

Pneumologie

- 2 Nintedanib v léčbě idiopatické plicní fibrózy**
prof. MUDr. Martina Vašáková, Ph.D. Pneumologická klinika 1. LF UK a Thomayerova nemocnice Praha
- 2 Respirační nemoci z povolání**
prof. MUDr. Daniela Pelclová, CSc. Klinika pracovního lékařství 1. LF UK a VFN Praha
- 2 Domácí neinvazivní ventilační podpora**
MUDr. Jana Vyskočilová Poliklinika Denisovo nábřeží, s. r. o., Plzeň
MUDr. Monika Honnerová II. interní klinika FN Plzeň
MUDr. David Kemlink, Ph.D. Neurologická klinika, Centrum pro poruchy spánku a bdění 1. LF UK a VFN, Praha
MUDr. Jaroslav Lněnička Plicní oddělení Masarykovy nemocnice, Ústí nad Labem
prof. MUDr. Karel Šonka, DrSc. Neurologická klinika, Centrum pro poruchy spánku a bdění, neurologická klinika 1. LF UK a VFN, Ústí nad Labem
- 2 Novinky v léčbě cystické fibrózy**
MUDr. Libor Fila, Ph.D. Pneumologická klinika 2. LF UK a FN Motol Praha
- 3 Esbriet v léčbě idiopatické plicní fibrózy**
prof. MUDr. Martina Vašáková, Ph.D. Pneumologická klinika 1. LF UK, Thomayerova nemocnice Praha
- 3 Chronická obstrukční plicní nemoc – komentář ke studii QUANTIFY**
MUDr. Viktor Kašák LERYMED spol. s r.o., Oddělení respiračních nemocí, Praha
- 3 Asthma bronchiale a sport u dětí a adolescentů**
MUDr. Petr Honomichl Dětská ordinace pro alergie a respirace, Plzeň
- 3 Jak dál po selhání prvoliniové léčby inhibitory EGFR-TKI**
MUDr. Gabriela Krákorová, Ph.D. Klinika pneumologie a ftizeologie FN Plzeň
- 4 Imunoterapie bronchogenního karcinomu – současnost a výhledy**
MUDr. Leona Koubková Pneumologická klinika 2. LF UK a FN Motol, Praha
- 4 Současnost a výhledyEfekt roflumilastu na exacerbace u pacientů s těžkou CHOPN, léčených kombinovanou inhalační terapií – studie REACT**
MUDr. Michal Švarc Plicní klinika FN Hradec Králové
- 5 Zjednodušením léčby arteriální hypertenze ke snížení kardiovaskulárního rizika**
doc. MUDr. Michal Vrablík, Ph.D. 3. interní klinika 1. LF UK a VFN, Praha
- 5 RNA-interference při léčbě nádorových onemocnění**
prof. Ing. Jaroslav Petr, DrSc. Výzkumný ústav živočišné výroby, Praha
- 5 Stres, deprese a životní styl v ČR**
prof. MUDr. Jiří Raboch, DrSc. | PhDr. Radek Ptáček, Ph.D. Psychiatrická klinika 1. LF UK a VFN, Praha

Nintedanib v léčbě idiopatické plicní fibrózy

prof. MUDr. Martina Vašáková, Ph.D.

Pneumologická klinika 1. LF UK a Thomayerova nemocnice Praha

- 1 **Strieter, R. M. – Mehrad, B.:** New mechanisms of pulmonary fibrosis. *Chest*, 2009, 136, s. 1364–1370.
- 2 **Raghu, G., et al.:** An official ATS/ERS/JRS/ALAT statement: Idiopathic pulmonary fibrosis: Evidence-based guidelines for diagnosis and management. *Am J Respir Crit Care Med*, 2011, 183, s. 788–824.
- 3 **Flaherty, K. R. – King, T. E. – Raghu, G., et al.:** Idiopathic interstitial pneumonia. What is the effect of a multidisciplinary approach to diagnosis? *Am J Respir Crit Care Med*, 2004, 170, s. 904–910.
- 4 **Fishbein, M. C.:** Diagnosis: to biopsy or not to biopsy: assessing the role of surgical lung biopsy in the diagnosis of idiopathic pulmonary fibrosis. *Chest*, 2005, 128, s. 520S–525S.
- 5 **Du Bois, R. M.:** Strategies for treating idiopathic pulmonary fibrosis. *Nat Rev Drug Discov*, 2010, 9, s. 129–140.
- 6 **Swigris, J. J. – Brown, K. K. – Make, B. J., et al.:** Pulmonary rehabilitation in idiopathic pulmonary fibrosis: A call for continued investigation. *Resp Med*, 2008, 102, s. 1675–1680.
- 7 **Richeldi, L. – duBois, R. M. – Raghu, G., et al.:** Efficacy and safety of nintedanib in idiopathic pulmonary fibrosis. *N Engl J Med*, 2014, 370, s. 2071–2082.

