

Literatura ACTA MEDICINAE 5–6/2018 Onkogynekologie | Gynekologie

- 2 **Léčba karcinomu ovaria**
doc. MUDr. Michal Zikán, Ph.D. Gynekologicko-porodnická klinika 1. LF UK a Nemocnice Na Bulovce
- 2 **Screening karcinomu děložního hrdla – cytologie, nebo typizace HPV?**
MUDr. Jan Chytra | doc. MUDr. Jiří Bouda, Ph.D. Gynekologicko-porodnická klinika, LF UK a FN Plzeň
- 2 **Zachování fertility u žen léčených pro zhoubný nádor**
MUDr. Kristýna Frühaufová, Ph.D. Iscare IVF, Praha
- 2 **Léčba karcinomu prsu – aktuálně a pohled do budoucna**
MUDr. Marta Krásenská Klinika komplexní onkologické péče, MOÚ, Brno
- 3 **Mezioborová spolupráce při léčbě karcinomu močového měchýře**
MUDr. Darja Šustrová Onkologická klinika FN v Motole a 2. LF UK, Praha
MUDr. Pavel Dušek, Ph.D. Urologická klinika FN v Motole a 2. LF UK, Praha
- 4 **Léčba neinvazivního karcinomu močového měchýře**
MUDr. Jana Katolická, Ph.D. Onkologicko-chirurgické oddělení, FN u svaté Anny v Brně
MUDr. Petr Filipenský, Ph.D. Urologické oddělení, FN u svaté Anny v Brně
- 4 **Vitamin D a nádorová prevence**
MUDr. Petr Křepelka, Ph.D. Ústav pro péči o matku a dítě; 3. LF UK; IPVZ, Praha
- 4 **Antikoncepce: benefity, rizika, mýty**
MUDr. PhDr. Pavel Čepický, CSc. Gynekologicko-porodnická ambulance LEVRET, s. r. o.
- 4 **Farmakologická léčba hyperaktivního močového měchýře**
MUDr. Alexandra Gregušová | MUDr. Zuzana Kachlířová Urologická klinika 3. LF UK a FN Královské Vinohrady, Praha
- 4 **Recidivující infekce močových cest – nové řešení**
MUDr. Jiří Balák, FEBU Poliklinika Hvězdova, Praha
- 5 **Poznámky k volbě gestagenu v gynekologické praxi**
doc. MUDr. Tomáš Fait, Ph.D. Gynekologicko-porodnická klinika 2. LF UK a FN v Motole, Praha
- 5 **Nové možnosti v léčbě vulvovaginálních infekcí**
MUDr. Jiří Slíva, MD., Ph.D. Ústav farmakologie 3. LF UK, Praha
- 5 **Význam L-methylfolátu pro organismus**
RNDr. Petr Ryšávka Pharmaceutical Biotechnology, s. r. o.
- 6 **Farmakologické umělé ukončení těhotenství na žádost ženy**
MUDr. Borek Sehnal, Ph.D. | MUDr. Helena Neumannová | doc. MUDr. Michal Zikán, Ph.D.
Onkogynekologické centrum, Gynekologicko-porodnická klinika, Nemocnice Na Bulovce a 1. LF UK, Praha
- 6 **Transsexualita Female to Male – State in the Art v České republice**
MUDr. Petra Vrzáčková, Ph.D., FECSM Gynekologicko-porodnická klinika VFN a 1. LF UK, TH klinika, s. r. o.
- 6 **Léčba pooperační bolesti po gynekologických operacích**
MUDr. Marek Hakl, Ph.D. Klinika algeziologie a preventivní péče, Medicinicare, s. r. o., Chirurgická klinika FN Brno a LF MU, Brno

