3 Motzer, R. J. – Escudier, B. – Oudard, S., et al.: Efficacy of everolimus in advanced renal cell carcinoma: a double-blind, randomised, placebo-controlled phase III trial. *Lancet*, 2008, 372, s. 449–456.
- 4 Escudier, B. – Porta, C. – Bono, P., et al.: Patient preference between pazopanib (Paz) and sunitinib (Sun): Results of a randomized double-blind, placebo-controlled, cross-over study in patients with metastatic renal cell carcinoma (mRCC)—PISCES study, NCT 01064310. *J Clin Oncol*, 2012, 30, CRA4502.
- 5 Iacovelli, R. – Carteni, G. – Sternberg, C. N., et al.: Clinical outcomes in patients receiving three lines of targeted therapy for metastatic renal cell carcinoma: Results from a large patient cohort. *Eur J Cancer*, 2013, doi: pii: S0959-8049(13)00164-0, 10.1016/j.ejca.2013.02.032.
- 6 Busch, J. – Seidel, Ch. – Erber, B., et al.: Retrospective comparison of triple-sequence therapies in metastatic renal cell carcinoma. *Eur Urol*, 2013, 64, s. 62–70.
- 7 Cohen, H. T. – McGovern, F. J.: Renal-cell carcinoma. *N Engl J Med*, 2005, 353, s. 2477–2490.
- 8 Seidel, C. – Fenner, M. – Reuter, C., et al.: Retrospective analyses of patient characteristics having predictive impact on survival under everolimus. *Onkologie*, 2011, 34, 111–114.
- 9 <http://www.svod.cz/?sec=oprojektu>, vyhledáno 24. 1. 2014.

Biologická léčba roztroušené sklerózy

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- Ghezzi, A., et al.: Treatment of early-onset multiple sclerosis with intramuscular interferon β -1a: long-term results. *Neurol Sci*, 2007, 28, s. 127–132.
- Pohl, D. – Rostasy, K. – Partner, J. – Hanefeld, F.: Treatment of early onset multiple sclerosis with subcutaneous interferon beta-1a. *Neurology*, 2005, 64, s. 888–890.
- Banwell, B., et al.: Safety and tolerability of interferon beta-1b in pediatric multiple sclerosis. *Neurology*, 2006, 66, s. 472–476.
- Ghezzi, A. – Amato, M. P. – Annovazzi, P. – Capobianco, M. – Gallo, P. – La Mantia, L., et al.: Long-term results of immunomodulatory treatment in children and adolescents with multiple sclerosis: the Italian experience. *Neurol Sci*, 2009, 30, s. 193–199.
- Ghezzi, A.: Therapeutic strategies in childhood multiple sclerosis. *Ther Adv Neurol Disorders*, 2010, 3, s. 217–228.
- Taláb, R.: Glatiramer acetát. *Farmakoterapie*, 2006, 3, s. 271–276.
- Farina, C. – Weber, M. S. – Meinl, E. – Wekerle, H. – Hohlfeld, R.: Glatiramer acetate in multiple sclerosis: update on potential mechanisms of action. *Lancet Neurol*, 2005, 4, s. 567–575.
- Khan, O. – Shen, Y. – Caon, C. – Bao, F. – Ching, W., et al.: Axonal metabolic recovery and potential neuroprotective effect of glatiramer acetate in relapsing-remitting multiple sclerosis. *Multiple Sclerosis*, 2005, 11, s. 646–651.
- Rieckmann, P. – Toyka, K. V. – Bassetti, C. – Beer, K. – Beer, S. – Buettner, U., et al.: Escalating immunotherapy of multiple sclerosis—new aspects and practical application. *J Neurol*, 2004, 251, s. 12329–12339.
- Hartung, H. P. – Gonsette, R. – Konig, N. – Kwiecinski, H. – Guseo, A. – Morrissey, S. P., et al.: Mitoxantrone in progressive multiple sclerosis: a placebo-controlled, double-blind, randomised, multicentre trial. *Lancet*, 2002, 360, s. 2018–2025.
- Edan, G. – Miller, D. – Clanet, D. – Confavreux, C. – Lyon-Caen, O. – Lubetzki, C., et al.: Therapeutic effect of mitoxantrone combined with methylprednisolone in multiple sclerosis: a randomised multicentre study of active disease using MRI and clinical criteria. *J Neurol Neurosurg Psychiatry*, 1997, 62, s. 112–118.