Respirační nemoci z povolání

prof. MUDr. Daniela Pelclová, CSc. Klinika pracovního lékařství 1. LF UK a VFN Praha

- 1 **Fenclová, Z. – Havlová, D. – Voříšková, M. – Urban, P. – Pelclová D. – Žofka, J.:** *Nemoci z povolání v ČR*. Praha, 2013. www.szu.cz/uploads/download/Hlaseni_a_odhlaseni_2013.pdf.
- 2 **Ladoux, J.:** *Current occupational & environmental medicine*. USA, McGraw Hill, 2014.
- 3 International Labour Office. International Classification of Radiographs of Pneumoconiosis. Occupational Safety and Health Series No. 22, Rev 2000. Geneva, ILO, 2002.

Domácí neinvazivní ventilační podpora

MUDr. Jana Vyskočilová Poliklinika Denisovo nábřeží, s. r. o., Plzeň

MUDr. Monika Honnerová II. interní klinika FN PLzeň

MUDr. David Kemlink, Ph.D. Neurologická klinika,

Centrum pro poruchy spánku a bdění 1. LF UK a VFN, Praha

MUDr. Jaroslav Lněnička Plicní oddělení Masarykovy nemocnice, Ústí nad Labem

prof. MUDr. Karel Šonka, DrSc. Neurologická klinika,

Centrum pro poruchy spánku a bdění, neurologická klinika 1. LF UK a VFN, Ústí nad Labem

- 1 Clinical indications for noninvasive positive pressure ventilation in chronic Respiratory failure due to restrictive lung disease, COPD and nocturnal hypoventilation-a consensus conference report. *Chest*, 1999, 116, s. 521–534.
- 2 **Windisch, W.:** Noninvasive positive pressure ventilation in COPD. *Breathe*, 2011, 8, s. 115–123.
- 3 **Windisch, W.:** Impact of home mechanical ventilation on health-related quality of life. *Eur Resp J*, 2008, 32, s. 1328–1336.
- 4 **Windisch, W. – Dreher, M. – Storre, J. H., et al.:** Nocturnal non-invasive positive pressure ventilation: physiological effects on spontaneous breathing. *Resp Physiol Neurobiol*, 2006, 150, s. 251–260.
- 5 **Windisch, W. – Haenel, M. – Storre, J. H., et al.:** High-intensity non-invasive positive pressure ventilation for stable hypercapnic COPD. *Int Med Sci*, 2005, 6, s. 72–76.
- 6 **Windisch, W., et al.:** Nichtinvasive und invasive Beatmung als Therapie der chronischen respiratorischen Insuffizienz. *Pneumologie*, 2010, 64, s. 207–240.
- 7 **Köhnlein, T. – Windisch, W., et al.:** Non-invasive positive Pressure ventilation for the treatment of severe stable chronic obstructive pulmonary disease: a prospective, multicentre, randomised, controlled clinical trial. *Lancet*, 2014, e17–e18.
- 8 Domiciliary NIV for COPD: Where are we now? *Lancet*, 2014, s. 672–673.

Novinky v léčbě cystické fibrózy

MUDr. Libor Fila, Ph.D. Pneumologická klinika 2. LF UK a FN Motol Praha

- 1 **Bals, R. – Hubert, D. – Tümmler, B.:** Antibiotic treatment of CF lung disease: From bench to bedside. *J Cystic Fibros*, 2011, 10 (dopl. 2), s. S146–S151.
- 2 **Beci, F. – Mall, M. A. – Sheppard, D. N. – Conese, M. – Zegarra-Moran, O.:** Pharmacological therapy for cystic fibrosis: From bench to bedside. *J Cystic Fibros*, 2011, 10 (dopl. 2), s. S129–S145.
- 3 **Davies, J. C. – Ebdon, A. M. – Orchard, C.:** Recent advances in the management of cystic fibrosis. *Arch Dis Child*, 2014, 99, s. 1033–1036.
- 4 **Flume, P. A. – Van Devater, D. R.:** State of progress in treating cystic fibrosis respiratory disease. *BMC Medicine*, 2012, 10, s. 88.
- 5 **Hoffman, L. R. – Ramsey, B. W.:** Cystic fibrosis therapeutics. The road ahead. *Chest*, 2013, 143, s. 207–213.
- 6 **Mogayzel, P. J. Jr. – Naureckas, E. T. – Robinson, K. A., et al.:** Pulmonary Clinical Practice Guidelines Committee. Cystic fibrosis pulmonary guidelines. *Am J Respir Crit Care Med*, 2013, 187, s. 680–689.

Esbriet v léčbě idiopatické plicní fibrózy

prof. MUDr. Martina Vašáková, Ph.D. Pneumologická klinika 1. LF UK, Thomayerova nemocnice Praha