- 7 **Early Breast Cancer Trialists Collaborative Group (EBCTCG):** Relevance of breast cancer hormone receptors and other factors to the efficacy of adjuvant tamoxifen: patient-level meta-analysis of randomised trials. *Lancet*, 2011, 378, s. 771–784.
- 8 **Early Breast Cancer Trialists Collaborative Group (EBCTCG):** Aromatase inhibitors versus tamoxifen in early breast cancer: patient-level meta-analysis of the randomised trials. *Lancet*, 2015, 386, s. 1341–1352.
- 9 **Tjan-Heijnen, V. C. – Van Hellemond, I. E. – Peer, P. G., et al.:** First results from the multicenter phase III DATA study comparing 3 versus 6 years of anastrozole after 2–3 years of tamoxifen in postmenopausal women with hormone receptor-positive early breast cancer. In: San Antonio Breast Cancer Symposium 2016, 6–10. 12. 2016, San Antonio, TX, abstrakt S1–03.
- 10 **Blok, E. J. – van de Velde, C. J. H. – Meershoek-Klein Kranenbarg, E. M., et al.:** Optimal duration of extended letrozole treatment after 5 years of adjuvant endocrine therapy; results of the randomized phase III IDEAL trial (BOOG 2006-05). In: San Antonio Breast Cancer Symposium 2016, 6–10. 12. 2016, San Antonio, TX, abstrakt S1–04.
- 11 **Mamounas, E. P. – Bandos, H. – Lembersky, B. C., et al.:** A randomized, double-blinded, placebo-controlled clinical trial of extended adjuvant endocrine therapy (tx) with letrozole (L) in postmenopausal women with hormone-receptor (+) breast cancer (BC) who have completed previous adjuvant tx with an aromatase inhibitor (AI): Results from NRG Oncology/NSABP B-42. San Antonio Breast Cancer Symposium 2016, 6–10. 12. 2016, San Antonio, TX, abstrakt S1–05.
- 12 **Goss, P. E. – Ingle, J. N. – Pritchard, K. I., et al.:** Extending aromatase-inhibitor adjuvant therapy to 10 years. *N Engl J Med*, 2016, 375, s. 209–219.
- 13 **Metzger Filho, O. – Giobbie-Hurder, A. – Mallon, E., et al.:** Relative effectiveness of letrozole compared with tamoxifen for patients with lobular carcinoma in the BIG 1-98 trial. *J Clin Oncol*, 2015, 33, s. 2772–2779.
- 14 **Early Breast Cancer Trialists Collaborative Group (EBCTCG):** Adjuvant bisphosphonate treatment in early breast cancer: meta-analyses of individual patient data from randomised trials. *Lancet*, 2015, 386, s. 1353–1361; Erratum. *Lancet*, 2016, 387, s. 30.
- 15 **Early Breast Cancer Trialists Collaborative Group (EBCTCG):** Comparisons between different polychemotherapy regimens for early breast cancer: meta-analyses of long-term outcome among 100,000 women in 123 randomized trials. *Lancet*, 2012, 379, s. 432–444.
- 16 **Sparano, J. A. – Gray, R. J. – Makower, D. F., et al.:** Prospective validation of a 21-gene expression assay in breast cancer. *N Engl J Med*, 2015, 373, s. 2005–2014.
- 17 **Tolaney, S. M. – Barry, W. T. – Dang, C. T., et al.:** Adjuvant paclitaxel and trastuzumab for node-negative, HER2-positive breast cancer. *N Engl J Med*, 2015, 372, s. 134–141.
- 18 **Gianni, L. – Pienkowski, T. – Im, Y. H., et al.:** 5-Year analysis of neoadjuvant pertuzumab and trastuzumab in patients with locally advanced, inflammatory, or early-stage HER2-positive breast cancer (NeoSphere): a multicentre, open label, phase 2 randomised trial. *Lancet Oncol*, 2016, 17, s. 791–800.
- 19 **Chan, A. – Delaloge, S. – Holmes, F. A., et al.:** ExteNET Study Group: Neratinib after trastuzumab-based adjuvant therapy in patients with HER2-positive breast cancer (ExteNET): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet Oncol*, 2016, 17, s. 367–377.
- 20 **Cardoso, F. – Costa, A. – Senkus, E., et al.:** 3rd ESO-ESMO International Consensus Guidelines for Advanced Breast Cancer (ABC 3). *Ann Oncol*, 2017, 28, s. 16–33.
- 21 **Baselga, J. – Cortés, J. – Kim, S. B., et al.:** Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *New Engl J Med*, 2012, 366, s. 109–119.