- Tichá, V. – Šavrdová, E. – Nováková, I. – Horáková, D.: Mitoxantron v léčbě aktivní RS. *Cesk Slov Neurol N*, 2003, 66/99, s. 31–37.
- Saccardi, R. – Kozák, T. – Bocelli-Tyndall, C. – Fassas, A. – Kazis, A. – Šavrdová, E., et al.: Autologous stem cell transplantation for progressive multiple sclerosis: update of the European group for Blood and Marrow Transplantation autoimmune diseases working party database. *Mult Scler*, 2006, 12, s. 814–823.
- Gold, R. – Jawa, A. – Miller, D. H., et al.: Expert opinion: guidelines for the use of natalizumab in multiple sclerosis patients previously treated with immunomodulating therapies. *J Neuroimmunol*, 2007, 187, s. 156–158.
- Taláb, R.: Natalizumab. *Farmakoterapie*, 2007, 3, s. 571–577.
- Mehling, M. – Lindberg, R. – Kuhle, J., et al.: Oral fingolimod (FTY720) treatment reduces peripheral IL-17-producing TH17 cells in patients with multiple sclerosis. *Mult Scler*, 2008, 14, s. 5234.
- Sallusto, F. – Geginat, J. – Lanzavecchia, A.: Central memory and effector memory T cell subsets: function, generation, and maintenance. *Annu Rev Immunol*, 2004, 22, s. 745–763.
- Cohen, J. A. – Barkhof, F. – Comi, G., et al.: TRANSFORMS Study Group. Oral fingolimod or intramuscular interferon for relapsing multiple sclerosis. *N Engl J Med*, 2010, 362, s. 402–415.
- Kappos, L. – Radue, E. W. – O'Connor, P., et al.: FREEDOMS Study Group. A placebo-controlled trial of oral fingolimod in relapsing multiple sclerosis. *N Engl J Med*, 2010, 362, s. 387–401.
- PRISMS Study Group. Randomised double-blind placebo-controlled study of interferon beta-1a in relapsing/remitting multiple sclerosis. *Lancet*, 1998, 352, s. 1498–1504.
- Paty, D. W. – Li, D. K. B. – IFNB MS Study Group: Interferon-beta 1b is effective in relapsing remitting multiple sclerosis: MRI results of a multicenter, randomized, double-blind trial. *Neurology*, 1993, 43, s. 662–667.
- Johnson, K. P., et al., for the Copolymer I Multiple Sclerosis Study Group: Copolymer I reduces relapse rate and improves disability in relapsing-remitting multiple sclerosis: results of a phase III multicenter, double-blind, placebo-controlled trial. *Neurology*, 1995, 45, s. 1268–1276.
- Jacobs, L. D., et al.: Intramuscular interferon beta-1a for disease progression in relapsing multiple sclerosis. *Ann Neurol*, 1996, 39, s. 285–294.

Biologická léčba v oftalmologii

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- Gragoudas, E. S. – Adamis, A. P. – Cunningham, E. T. Jr., et al.: VEGF Inhibition Study in Ocular Neovascularization Clinical Trial Group. Pegaptanib for neovascular age-related macular degeneration. *N Engl J Med*, 2004, 351, s. 2805–2816.
- Hurwitz, H. – Fehrenbacher, L. – Novotny, W., et al.: Bevacizumab plus irinotecan, fluorouracil, and leucovorin for metastatic colorectal cancer. *N Engl J Med*, 2004, 350, s. 2335–2342.
- Michels, S. – Rosenfeld, P. J. – Puliafito, C. A., et al.: Systemic bevacizumab (Avastin) therapy for neovascular age-related macular degeneration: Twelve-week results of an uncontrolled open-label clinical study. *Ophthalmology*, 2005, 112, s. 1035–1047.
- van Wijngaarden, P. – Coster, D. J. – Williams, K. A.: Inhibitors of ocular neovascularization promises and potential problems. *JAMA*, 2005, 293, s. 1509–1513.
- Bakri, S. J. – Cameron, J. D. – McCannell, C. A., et al.: Absence of histologic retinal toxicity of intravitreal bevacizumab in a rabbit model. *Am J Ophthalmol*, 2006, 142, s. 162–164.
- Luthra, S. – Narayanan, R. – Marques, L. E., et al.: Evaluation of in vitro effects of bevacizumab (Avastin) on retinal pigment epithelial, neurosensory retinal, and microvascular endothelial cells. *Retina*, 2006, 26, s. 512–518.