- 1 Nalysnyk, L. – Cid-Ruzafa, J. – Rotella, P. – Esser, D.: Incidence and prevalence of idiopathic pulmonary fibrosis: review of the literature. *Eur Respir Rev*, 2012, 12, s. 355–361.
- 2 Loomis-King, H. – Flaherty, K. R. – Moore, B. B.: Pathogenesis, current treatments and future directions for idiopathic pulmonary fibrosis. *Curr Opin Pharmacol*, 2013, 3, s. 377–385.
- 3 Borensztajn, K. – Crestani, B. – Kolb, M.: Idiopathic pulmonary fibrosis: from epithelial injury to biomarkers-insights from the bench side. *Respiration*, 2013, 6, s. 441–452.
- 4 Vasakova, M. – Striz, I. – Slavcev, A., et al.: Th1/Th2 cytokine gene polymorphisms in patients with idiopathic pulmonary fibrosis. *Tissue Antigens*, 2006, 3, s. 229–232.
- 5 Kolek, V. – Kašák, V. – Vašáková, M.: *Pneumologie*. Maxdorf, Praha, 2014, s. 261–264.
- 6 Smith, M. – Daluzro, M. – Panse, P. – Parish, J. – Leslie, K.: Usual interstitial pneumonia-pattern fibrosis in surgical lung biopsies. Clinical, radiological and histopathological clues to aetiology. *J Clin Pathol*, 2013, 10, s. 896–903.
- 7 Wells, A. U.: Managing diagnostic procedures in idiopathic pulmonary fibrosis. *Eur Respir Rev*, 2013, 128, s. 158–162.
- 8 Raghu, G. – Collard, H. R. – Egan, J. J., et al.: ATS/ERS/JRS/ALAT Committee on Idiopathic Pulmonary Fibrosis. An official ATS/ERS/JRS/ALAT statement: idiopathic pulmonary fibrosis: evidence-based guidelines for diagnosis and management. *Am J Respir Crit Care Med*, 2011, 183, s. 788–824.
- 9 McGrath, E. E. – Millar, A. B.: Hot off the breath: triple therapy for idiopathic pulmonary fibrosis-hear the PANTHER roar. *Thorax*, 2012, 2, s. 97–98.
- 10 King, T. E. Jr. – Bradford, W. B. – Castro-Bernardini, S. – Fagan, E. A., et al.: ASCEND Study Group. A phase 3 trial of pirfenidone in patients with idiopathic pulmonary fibrosis. *N Engl J Med*, 2014, 22, s. 2083–2092.
- 11 Richeldi, L. – duBois, R. M. – Raghu, G., et al.: Efficacy and safety of nintedanib in idiopathic pulmonary fibrosis. *N Engl J Med*, 2014, 370, s. 2071–2082.
- 12 Vašáková, M., et al.: *Moderní farmakoterapie v pneumologii*. Praha, Maxdorf, 2013, s. 236–243.
- 13 Swigris, J. J. – Brown, K. K. – Make, B. J., et al.: Pulmonary rehabilitation in idiopathic pulmonary fibrosis: a call for continued investigation. *Resp Med*, 2008, 102, s. 1675–1680.

Chronická obstrukční plicní nemoc – komentář ke studii QUANTIFY

MUDr. Viktor Kašák LERYMED spol. s r.o., Oddělení respiračních nemocí, Praha

- 1 Global strategy for diagnosis, management and prevention of chronic obstructive pulmonary disease. *GOLD Report*, revidováno 2015. Dostupné z: www.goldcopd.org.
- 2 Koblížek, V. – Chlumský, J. – Zindr, V., et al.: *CHOPN. Doporučený postup ČPFS pro diagnostiku a léčbu chronické obstrukční plicní nemoci*. Maxdorf, Jessenius, 2013.
- 3 Bateman, E. D. – Mahler, D. A. – Vogelmeier, C. F., et al.: Recent advances in COPD disease management with fixed-dose long acting combination therapies. *Exp Rev Med*, 2014, 8, s. 357–379.
- 4 Kašák, V.: Indacaterol/glykopyrronium bromid – první fixní kombinace s dlouhodobým duálním bronchodilatačním účinkem v léčbě CHOPN. *Farmakoterapie*, 2014, 10, s. 436–447.
- 5 Buhl, R. – Gessner, C. – Schuermann, W., et al.: Efficacy and safety of once-daily QVA 149 compared with the free combination of once daily tiotropium plus twice-daily formoterol in patients with moderate-to-severe COPD (QUANTIFY): a randomized, non-inferiority study. *Thorax*, 2015, 0, s. 1–9, doi: 10.1136/thoraxjnl-2014-206345.

Asthma bronchiale a sport u dětí a adolescentů

MUDr. Petr Honomichl Dětská ordinace pro alergie a respirace, Plzeň

- 1 Novotný J., et al.: Sport při některých onemocněních – průduškové astma (asthma bronchiale). 2009, dostupné z: is.muni.cz/do/fsps/e-learning/kapitolysportmed/pages/23-sport-pri-onemocneni.html, vyhledáno 28. 4. 2015.
- 2 Koptíva, F.: Kombinovaná léčba asthma bronchiale u dětí. *Klin Farmakol Farm*, 2003, 17, s. 174–176.
- 3 Kašák, V.: Fixní kombinace budesonidu s formoterolem. *Remedia*, 2002, 12, s. 214–218.