- 22 **Swain, S. – Kim, S. B. – Cortes, J., et al.:** Final overall survival analysis from the CLEOPATRA study of first-line pertuzumab, trastuzumab and docetaxel in patients with HER2-positive metastatic breast cancer. Prezentováno na ESMO 2014, 26–30. 9. 2014, Madrid, Španělsko, abstrakt 3500.
- 23 **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.
- 24 **Krop, I. E. – Lin, N. U. – Blackwell, K., et al.:** Trastuzumab emtansine (T-DM1) versus lapatinib plus capecitabine in patients with HER2-positive metastatic breast cancer and central nervous system metastases: a retrospective, exploratory analysis in EMILIA. *Ann Oncol*, 2015, 26, s. 113–119.
- 25 **Geyer, C. E. – Forster, J. – Lindquist, D., et al.:** Lapatinib plus capecitabine for HER-2 positive advanced breast cancer. *N Engl J Med*, 2006, 355, s. 2733–2743.
- 26 **Tutt, A. – Ellis, P. – Kilburn, L., et al.:** TNT: A randomized phase III trial of carboplatin (C) compared with docetaxel (D) for patients with metastatic or recurrent locally advanced triple negative or BRCA1/2 breast cancer (CRUK/07/012). In: San Antonio Breast Cancer Symposium 2014, 9–13. 12. 2014, San Antonio, TX, abstrakt S3–01.
- 27 **Nanda, R. – Chow, L. Q. – Dees, E. C., et al.:** Pembrolizumab in patients with advanced triple-negative breast cancer: phase Ib KEYNOTE-012 study. *J Clin Oncol*, 2016, 34, s. 2460–2467.
- 28 **Dirix, L. Y. – Takacs, I. – Nikolinakos, P., et al.:** Avelumab (MSB00107183), an anti-PD-L1 antibody, in patients with locally advanced or metastatic breast cancer: a phase Ib JAVELIN solid tumour trial. In: San Antonio Breast Cancer Symposium 2015, 8–12. 12. 2015, San Antonio, TX, abstrakt S1–04.
- 29 **Adams, S. – Diamond, J. R. – Hamilton, E. P.:** Phase Ib trial of atezolizumab in combination with nab-paclitaxel in patients with metastatic triple-negative breast cancer (mTNBC). *J Clin Oncol*, 2016, 34, suppl, abstrakt 1009.
- 30 **Robertson, J. F. R. – Bondarenko, I. M. – Trishkina, E., et al.:** Fulvestrant 500 mg versus anastrozole 1 mg for hormone receptor-positive advanced breast cancer (FALCON): an international, randomised, double-blind, phase 3 trial. *Lancet*, 2016, 388, s. 2997–3005.
- 31 **Cardoso, F. – Costa, A. – Norton, L., et al.:** ESO-ESMO 2nd international consensus guidelines for advanced breast cancer (ABC2). *Ann Oncol*, 2014, 25, s. 1871–1888.
- 32 **Piccart, M. – Hortobagyi, G. N. – Campone, M., et al.:** Everolimus plus exemestane for hormone-receptor-positive, human epidermal growth factor receptor-2-negative advanced breast cancer: overall survival results from BOLERO-2. *Ann Oncol*, 2014, 25, s. 2357–2362.
- 33 **Finn, R. S. – Martin, M. – Rugo, H. S., et al.:** Palbociclib and letrozole in advanced breast cancer. *N Engl J Med*, 2016, 375, s. 1925–1936.
- 34 **Hortobagyi, G. N. – Stemmer, S. M. – Burris, H. A., et al.:** Ribociclib as first-line therapy for HR-positive, advanced breast cancer. *N Engl J Med*, 2016, 375, s. 1738–1748.
- 35 **Turner, N. C. – Ro, J. – Andre, F., et al.:** PALOMA3 Study Group. Palbociclib in hormone-receptor-positive advanced breast cancer. *N Engl J Med*, 2015, 373, s. 209–219.
- 36 **Sledge, G. W. Jr. – Toi, M. – Neven, P., et al.:** MONARCH2: Abemaciclib in combination with fulvestrant in women with HR+/HER2- advanced breast cancer who had progressed while receiving endocrine therapy. *J Clin Oncol*, 2017, 35, s. 2875–2884.
- 37 **Cortes, J. – O'Shaughnessy, J. – Loesch, D., et al.:** Eribulin monotherapy versus treatment of physician's choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. *Lancet*, 2011, 377, s. 914–923.
- 38 **Finn, R. S. – Crown, J. P. – Lang, I., et al.:** The cyclin-dependent kinase 4/6 inhibitor palbociclib in combination with letrozole versus letrozole alone as first-line treatment of oestrogen receptor-positive, HER2-negative, advanced breast cancer (PALOMA-1/TRIO-18): a randomised phase 2 study. *Lancet*, 2015, 16, s. 25–35.