- Shahar, J. – Avery, R. L. – Heilweil, G., et al.: Electrophysiologic and retinal penetration studies following intravitreal injection of bevacizumab (Avastin). *Retina*, 2006, 26, s. 262–269.
- Manzano, R. P. – Peyman, G. A. – Khan, P. – Kivilcim, M.: Testing intravitreal toxicity of bevacizumab (Avastin). *Retina*, 2006, 26, s. 257–261.
- Avery, R. L. – Pieramici, D. J. – Rabena, M. D., et al.: Intravitreal bevacizumab (Avastin) for neovascular age-related macular degeneration. *Ophthalmology*, 2006, 113, s. 363–372.
- Maturí, R. K. – Bleau, L. A. – Wilson, D. L.: Electrophysiologic findings after intravitreal bevacizumab (Avastin) treatment. *Retina*, 2006, 26, s. 270–274.
- Spaide, R. F. – Laud, K. – Fine, H. F., et al.: Intravitreal bevacizumab treatment of choroidal neovascularization secondary to age-related macular degeneration. *Retina*, 2006, 26, s. 383–390.
- Rich, R. M. – Rosenfeld, P. J. – Puliafito, C. A., et al.: Short-term safety and efficacy of intravitreal bevacizumab (Avastin) for neovascular age-related macular degeneration. *Retina*, 2006, 26, s. 495–511.
- Bashshur, Z. F. – Bazarbachi, A. – Schakal, A., et al.: Intravitreal bevacizumab for the management of choroidal neovascularization in age-related macular degeneration. *Am J Ophthalmol*, 2006, 142, s. 1–9.
- Yamamoto, I. – Rogers, A. H. – Reichel, E., et al.: Intravitreal bevacizumab (Avastin) as treatment for subfoveal choroidal neovascularization secondary to pathologic myopia. *Br J Ophthalmol*, 2007, 91, s. 157–160.
- Heier, J. S. – Antoszyk, A. N. – Pavan, P. R., et al.: Ranibizumab for treatment of neovascular age-related macular degeneration: a phase I/II multicenter, controlled, multidose study. *Ophthalmology*, 2006, 113, s. 642.
- Mordenti, J. – Cuthbertson, R. A. – Ferrara, N., et al.: Comparisons of the intraocular tissue distribution, pharmacokinetics, and safety of 125I-labeled full-length and Fab antibodies in rhesus monkeys following intravitreal administration. *Toxicol Pathol*, 1999, 27, s. 536–544.
- Mordenti, J. – Thomsen, K. – Licko, V., et al.: Intraocular pharmacokinetics and safety of a humanized monoclonal antibody in rabbits after intravitreal administration of a solution or a PLGA microsphere formulation. *Toxicol Sci*, 1999, 52, s. 101–106.
- Fung, A. E. – Rosenfeld, P. J. – Reichel, E.: The international intravitreal bevacizumab safety survey: using the internet to assess drug safety worldwide. *Br J Ophthalmol*, 2006, 90, s. 1344–1349.
- Klettner, A. K. – Kruse, M. L. – Meyer, T., et al.: Different properties of VEGF antagonists: bevacizumab but not ranibizumab accumulates in RPE cells. *Graefes Arch Clin Exp Ophthalmol*, 2009, 247, s. 1601–1608.
- Marcucci, R. – Bertini, L. – Giusti, B., et al.: Thrombophilic risk factors in patients with central retinal vein occlusion. *Thromb Haemostasis*, 2001, 86, s. 772–776.
- Lahey, M. – Tunç, M. – Kearney, J., et al.: Laboratory evaluation of hypercoagulable states in patients with central retinal vein occlusion who are less than 56 years of age. *Ophthalmology*, 2002, 109, s. 126–131.
- Noma, H. – Minamoto, A. – Funatsu, H., et al.: Intravitreal levels of vascular endothelial growth factor and interleukin-6 are correlated with macular edema in branch retinal vein occlusion. *Graefes Arch Clin Exp Ophthalmol*, 2006, 244, s. 309–315.
- Rehak, J. – Rehak, M.: Branch retinal vein occlusion: pathogenesis, visual prognosis, and treatment modalities. *Curr Eye Res*, 2008, 33, s. 111–131.