Jak dál po selhání prvoliniové léčby inhibitory EGFR-TKI

MUDr. Gabriela Krákorová, Ph.D. Klinika pneumologie a fizeologie FN Plzeň

- 1 Podle údajů SVOD. Dostupné z: <http://www.svod.cz/>, vyhledáno 15. 6. 2015.
- 2 Sandler, A. – Gray, R. – Perry, M. C.: Paclitaxel–carboplatin alone or with bevacizumab for non-small-cell lung cancer. *N Engl J Med*, 2006, 355, s. 2542–2550.
- 3 Zhang, Z. – Stiegler, A. L. – Boggan, T. J., et al.: EGFR-mutated lung cancer: a paradigm of molecular oncology. *Oncotarget*, 2010, 1, s. 497–514.
- 4 Sequist, L. V. – Bell, D. W. – Lynch, T. J., et al.: Molecular predictors of response to epidermal growth factor receptor antagonists in non-small-cell lung cancer. *J Clin Oncol*, 2007, 25, s. 587–595.
- 5 Gandara, D. R. – Lara, P. N. Jr. – Mack, P., et al.: Individualizing therapy for non-small-cell lung cancer: a paradigm shift from empiric to integrated decision-making. *Clin Lung Cancer*, 2009, 10, s. 148–150.
- 6 West, H. – Lilienbaum, R. – Harpole, D., et al.: Molecular analysis-based treatment strategies for the management of non-small cell lung cancer. *J Thorac Oncol*, 2009, 4, dopl. 2, s. 1029–1039.
- 7 Siegelin, M. D. – Borczuk, A. C.: Epidermal growth factor receptor mutations in lung adenocarcinoma. *Lab Invest*, 2014, 94, s. 129–137.
- 8 Rosell, R., et al.: Erlotinib versus standard chemotherapy as first-line treatment for European patients with advanced EGFR mutation-positive non-small-cell lung cancer (EURTAC): a multicentre, open-label, randomised phase 3 trial. *Lancet Oncology*, 2012, 13, s. 239–246.
- 9 Mok, T. – Wu, Y. L. – Thongprasert, S., et al.: Phase III, randomised, open-label, first-line study of gefitinib vs carboplatin/paclitaxel in clinically selected patients with advanced non-small-cell lung cancer (IPASS). *Ann Oncol*, 2009, 19, dopl. 8, LBA2.
- 10 Lee, D. H. – Han, J. Y. – Lee, H. G., et al.: Gefitinib as a first-line therapy of advanced or metastatic adenocarcinoma of the lung in never-smokers. *Clin Cancer Res*, 2005, 11, s. 3032–3037.
- 11 Lang, Ch. H. – Wu, Y. – Schuler, M.: Afatinib versus cisplatin-based chemotherapy for EGFR mutation-positive lung adenocarcinoma (LUX-Lung 3 and LUX-Lung 6): analysis of overall survival data from two randomised, phase 3 trials. *The Lancet Oncology*, 2015, 16, s. 141–151.
- 12 Yu, H. A., et al.: Analysis of tumor specimens at the time of acquired resistance to EGFR-TKI therapy in 155 patients with EGFR-mutant lung cancers. *Clin Cancer Res*, 2013, 19, s. 2240–2247.
- 13 Cortot, A. B. – Jänne, P.: Molecular mechanisms of resistance in epidermal growth factor receptor-mutant lung adenocarcinomas. *Eur Respir Rev*, 2014, 23, s. 356–366.
- 14 Goto, K. – Ichinose, Y. – Ohe, Y., et al.: Epidermal growth factor receptor mutation status in circulating free DNA in serum: from IPASS, a phase III study of gefitinib or carboplatin/paclitaxel in non-small cell lung cancer. *J Thorac Oncol*, 2012, 7, s. 115–121.
- 15 Kimura, H. – Kasahara, K. – Kawaiishi, M., et al.: Detection of epidermal growth factor receptor mutations in serum as a predictor of the response to gefitinib in patients with non-small-cell. *Clinical Cancer Research*, 2006, 12, s. 3915–3921.
- 16 Douillard, J. Y. – Ostoros, G. – Cobo, M., et al.: First-line gefitinib in Caucasian EGFR mutation-positive NSCLC patients: a phase-IV, open-label, single-arm study. *Br J Cancer*, 2014, 110, s. 55–62.
- 17 NCCN guidelines. *Non Small Cell Lung cancer*. Dostupné z: www.nccn.org/professionals/physician_gls/pdf/nscl.pdf, vyhledáno 15. 6. 2015.
- 18 Milton, D. T. – Azzoli, C. G. – Heelan, R. T., et al.: A phase I/II study of weekly high-dose erlotinib in previously treated patients with non-small cell lung cancer. *Cancer*, 2006, 107, s. 1034–1041.
- 19 Jamal-Hanjani, M. – Spicer, J.: Epidermal growth factor receptor tyrosine kinase inhibitors in the treatment of epidermal growth factor receptor-mutant non-small cell lung cancer metastatic to the brain. *Clinical Cancer Research*, 2012, 18, s. 938–944.
- 20 Clarke, J. L. – Pao, W. – Wu, N., et al.: High dose weekly erlotinib achieves therapeutic concentrations in CSF and is effective in leptomeningeal metastases from epidermal growth factor receptor mutant lung cancer. *J Neurooncol*, 2010, 99, s. 283–286.
- 21 Miller, V. A. – Hirsh, V. – Cadranet, J., et al.: Afatinib versus placebo for patients with advanced, metastatic non-small-cell lung cancer after failure of erlotinib, gefitinib, or both, and one or two lines of chemotherapy (LUX-Lung 1): a phase 2b/3 randomised trial. *Lancet Oncol*, 2012, 13, s. 528–538.
- 22 Mok, T. – Wu, Y. – Nakagawa, K.: LBA2_PR – Gefitinib/chemotherapy vs chemotherapy in epidermal growth factor receptor (EGFR) mutation-positive non-small-cell lung cancer (NSCLC) after progression. Abstrakt, ESMO 2014.
- 23 Sequist, L. V. – Soria, J. C. – Goldman, J. W.: Rociletinib in

EGFR-mutated non-small-cell lung cancer. *N Engl J Med*, 2015, 372, s. 1700–1709.