Mezioborová spolupráce při léčbě karcinomu močového měchýře

MUDr. Darja Šustrová Onkologická klinika FN v Motole a 2. LF UK, Praha

MUDr. Pavel Dušek, Ph.D. Urologická klinika FN v Motole a 2. LF UK, Praha

- 1 **Bellmunt, J. – Raghaven, D., et al.:** Treatment of metastatic urothelial cancer of the bladder and urinary tract. 2018. Dostupné z: <https://www.uptodate.com>, vyhledáno 11. 5. 2018.
- 2 **Neoadjuvant chemotherapy in invasive bladder cancer: update of a systematic review and meta-analysis of individual patient data advanced bladder cancer (ABC) meta-analysis collaboration.** *Eur Urol*, 2005, 48, s. 202.
- 3 **Yin, M., et al.:** Neoadjuvant chemotherapy for muscle-invasive bladder cancer: A systematic review and two-step meta-analysis. *Oncologist*, 2016, 21, s. 708.
- 4 **Grossman, H. B., et al.:** Neoadjuvant chemotherapy plus cystectomy compared with cystectomy alone for locally advanced bladder cancer. *N Engl J Med*, 2003, 349, s. 859.
- 5 **Griffiths, G., et al.:** International phase III trial assessing neoadjuvant cisplatin, methotrexate, and vinblastine chemotherapy for muscle-invasive bladder cancer: long-term results of the BA06 30894 trial. *J Clin Oncol*, 2011, 29, s. 2171.
- 6 **Grossman, H. B., et al.:** Neoadjuvant chemotherapy plus cystectomy compared with cystectomy alone for locally advanced bladder cancer. *N Engl J Med*, 2003, 349, s. 859.
- 7 **Modrá kniha České onkologické společnosti,** platnost od 1. 3. 2018.
- 8 **Rosenblatt, R., et al.:** Pathologic downstaging is a surrogate marker for efficacy and increased survival following neoadjuvant chemotherapy and radical cystectomy for muscle-invasive urothelial bladder cancer. *Eur Urol*, 2012, 61, s. 1229.
- 9 **Stein, J. P.:** Contemporary concepts of radical cystectomy and the treatment of bladder cancer. *J Urol*, 2003, 169, s. 116.
- 10 **Griffiths, G., et al.:** International phase III trial assessing neoadjuvant cisplatin, methotrexate, and vinblastine chemotherapy for muscle-invasive bladder cancer: long-term results of the BA06 30894 trial. *J Clin Oncol*, 2011, 29, s. 2171.
- 11 **Sternberg, C. N. – Skoneczna, I. – Kerst, J. M., et al.:** Immediate versus deferred chemotherapy after cystectomy in patient with pT3–pT4 or N+M0 urothelial carcinoma of the bladder (EORTC 30994) an intergroup, open label randomised phase 3 trial. *Lancet Oncol*, 2015, 16, s. 76–86.
- 12 **Orsatti, M., et al.:** Alternating chemo-radiotherapy in bladder cancer: a conservative approach. *Int J Radiat Oncol Biol Phys*, 1995, 33, s. 173.
- 13 **Premo, Ch. – Apolo, A. B. – Agarwal, P. K., et al.:** Trimodality therapy in bladder cancer: Who, what and when? *Urol Clin North Am*, 2015, 42, s. 169–vii.
- 14 **Balar, A. V. – Castellano, D. – O'Donnell, P. H., et al.:** First-line pembrolizumab in cisplatin-ineligible patients with locally advanced and unresectable or metastatic urothelial cancer (KEYNOTE-052): A multicentre, single-arm, phase 2 study. *Lancet Oncol*, 2017, 18, s. 1483–1492.
- 15 **Rosenberg, J. E.:** Atezolizumab in patients with locally advanced and metastatic urothelial carcinoma who have progressed following treatment with platinum-based chemotherapy: a single-arm, multicentre, phase 2 trial. *Lancet*, 2016, 387, s. 1909–1920.