- Boyd, S. R. – Zachary, I. – Chakravarthy, U., et al.: Correlation of increased vascular endothelial growth factor with neovascularization and permeability in ischemic central retinal vein occlusion. *Arch Ophthalmol*, 2002, 120, s. 1644–1645.
- Jager, R. D. – Aiello, L. P. – Patel, S. C., et al.: Risks of intravitreal injection: a comprehensive review. *Retina*, 2004, 24, s. 676–698.
- Chan, C. K. – Abraham, P. – Meyer, C. H., et al.: Optical coherence tomography-measured pigment epithelial detachment height as a predictor for retinal pigment epithelial tears associated with intravitreal bevacizumab injections. *Retina*, 2010, 30, s. 203–211.
- Funatsu, H. – Yamashita, H. – Noma, H., et al.: Aqueous humor levels of cytokines are related to vitreous levels and progression of diabetic retinopathy in diabetic patients. *Graefes Arch Clin Exp Ophthalmol*, 2005, 243, s. 3–8.
- Wu, L. – Arevalo, J. F. – Roca, J. A., et al.: Comparison of two doses of intravitreal bevacizumab (Avastin) for treatment of macular edema secondary to branch retinal vein occlusion: results from the Pan-American Collaborative Retina Study Group at 6 months of Follow-Up. *Retina*, 2008, 28, s. 212–219.
- Kang, H. M. – Chung, E. J. – Kim, M., et al.: Spectral-domain optical coherence tomography (SD-OCT) patterns and response to intravitreal bevacizumab therapy in macular edema associated with branch retinal vein occlusion. *Graefes Arch Clin Exp Ophthalmol*, 2013, 251, s. 501–508.
- Hanada, N. – Iijima, H. – Sakurada, Y., et al.: Recurrence of macular edema associated with branch retinal vein occlusion after intravitreal bevacizumab. *Jpn J Ophthalmol*, 2012, 56, s. 165–174.
- Finger, P. T. – Chin, K. J.: Intravitreal ranibizumab (Lucentis) for radiation maculopathy. *Arch Ophthalmol*, 2010, 128, s. 249–252.

Možnosti a postavení biologických léčiv v terapii chronických virových hepatitid B a C

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- 1 Lohr, H. F. – Schmitz, D. – Arenz, M., et al.: The viral clearance in interferon-treated chronic hepatitis C is associated with increased cytotoxic T cell frequencies. *J Hepatol*, 1999, 31, s. 407–415.
- 2 Reddy, K. R.: Controlled-release, pegylated, liposomal formulations: new mechanisms in the delivery of injectable drugs. *Ann Pharmacother*, 2000, 34, s. 915–923.
- 3 Katre, N. V.: The conjugation of proteins with polyethylene glycol and other polymers. *Adv Drug Delivery Rev*, 1993, 10, s. 91–114.
- 4 Algranati, N. E. – Sy, S. – Modi, M.: A branched methoxy 40kDa polyethylen glycol (PEG) moiety optimizes the pharmacokinetics (PK) of pegIFN alfa-2a (PEG-IFN) and may explain its enhanced efficacy in chronic hepatitis C (CHC). *Hepatology*, 1999, 30, s. 190A.
- 5 Chen, C. J. – Yang, H. I. – Su, J., et al.: Risk of hepatocellular carcinoma across a biological gradient of serum hepatitis B virus DNA level. *JAMA*, 2006, 295, s. 65–73.
- 6 Lin, S. M. – Yu, M. L. – Lee, C. M., et al.: Interferon therapy in HBeAg positive chronic hepatitis reduces cirrhosis and hepatocellular carcinoma. *J Hepatol*, 2007, 46, s. 45–52.
- 7 Lin, S. M. – Sheen, I. S. – Chin, R. N., et al.: Longterm beneficial effect of interferon therapy in patients with chronic hepatitis B virus infection. *Hepatology*, 1999, 29, s. 971–975.
- 8 Niederau, C. – Heintges, T. – Lange, S., et al.: Long term follow up of HBeAg positive patients treated with interferon alfa for chronic hepatitis B. *N Engl J Med*, 1996, 334, s. 1422–1427.
- 9 Buster, E. H. – Flink, H. J. – Cakaloglu, Y., et al.: Sustained HBeAg and HBsAg loss after long-term follow-up of HBeAg-positive patients treated with peginterferon alpha-2b. *Gastroenterology*, 2008, 135, s. 459–467.