24 Yang, J. Ch., et al.: Updated safety and efficacy from a Phase I study

of AZD9291 in patients with EGFR-TKI-resistant non-small cell lung cancer (NSCLC). ESMO 2014, abstrakt 6874.

25 Cross, D. A. – Ashton, S. E. – Ghiorghiu, S., et al.: AZD9291, an

irreversible EGFR TKI, overcomes T790M-mediated resistance to EGFR inhibitors in lung cancer. *Cancer Discov*, 2014, 4, s. 1046–1061.

Imunoterapie bronchogenního karcinomu – současnost a výhledy

MUDr. Leona Koubková Pneumologická klinika 2. LF UK a FN Motol, Praha

- 1 Drake, C. G. – Lipson, E. J. – Brahmer, J. R.: Breathing new life into immunotherapy: Review of melanoma, lung and kidney cancer. *Nature Reviews Clinical Oncology*, 2014, 11, s. 24–37.
- 2 Tartour, E. – Zitvogel, L.: Lung cancer: Potential targets for immunotherapy. *The Lancet Respiratory Medicine*, 2013, 1, s. 551–563.
- 3 Vansteenkiste, J. – Zielinski, M. – Linder, A., et al.: Adjuvant MAGE-A3 immunotherapy in resected non-small-cell lung cancer: phase II randomized study results. *Journal of clinical oncology: official journal of the American Society of Clinical Oncology*, 2013, 31, s. 2396–2403.
- 4 Butts, C. A. – Socinski, M. A. – Mitchell, P., et al.: START: A phase III study of L-BLP25 cancer immunotherapy for unresectable stage III non-small cell lung cancer. *Journal of Clinical Oncology*, 2013, 31, dopl. 1.
- 5 Declerck, S. – Vansteenkiste, J.: Immunotherapy for Lung Cancer. *Future Oncol*, 2014, 10, s. 91–105.
- 6 Villaruz, L. C. – Kalyan, A. – Zarour, H. – Socinski, M. A.: Immunotherapy in Lung Cancer. *Transl Lung Cancer Res*, 2014, 3, s. 2–14.
- 7 Rolfo, Ch. – Sortino, G. – Smits, E., et al.: Immunotherapy: is a minor god yet in the pantheon of treatments for lung cancer? *Expert Rev Anticancer Ther*, 2014, 14, s. 1173–1187.
- 8 Spigel, D. R., et al.: A phase III study (CheckMate 017) of nivolumab (NIVO; anti-programmed death-1 [PD-1]) vs docetaxel (DOC) in previously treated advanced or metastatic squamous (SQ) cell non-small cell lung cancer (NSCLC). *J Clin Oncol*, 2015, 33, abstrakt 8009.
- 9 Paz-Ares, L. – Horn, L. – Borghaei, H., et al.: Phase III, randomized trial (CheckMate 057) of nivolumab (NIVO) versus docetaxel (DOC) in advanced non-squamous cell (non-SQ) non-small cell lung cancer (NSCLC). *J Clin Oncol*, 2015, 33, abstrakt LBA109.
- 10 Gettinger, S. N., et al.: First-line monotherapy with nivolumab (NIVO; anti-programmed death-1 [PD-1]) in advanced non-small cell lung cancer (NSCLC): Safety, efficacy and correlation of outcomes with PD-1 ligand (PD-L1) expression. *J Clin Oncol*, 2015, 33 (dopl., abstrakt 8025).

Současnost a výhledy Efekt roflumilastu na exacerpace u pacientů s těžkou CHOPN, léčených kombinovanou inhalační terapií – studie REACT