- 16 **Balar, A. V. – Galsky, M. D. – Rosenberg, J. E., et al.:** Atezolizumab as first-line treatment in cisplatin-ineligible patients with locally advanced and metastatic urothelial carcinoma: a single-arm, multicentre, phase 2 trial. *Lancet*, 2017, 389, s. 67–76.
- 17 **Sharma, P. – Retz, M. – Siefker-Radtke, A., et al.:** Nivolumab in metastatic urothelial carcinoma after platinum therapy (CheckMate 275): a multicentre, single-arm, phase 2 trial. *Lancet Oncol*, 2017, 18, s. 312–322.
- 18 **Bellmunt, J. J. – de Wit, R. – Vaughn, D. J., et al.:** Pembrolizumab as second line therapy in advanced urothelial carcinoma. *NEJM*, 2017, 376, s. 1015–1026.
- 19 **Massard, Ch. – Gordon, M. S. – Sharma, S., et al.:** Safety and efficacy of durvalumab (MED4736), an anti-programmed cell death ligand-1 immune checkpoint inhibitor, in patients with advanced urothelial bladder cancer. *J Clin Oncol*, 2016, 34, s. 3119–3125.
- 20 **Patel, M. – Ellerton, J. – Infante, J. R., et al.:** Avelumab in metastatic urothelial carcinoma after platinum failure (JAVELIN Solid Tumor): pooled results from two expansion cohorts of an open-label, phase 1 trial. *Lancet Oncol*, 2017, s. 51–64.
- 21 **Carbone, D. P. – Reck, M. – Paz-Ares, L., et al.:** CheckMate 026 Investigators: First-line nivolumab in stage IV or recurrent non-small-cell lung cancer. *N Engl J Med*, 2017, 376, s. 2415–2426.
- 22 **Plataniotis, G. A. – Dale, R. G.:** Radio-chemotherapy for bladder cancer: Contribution of chemotherapy on local control. *World J Radiol*, 2013, 5, s. 267–274.
- 23 **Tester, W. – Porter, A. – Asbell, S., et al.:** Combined modality program with possible organ preservation for invasive bladder carcinoma: results of RTOG protocol 85-12. *Int J Radiat Oncol Biol Phys*, 1993, 25, s. 783–790.
- 24 **Tester, W. – Caplan, R. – Heaney, J., et al.:** Neoadjuvant combined modality program with selective organ preservation for invasive bladder cancer: results of Radiation Therapy Oncology Group phase II trial 8802. *J Clin Oncol*, 1996, 14, s. 119–126.
- 25 **Shibley, W. U. – Winter, K. A. – Kaufman, D. S., et al.:** Phase III trial of neoadjuvant chemotherapy in patients with invasive bladder cancer treated with selective bladder preservation by combined radiation therapy and chemotherapy: initial results of Radiation Therapy Oncology Group 89-03. *J Clin Oncol*, 1998, 16, s. 3576–3583.
- 26 **Kaufman, D. S. – Winter, K. A. – Shibley, W. U., et al.:** The initial results in muscle-invasive bladder cancer of RTOG 95-06: phase I/II trial of transurethral surgery plus radiation therapy with concurrent cisplatin and 5-fluorouracil followed by selective bladder preservation or cystectomy depending on the initial response. *Oncologist*, 2000, 5, s. 471–476.
- 27 **Hagan, M. P. – Winter, K. A. – Kaufman, D. S.:** RTOG 97-06: initial report of a phase I-II trial of selective bladder conservation using TURBT, twice-daily accelerated irradiation sensitized with cisplatin, and adjuvant MCV combination chemotherapy. *Int J Radiat Oncol Biol Phys*, 2003, 57, s. 665–672.
- 28 **Maria De Santis Kaiser Franz Josef – Spital, Vienna Center for Oncology and Hematology and LBI-ACR and ACR-ITR/VIENNA B L A D D E R C A N C E R Palliative chemotherapy – first line, second line, platinum unfit. Lugano, 12. 5. 2011.**