- 10 Marcellin, P. – Bonino, F. – Lau, G. K., et al.: Sustained response of hepatitis B e antigen-negative patients 3 years after treatment with peginterferon alpha-2a. *Gastroenterology*, 2009, 136, s. 2169–2179.
- 11 Fried, M. W.: Side effects of therapy of hepatitis C and their management. *Hepatology*, 2002, 36, s. S237–S244.
- 12 Urbánek, P. – Husa, P. – Galský, J. – Šperl, J. – Hejda, V. – Kumpel, P. – Němeček, V. – Plíšek, S. – Volfová, M.: Standardní diagnostický a terapeutický postup u chronické infekce virem hepatitidy C (HCV). *Gastroenterologie a Hepatologie*, 2012, 66, s. 214–229.
- 13 Fried, M. W. – Shiffman, M. L. – Reddy, K. R. – Smith, C. – Marinos, G. – Goncalves, F. L. – Haussinger, D. – Diago, M. – Carosi, G. – Dhumeaux, D. – Craxi, A. – Lin, A. – Hoffman, J. – Yu, J.: Peginterferon alfa-2a plus ribavirin for chronic hepatitis C virus infection. *N Engl J Med*, 2002, 347, s. 975–982.
- 14 Hadziyannis, S. J. – Sette, H. – Morgan, T. R. – Balan, V. – Diago, M. – Marcellin, P. – Ramadori, G. – Bodenheimer, H. – Bernstein, D. – Rizzetto, M. – Zeuzem, S. – Pockros, P. J. – Lin, A. – Ackrill, A. – M.: Peginterferon-alfa2a and ribavirin combination therapy in chronic hepatitis C. *Ann Intern Med*, 2004, 140, s. 346–355.
- 15 Urbánek, P. – Subhanová, I. – Janoušová, E. – Dušek, L. – Mareček Z. – Brůha, R. – Petrtýl, J. – Brodanová, M.: Účinnost terapie pegylovaným interferonem a ribavirinem u pacientů s chronickou HCV infekcí. *Vnitř Lék*, 2009, 55, s. 474–479.
- 16 Urbánek, P. – Oltman, M. – Ivanovskij, L. – Rehak, V. – Messinger, D. – Tietz, A. – Husa, P.: Efficacy and safety of peginterferon alpha-2a (40 KD) plus ribavirin in treatment-naive chronic hepatitis C patients in Central and Eastern Europe. *European Journal of Gastroenterology and Hepatology*, 2011, 23, s. 1004–1010.

Preventivní očkování před zahájením cílené léčby u pacientů se solidními nádory

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- 1 Oudard, S. – Mediáni, J. – Ayllon, J. et al.: Everolimus (RAD001): an mTOR inhibitor for the treatment of metastatic renal cell carcinoma. *Expert Rev Anticancer Ther*, 2009, 9, s. 705–717.
- 2 Büchler, T. – Homolka, J. – Fencel, P., et al.: Nontuberculous mycobacterial infection after therapy with temsirolimus for metastatic renal cell carcinoma. *Tumori*, 2013, 99, s. e159–e163.
- 3 Teplinsky, E. – Cheung, D. – Weisberg, I., et al.: Fatal hepatitis B reactivation due to everolimus in metastatic breast cancer: case report and review of literature. *Breast Cancer Res Treat*, 2013, 141, s. 167–172.
- 4 Afinitor: EPAR-Product Information. European Medicines Agency. Dostupné z: www.ema.europa.eu, vyhledáno 20. 11. 2013.
- 5 Saito, Y. – Nagayama, M. – Miura, Y., et al.: A case of pneumocystis pneumonia associated with everolimus therapy for renal cell carcinoma. *Jpn J Clin Oncol*, 2013, 43, s. 559–562.
- 6 Sutent: EPAR-Product Information. European Medicines Agency. Dostupné z: www.ema.europa.eu, vyhledáno 20. 11. 2013.
- 7 Avastin: EPAR-Product Information. European Medicines Agency. Dostupné z: www.ema.europa.eu, vyhledáno 20. 11. 2013.
- 8 Salvana, E. M. – Salata, R. A.: Infectious complications associated with monoclonal antibodies and related small molecules. *Clin Microbiol Rev*, 2009, 22, s. 274–290.
- 9 Xgeva: EPAR-Product Information. European Medicines Agency. Dostupné z: www.ema.europa.eu, vyhledáno 20. 11. 2013.