MUDr. Michal Švarc Plicní klinika FN Hradec Králové

- 1 Vestbo, J. – Hurd, S. S. – Agustí, A. G., et al.: Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary. *Am J Respir Crit Care Med*, 2013, 87, s. 347–365.
- 2 O'Reilly, J. – Jones, M. M. – Parnham, J., et al.: Management of stable chronic obstructive pulmonary disease in primary and secondary care: summary of updated NICE guidance. *BMJ*, 2010, 340, s. c3134.
- 3 Calverley, P. M. – Anderson, J. A. – Celli, B., et al.: Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease. *N Engl J Med*, 2007, 356, s. 775–789.
- 4 Wedzicha, J. A. – Calverley, P. M. – Seemungal, T. A., et al.: The prevention of chronic obstructive pulmonary disease exacerbations by salmeterol/fluticasone propionate or tiotropium bromide. *Am J Respir Crit Care Med*, 2008, 177, s. 19–26.
- 5 Aaron, S. D. – Vandemheen, K. L. – Fergusson, D., et al.: Tiotropium in combination with placebo, salmeterol, or fluticasone-salmeterol for treatment of chronic obstructive pulmonary disease: a randomized trial. *Ann Intern Med*, 2007, 146, s. 545–555.
- 6 Spina, D.: Current and novel bronchodilators in respiratory disease. *Curr Opin Pulm Med*, 2014, 20, s. 73–86.
- 7 Dransfield, M. T. – Bourbeau, J. – Jones, P. W., et al.: Once-daily inhaled fluticasone furoate and vilanterol versus vilanterol only for prevention of exacerbations of COPD: two replicate double-blind, parallel-group, randomised controlled trials. *Lancet Respir Med*, 2013, 1, s. 210–223.
- 8 Zervas, E. – Samitas, K. – Gaga, M., et al.: Inhaled corticosteroids in COPD: pros and cons. *Curr Drug Targets*, 2013, 14, s. 192–224.
- 9 Albert, R. K. – Connett, J. – Bailey, W. C., et al.: Azithromycin for prevention of exacerbations of COPD. *N Engl J Med*, 2011, 365, s. 689–698.
- 10 Criner, G. J. – Connett, J. E. – Aaron, S. D., et al.: Simvastatin for the prevention of exacerbations in moderate-to-severe COPD. *N Engl J Med*, 2014, 370, s. 2201–2210.
- 11 Cyr, M. C. – Beauchesne, M. F. – Lemiere, C., et al.: Effect of theophylline on the rate of moderate to severe exacerbations among patients with chronic obstructive pulmonary disease. *Br J Clin Pharmacol*, 2008, 65, s. 40–50.
- 12 Decramer, M. – Rutten-van Molken, M. – Dekhuijzen, P. N., et al.: Effects of N-acetylcysteine on outcomes in chronic obstructive pulmonary disease (Bronchitis Randomized on NAC Cost-Utility Study, BRONCUS): a randomised placebo-controlled trial. *Lancet*, 2005, 365, s. 1552–1560.
- 13 Zheng, J. P. – Wen, F. Q. – Bai, C. X., et al.: Twice daily N-acetylcysteine 600 mg for exacerbations of chronic obstructive pulmonary disease (PANTHEON): a randomised, double-blind placebo-controlled trial. *Lancet Respir Med*, 2014, 2, s. 187–194.
- 14 Beghe, B. – Rabe, K. F. – Fabbri, L. M.: Phosphodiesterase-4 inhibitor therapy for lung diseases. *Am J Respir Crit Care Med*, 2013, 188, s. 271–278.
- 15 Rennard, S. I. – Calverley, P. M. – Goehring, U. M., et al.: Reduction of exacerbations by the PDE4 inhibitor roflumilast—the importance of defining different subsets of patients with COPD. *Respir Res*, 2011, 12, s. 18.
- 16 Calverley, P. M. – Rabe, K. F. – Goehring, U. M., et al.: Roflumilast in symptomatic chronic obstructive pulmonary disease: two randomised clinical trials. *Lancet*, 2009, 374, s. 685–694.
- 17 Fabbri, L. M. – Calverley, P. M. – Izquierdo-Alonso, J. L., et al.: Roflumilast in moderate-to-severe chronic obstructive pulmonary disease treated with longacting bronchodilators: two randomised clinical trials. *Lancet*, 2009, 374, s. 695–703.
- 18 Bateman, E. D. – Rabe, K. F. – Calverley, P. M., et al.: Roflumilast with long-acting β_2 agonists for COPD: influence of exacerbation history. *Eur Respir J*, 2011, 38, s. 553–560.
- 19 Calverley, P. M. – Martinez, F. J. – Fabbri, L. M., et al.: Does roflumilast decrease exacerbations in severe COPD patients not controlled by inhaled combination therapy? The REACT study protocol. *Int J Chron Obstruct Pulmon Dis*, 2012, 7, s. 375–382.
- 20 Jones, P. W.: COPD assessment test—rationale, development, validation and performance. *COPD*, 2013, 10, s. 269–271.
- 21 Keene, O. N. – Jones, M. R. – Lane, P. W. – Anderson, J.: Analysis of exacerbation rates in asthma and chronic obstructive pulmonary disease: example from the TRISTAN study. *Pharm Stat*, 2007, 6, s. 89–97.
- 22 Wedzicha, J. A. – Rabe, K. F. – Martinez, F. J., et al.: Efficacy of roflumilast in the COPD frequent exacerbator phenotype. *Chest*, 2013, 143, s. 1302–1311.
- 23 Calverley, P. M. – Kuna, P. – Monso, E., et al.: Beclomethasone/formoterol in the management of COPD: a randomised controlled trial. *Respir Med*, 2010, 104, s. 1858–1868.
- 24 Rabe, K. F. – Bateman, E. D. – O'Donnell, D., et al.: Roflumilast—an oral anti-inflammatory treatment for chronic obstructive pulmonary disease: a randomised controlled trial. *Lancet*, 2005, 366, s. 563–571.
- 25 Calverley, P. M. – Sanchez-Toril, F. – Mclvor, A., et al.: Effect of 1-year treatment with roflumilast in severe chronic obstructive pulmonary disease. *Am J Respir Crit Care Med*, 2007, 176, s. 154–161.
- 26 O'Donnell, D. E. – Bredenkroder, D. – Brose, M. – Webb, K. A.: Physiological effects of roflumilast at rest and during exercise in COPD. *Eur Respir J*, 2012, 39, s. 1104–1112.
- 27 Jones, P. W. – Adamek, L. – Naderu, G. – Banik, N.: Comparisons of health status scores with MRC grades in COPD: implications for the GOLD 2011 classification. *Eur Respir J*, 2013, 42, s. 647–654.
- 28 Jones, P. W. – Donohue, J. F. – Nedelman, J., et al.: Correlating changes in lung function with patient outcomes in chronic obstructive pulmonary disease: a pooled analysis. *Respir Res*, 2011, 12, s. 161.
- 29 Wouters, E. F. – Bredenkroder, D. – Teichmann, P., et al.: Effect of the phosphodiesterase 4 inhibitor roflumilast on glucose metabolism in patients with treatment-naïve, newly diagnosed type 2 diabetes mellitus. *J Clin Endocrinol Metab*, 2012, 97, s. e1720–e1725.
- 30 Finney, L. – Berry, M. – Singanayagam, A. – Elkin, S. L., et al.: Inhaled corticosteroids and pneumonia in chronic obstructive pulmonary disease. *Lancet Respir Med*, 2014, 2, s. 919–932.
- 31 Hurst, J. R. – Donaldson, G. C. – Quint, J. K., et al.: Temporal clustering of exacerbations in chronic obstructive pulmonary disease. *Am J Respir Crit Care Med*, 2009, 179, s. 369–374.
- 32 White, W. B. – Cooke, G. E. – Korey, P. R., et al.: Cardiovascular safety in patients receiving roflumilast for the treatment of COPD. *Chest*, 2013, 144, s. 758–765.
- 33 Mullerova, H. – Maselli, D. J. – Locantore, N., et al.: Hospitalized exacerbations of chronic obstructive pulmonary disease: risk factors and outcomes in the ECLIPSE cohort. *Chest*, publikováno online 30. 10. 2014, doi: 10.1378/chest.14-655.
- 34 Martinez, F. J., et al.: Effect of roflumilast on exacerbations in patients with severe chronic obstructive pulmonary disease uncontrolled by combination therapy (REACT): a multicentre randomised controlled trial. *Lancet*, 2015, 385, s. 857–866.