Léčba neinvazivního karcinomu močového měchýře

MUDr. Jana Katolická, Ph.D. Onkologicko-chirurgické oddělení, FN u svaté Anny v Brně

MUDr. Petr Filipenský, Ph.D. Urologické oddělení, FN u svaté Anny v Brně

- 1 Matoušková, M. – Svoboda, T. – Soukup, V., et al.: Multimodální přístup k nádorům močového měchýře a prostaty. *Solen*, 2017, s. 16.
- 2 Schned, A. R. – Andrew, A. S. – Marsit, C. J., et al.: Histological classification and stage of newly diagnosed bladder cancer in a population-based study from the Northeastern United States. *Scand J Urol Nephrol*, 2008, 42, s. 237–242.
- 3 Allard, P. – Bernard, P. – Fradet, Y., et al.: The early clinical course of primary Ta and T1 bladder cancer: a proposed prognostic index. *Br J Urol*, 1998, 81, s. 692–698.
- 4 Kurth, K. H. – Denis, L. – Bouffloux, C., et al.: Factor affecting recurrence and progression in superficial bladder tumours. *Eur J Cancer*, 1995, 31A, s. 1840–1846.
- 5 Sylvester, R. J. – Oosterlinck, W. – van der Meijden, A. P.: A single immediate postoperative instillation of chemotherapy decreases the risk of recurrence in patients with stage TaT1 bladder cancer: a meta-analysis of Publisher results of randomized clinical trials. *J Urol*, 2004, 171, s. 2186.
- 6 Sylvester, R. J. – Oosterlinck, W. – Holmang, S., et al.: Systematic review and individual patient data meta-analysis of randomized trials comparing a single immediate instillation of chemotherapy after transurethral resection with transurethral resection alone in patients with stage pTa-pT1 urothelial carcinoma of the bladder: which patients benefit from the instillation? *Eur Urol*, 2016, 69, s. 231.
- 7 Babjuk, M. – Burger, M. – Zigeuner, R., et al.: EAU guidelines on non-muscle-invasive urothelial carcinoma of the bladder: update 2013. *Eur Urol*, 2013, 64, s. 639–653.
- 8 Karmašová, K. – Vit, V. – Pacík, D.: Intravezikální instilační terapie povrchového karcinomu močového měchýře. *Urol List*, 2011, 9, s. 22–26.
- 9 Dostupné z: www.cus.cz/pro-odborniky/aktuality/nedostupnost-bcg-vakciny-na-nasem-trhu/, vyhledáno 4. 5. 2018.