- 10 Cooksley, C. D. – Avritscher, E. B. – Bekele, B. N., et al.: Epidemiology and outcomes of serious influenza-related infections in the cancer population. *Cancer*, 2005, 104, s. 618–628.
- 11 Büchler, T. – Abrahámová, J.: Vakcinace proti chřipce u dospělých pacientů se solidními nádory. *Klinická onkologie*, 2009, 22, s. 264–267.
- 12 Kunisaki, K. M. – Janoff, E. N.: Influenza in immunosuppressed populations: a review of infection frequency, morbidity, mortality, and vaccine responses. *Lancet Infect Dis*, 2009, 9, s. 493–504.
- 13 Driver, H. G. – Weinerman, B. H.: Impaired serum antibody response to inactivated influenza A and B vaccine in cancer patients. *Can Med Assoc J*, 1978, 119, s. 733–738.
- 14 Ganz, P. A. – Shanley, J. D. – Cherry, J. D.: Responses of patients with neoplastic diseases to influenza virus vaccine. *Cancer*, 1978, 42, s. 2244–2247.
- 15 Büchler, T.: Vakcinace u dospělých pacientů se solidními nádory a profylaxe infekcí u nemocných po splenektomii. *Modrá kniha České onkologické společnosti*, 2013, 17. vydání, s. 237–238.
- 16 Brakemeier, S. – Schweiger, B. – Lachmann, N., et al.: Immune response to an adjuvanted influenza A H1N1 vaccine (Pandemrix) in renal transplant recipients. *Nephrol Dial Transplant*, 2012, 27, s. 423–428.
- 17 Melcher, L.: Recommendations for influenza and pneumococcal vaccinations in people receiving chemotherapy. *Clin Oncol (R Coll Radiol)*, 2005, 17, s. 12–15.
- 18 Centers for Disease Control and Prevention (CDC). Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine for adults with immunocompromising conditions: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Morb Mortal Wkly Rep*, 2012, 61, s. 816–819.
- 19 Doporučení pro pneumokokovou vakcinaci v dospělosti. Česká vakcinologická společnost ČLS JEP, 2012. Dostupné z: www.mzcr.cz/Verejne/dokumenty/doporučení-ceske-vakcinologicke-spolocnosti-pro-pneumokokovou-vakcinaci-v-dospelosti_7781_1985_5.html, vyhledáno 25. 11. 2013.
- 20 Sezgin Göksu, S. – Bilal, S. – Coşkun, H. Ş.: Hepatitis B reactivation related to everolimus. *World J Hepatol*, 2013, 5, s. 43–45.

Biologická léčba idiopatické plicní fibrózy

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- 1 **Maher, T. M.**: Idiopathic pulmonary fibrosis: pathobiology of novel approaches to treatment. *Clin Chest Med*, 2012, 33, s. 69–83.
- 2 **Richeldi, L.** – **Dollare, H. R.** – **duBois, R. M.** – **Jenkins, G.** – **Kolb, M.** – **Maher, T. M.** – **Raghu, G.** – **Vancheri, C.** – **Laurent, G. J.**: Mapping the future for pulmonary fibrosis: report from the 17th International Colloquium on Lung and Airway Fibrosis. *Eur Respir J*, 2013, 42, s. 230–238.
- 3 **Hunninghake, G. M.** – **Hafanu, H.** – **Okajima, Y.**, et al.: MUC5B promoter polymorphism and interstitial lung abnormalities. *N Engl J Med*, 2013, 368, s. 2192–2200.
- 4 **Peljto, A. I.** – **Zhang, Y.** – **Fingerlin, T. E.**, et al.: Association between the MUC5B promoter polymorphisms and survival in patients with idiopathic pulmonary fibrosis. *JAMA*, 2013, 309, s. 2232–2239.
- 5 **Yang, I. V.** – **Coldren, C. D.** – **Leach, S. M.**, et al.: Expression of cilium associated genes defines novel molecular subtypes of idiopathic pulmonary fibrosis. *Thorax*, 2013.
- 6 **Vasakova, M.** – **Striz, I.** – **Slavcevic, A.** – **Jandova, S.** – **Kolesar, L.** – **Sulc, J.**: Th1/Th2 cytokine gene polymorphisms in patients with idiopathic pulmonary fibrosis. *Tissue Antigens*, 2006, 3, s. 229–232.