Zjednodušením léčby arteriální hypertenze ke snížení kardiovaskulárního rizika

doc. MUDr. Michal Vrablík, Ph.D. 3. interní klinika 1. LF UK a VFN, Praha

- 1 European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): the Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts). *Eur J Prev Cardiol*, 2012, 19, s. 585–667.
- 2 Soška, V. – Vavřková, H. – Vrablík, M., et al.: Stanovisko výboru ČSAT k doporučením ESC/EAS pro diagnostiku a léčbu dyslipidemií z roku 2011. *DMEV*, 2013, 16, s. 24–29.
- 3 Lancia, G. – Tabard, E. – Narkiewicz, K., et al.: 2013 guidelines for the management of arterial hypertension. *Eur Heart J*, 2013, epub: doi:10.1093/eurheartj/eh151.
- 4 Filipovský, J. – Widimský, J. Jr. – Ceral, R., et al.: Doporučení diagnostických a léčebných postupů u arteriální hypertenze – verze 2012. Doporučení České společnosti pro hypertenzi. *Hypertenze KV prevence*, 2012, 1, s. 1–16.
- 5 Vrablík, M.: Adherence v léčbě hypertenze: pomohou nové lékové formy? *Interní Medicina*, 2012, 12, s. 60–2.
- 6 Wald, D. S. – Law, M. – Morris, J. K., et al.: Combination therapy versus monotherapy in reducing blood pressure: meta-analysis on 11000 participants from 42 trials. *Am J Med*, 2009, 122, s. 290–300.
- 7 Dahlöf, B. – Sever, P. S. – Poulter, N. R., et al. for the ASCOT investigators: Prevention of cardiovascular events with an antihypertensive regimen of amlodipine adding perindopril as required versus atenolol adding bendroflumethiazide as required, in the Anglo Scandinavian Cardiac Outcomes Trial Blood Pressure Lowering Arm (ASCOT-BPLA): a multicentre randomised controlled trial. *Lancet*, 2005, 366, s. 895–906.
- 8 Jamerson, K. – Weber, M. A. – Bakris, G. L., et al.: Benazepril plus amlodipine or hydrochlorothiazide for hypertension in high-risk patients. *N Engl J Med*, 2008, 359, s. 2417–2428.
- 9 The Heart Outcomes Prevention Evaluation (HOPE) Study Investigators: Effects of ramipril on cardiovascular and microvascular outcomes in people with diabetes mellitus: results of the HOPE study and MICROHOPE substudy. *Lancet*, 2000, 355, s. 253–259.