- 7 **Zhou, Y.** – **Huang, X.** – **Hecker, I.**, et al.: Inhibition of mechanosensitive signaling in myofibroblasts ameliorates experimental pulmonary fibrosis. *J Clin Invest*, 2013, 123, s. 1096–1108.
- 8 **King, T. E. Jr.** – **Albera, C.** – **Bradford, W. Z.**, et al.: Effect of interferon- γ -1b on survival in patients with idiopathic pulmonary fibrosis (INSPIRE): a multicentre, randomised, placebo-controlled trial. *Lancet*, 2009, 374, s. 222–228.
- 9 **Kahloon, R. A.** – **Xue, J.** – **Bhargava, A.**, et al.: Idiopathic pulmonary fibrosis patients with antibodies to heat shock protein 70 have poor prognoses. *Am J Respir Crit Care Med*, 2013, 187, s. 768–775.
- 10 **Laurent, G. J.**: Dynamic state of pathways of collagen degradation in vivo and their possible role in regulation of collagen mass. *Am J Physiol*, 1987, 252, s. C1–C9.
- 11 **Prasse, A.** – **Probst, C.** – **Bargagli, E.**, et al.: Serum CC-chemokine ligand 18 concentration predicts outcome in idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med*, 2009, 179, s. 717–723.
- 12 **Toonkel, R. L.** – **Hare, J. M.** – **Matthay, M. A.** – **Glassberg, M. K.**: Mesenchymal stem cells and idiopathic pulmonary fibrosis: Potential for clinical testing. *Am J Respir Crit Care Med*, 2013, 188, s. 133–140.
- 13 **NICE technology appraisal guidance 282.** Pirfenidone for treating idiopathic pulmonary fibrosis. Vydáno: duben 2013.
- 14 **NICE clinical guideline 163.** Idiopathic pulmonary fibrosis: the diagnosis and management of suspected idiopathic pulmonary fibrosis. Vydáno: červen 2013.
- 15 **duBois, R. M.** – **Weycker, D.** – **Albera, C.**: Forced vital capacity in patients with idiopathic pulmonary fibrosis. Test properties and minimally clinically important difference. *Am J Respir Crit Care Med*, 2011, 184, s. 1382–1389.
- 16 **duBois, R. M.** – **Weycker, D.** – **Albera, C.**: Six-minute walk test in idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med*, 2011, 183, s. 1231–1237.
- 17 **Vancheri, C.** – **duBois, R. M.**: A progression-free end-point for idiopathic pulmonary fibrosis trials: lessons from cancer. *Eur Respir J*, 2013, 41, s. 262–269.
- 18 **Costabel, U.** – **Albera, C.** – **Bradford, W.**, et al.: Analysis of lung function and survival in RECAP: An open-label extension study of pirfenidone (PFD) in patients with idiopathic pulmonary fibrosis. *Eur Respir J*, 2012, 40, s. 511.
- 19 **Azuma, A.** – **Taguchi, Y.** – **Ogura, T.**, et al.: Pirfenidone Clinical Study Group in Japan. Exploratory analysis of a phase III trial of pirfenidone identifies a subpopulation of patients with idiopathic pulmonary fibrosis as benefiting from treatment. *Respir Res*, 2011, 12, s. 143, doi: 10.1186/1465-9921-12-143.
- 20 **Richeldi, L.** – **Costabel, U.** – **Selman, M.**, et al.: Efficacy of tyrosine kinase inhibitor in idiopathic pulmonary fibrosis. *N Engl J Med*, 2011, 365, s. 1079–1087.
- 21 **Lota, H. K.** – **Wells, A. U.**: The evolving pharmacotherapy of pulmonary fibrosis. *Expert Opin Pharmacother*, 2013, 14, s. 79–89, doi: 10.1517/14656566.2013.758250.
- 22 **Antoniou, S. A.**: Nintedanib (BIBF 1120) for IPF: a tomorrow therapy? *Multidisciplinary Respiratory Medicine*, 2012, 7, s. 41, doi: 10.1186/2049-6958-7-41.
- 23 **Barry-Hamilton, V.** – **Spangler, R.** – **Marshall, D.**, et al.: Allosteric inhibition of lysyl oxidase-like-2 impedes the development of a pathologic microenvironment. *Nature Medicine*, 2010, 16, s. 1009–1017, doi: 10.1038/nm.2208.