RNA-interference při léčbě nádorových onemocnění

prof. Ing. Jaroslav Petr, DrSc. Výzkumný ústav živočišné výroby, Praha

- 1 Taberero, J. – Shapiro, G. I. – LoRusso, P. M. – Cervantes, A. – Schwartz, G. K., et al.: First-in-humans trial of an RNA interference therapeutic targeting VEGF and KSP in cancer patients with liver involvement. *Cancer Discov*, 2013, 3, s. 406–417.
- 2 Golan, T. – Hubert, A. – Shemi, A. – Segal, A. – Dancour, A. – Khvalivsky, E. Z.: A phase I trial of local delivery of siRNA against k-ras in combination with chemotherapy for locally advanced pancreatic adenocarcinoma. 49th Annual Meeting of the American Society of Clinical Oncology, Chicago, 2013.
- 3 Davis, M. E. – Zuckerman, J. E. – Choi, C. H. J. – Seligson, D. – Tolcher, A. – Alabi, C. A. – Yen, Y. – Heidel, J. D. – Dinan, A.: Evidence of RNAi in humans from systemically administered siRNA via targeted nanoparticles. *Nature*, 2010, 464, s. 1067–1070.
- 4 Wu, S. Y. – Lopez-Berestein, G. – Calin, G. A. – Sood, A. K.: RNAi therapies: Drugging the undruggable. *Sci Transl Med*, 2014, 6, 240ps7.
- 5 Coelho, T. – Adams, D. – Silva, A. – Lozeron, P. – Hawkins, P. N. – Mant, T. et al.: Safety and efficacy of RNAi therapy for transthyretin amyloidosis. *N Engl J Med*, 2013, 369, s. 819–829.
- 6 Strumberg, D. – Schultheis, B. – Traugott, U. – Vank, C. – Santel, A. – Keil, O., et al.: Phase I clinical development of Atu027, a siRNA formulation targeting PKN3 in patients with advanced solid tumors. *Int J Clin Pharmacol Ther*, 2012, 50, s. 76–78.
- 7 Stirland, D. – Nichols, J. – Denison, T. – Bae, Y.: *Targeted drug delivery for cancer*. Woodhead Publishing, Cambridge, 2014.
- 8 Cabral, H. – Matsumoto, Y. – Mizuno, K. – Chen, Q., et al.: Accumulation of sub-100 nm polymeric micelles in poorly permeable tumours depends on size. *Nature Nanotech*, 2011, 6, s. 815–823.
- 9 Mi, J. – Liu, Y. – Rabbani, Z. N. – Yang, Z. – Urban, J. H. – Sullenger, B. A. – Clary, B. M.: In vivo selection of tumor-targeting RNA motifs. *Nat Chem Biol*, 2010, 6, s. 22–24.
- 10 Bábíčková, J. – Tóthová, L. – Boor, P. – Celec, P.: In vivo phage display – A discovery tool in molecular biomedicine. *Biotechnol Adv*, 2013, 31, s. 1247–1259.
- 11 Gilleron, J. – Querbes, W. – Zeigerer, A. – Borodovsky, A. – Marsico, G. – Schubert, U. – Manyoats, K. – Seifert, S. – Andree, C. – Stöter, M. – Epstein-Barash, H. – Zhang, L. – Koteliensky, V. – Fitzgerald, K. – Fava, E. – Bickle, M. – Kalaidzidis, Y. – Akin, A. – Maier, M. – Zerial, M.: Image-based analysis of lipid nanoparticle-mediated siRNA delivery, intracellular trafficking and endosomal escape. *Nature Biotech*, 2013, 31, s. 638–646.
- 12 Nishimura, M. – Jung, E.-J. – Shah, M. Y. – Lu, C. – Spizzo, R. – Shimizu, M. – Han, H. D. – Ivan, C., et al.: Therapeutic synergy between microRNA and siRNA in ovarian cancer treatment. *Cancer Discov*, 2013, 3, s. 1302–1315.
- 13 Maier, M. A. – Jayaraman, M. – Matsuda, S. – Liu, J. – Barros, S. – Querbes, W., et al.: Biodegradable lipids enabling rapidly eliminated lipid nanoparticles for systemic delivery of RNAi therapeutics. *Mol Ther*, 2013, 21, s. 1570–1578.

Stres, deprese a životní styl v ČR

prof. MUDr. Jiří Raboch, DrSc. | PhDr. Radek Ptáček, Ph.D. Psychiatrická klinika 1. LF UK a VFN, Praha

- 1 Iacovides, A. – Fountoulakis, K. N. – Kaprinis, S. – Kaprinis, G.: The relationship between job stress, burnout and clinical depression. *J of Affective Disorders*, 2003, 75, s. 209–221.
- 2 Ptáček, R. – Stefano, G. B. – Kuzelova, H. – Raboch, J. – Harsa, P. – Kream, R. M.: Burnout syndrome in medical professionals: a manifestation of chronic stress with counterintuitive passive characteristics. *Neuroendocrinology Letters*, 2013, 34, s. 259–264.
- 3 Ptáček, R. – Raboch, J. – Kebza, V.: *Burnout syndrom jako mezioborový jev*. 2013, Grada.
- 4 World Health Organization. *World health statistics 2010*. World Health Organization.