Vitamin D a nádorová prevence

MUDr. Petr Křepelka, Ph.D. Ústav pro péči o matku a dítě; 3. LF UK; IPVZ, Praha

- 1 Kwan, H. Y. – Chao, X. – Su, T., et al.: The anti cancer and anti obesity effects of Mediterranean diet. *Critical Reviews in Food Science and Nutrition*, 2017, 57, s. 82–94.
- 2 Anand, P. – Kunnumakkara, A. B. – Sundaram, C., et al.: Cancer is a preventable disease that requires major life style changes. *Pharm Res*, 2008, 25, s. 2097–2116.
- 3 Bishayee, A. – Haskell, Y. – Do, C., et al.: Potential benefits of edible berries in the management of aerodigestive and gastrointestinal tract cancers: preclinical and clinical evidence. *Critical Reviews in Food Science and Nutrition*, 2016, 56, s. 1753–1775.
- 4 Pelucchi, C. – Bosetti, C. – Rossi, M., et al.: Selected aspects of Mediterranean diet and cancer risk. *Nutrition and cancer*, 2009, 61, s. 756–766.
- 5 Gandini, S. – Boniol, M. – Haukka, J., et al.: Meta-analysis of observational studies of serum 25-hydroxy vitamin D levels and colorectal, breast and prostate cancer and colorectal adenoma. *Int J Cancer*, 2011, 128, s. 1414–1424.
- 6 Ma, Y. – Zhang, P. – Wang, F., et al.: Association between vitamin D and risk of colorectal cancer: a systematic review of prospective studies. *J Clin Oncol*, 2011, 29, s. 3775–3782.
- 7 Bouillon, R. – Eelen, G. – Verlinden, L., et al.: Vitamin D and cancer. *J Steroid Biochem Mol Biol*, 2006, 102, s. 156.
- 8 Matsumoto, Y. – Kittaka, A. – Chen, T. C.: 19-Norvitamin D analogs for breast cancer therapy. *Canad J Physiol Pharm*, 2015, 93, s. 333–348.
- 9 Rose, A. A. – Elser, C. – Ennis, M., et al.: Blood levels of vitamin D and early stage breast cancer prognosis: a systematic review and meta-analysis. *Breast Canc Res Treat*, 2013, 141, s. 331–339.
- 10 Lim, S. T. – Jeon, Y. W. – Suh, Y. J.: Association between alterations in the serum 25-hydroxy vitamin D status during follow-up and breast cancer patient prognosis. *APJCP*, 2015, 16, s. 2507–2513.
- 11 Bauer, S. R. – Hankinson, S. E. – Bertone-Johnson, E. R. – Ding, E. L.: Plasma vitamin D levels, menopause, and risk of breast cancer: dose-response meta-analysis of prospective studies. *Medicine*, 2013, 92, s. 123–131.
- 12 Rose, A. A. – Elser, C. – Ennis, M. – Goodwin, P. J.: Blood levels of vitamin D and early stage breast cancer prognosis: a systematic review and meta-analysis. *Breast Canc Res Treat*, 2013, 141, s. 331–339.
- 13 Cauley, J. A. – Chlebowski, R. T. – Wactawski-Wende, J., et al.: Calcium plus vitamin D supplementation and health outcomes five years after active intervention ended: the Women's Health Initiative. *J Women's Health* (2002), 2013, 22, s. 915–929.
- 14 Chlebowski, R. T. – Johnson, K. C. – Kooperberg, C., et al.: Calcium plus vitamin D supplementation and the risk of breast cancer. *J Nat Cancer Inst*, 2008, 100, s. 1581–1591.
- 15 IARC. Vitamin D and Cancer. IARC Working Group Reports Vol.5, International Agency for research on Cancer, Lyon, November 2008. Dostupné z: http://www.iarc.fr/en/publications/pdfs-online/wrk/wrk5/Report_VitD.pdf, vyhledáno 6. 5. 2018.
- 16 Chung, M. – Lee, J. – Terasawa, T., et al.: Vitamin D with or without calcium supplementation for prevention of cancer and fractures: an updated meta-analysis for the U.S. Preventive Services Task Force. *Ann Intern Med*, 2011, 155, s. 827.
- 17 Jenab, M. – Bueno-de-Mesquita, H. B. – Ferrari, P., et al.: Association between pre-diagnostic circulating vitamin D concentration and risk of colorectal cancer in European populations: a nested case-control study. *BMJ*, 2010, 340, s. b5500.
- 18 Maalmi, H. – Walter, V. – Jansen, L., et al.: Dose-response relation ship between serum retinol levels and survival in patients with colorectal cancer: results from the DACHS study. *Nutrients*, 2018, 10, 4.
- 19 Maalmi, H. – Walter, V. – Jansen, L., et al.: Relation ship of very low-serum 25-hydroxyvitamin D3 levels with long-term survival in a large cohort of colorectal cancer patients from Germany. *Eur J Epidemiol*, 2017, 32, s. 961–971.
- 20 Wu, D. B. – Wang, M. L. – Chen, E. Q., et al.: New insights into the role of vitamin D in hepatocellular carcinoma. *Exp Rev Gastroenterol Hepatol*, 2018, 12, s. 287–294.
- 21 Liu, Y. – Wang, X. – Sun, X., et al.: Vitamin in take and pancreatic cancer risk reduction: A meta-analysis of observational studies. *Medicine*, 2018, 97, s. e0114.
- 22 Stolzenberg-Solomon, R. Z. – Jacobs, E. J. – Arslan, A. A., et al.: Circulating 25-hydroxyvitamin D and risk of pancreatic cancer: Cohort Consortium Vitamin D Pooling Project of Rarer Cancers. *Am J Epidemiol*, 2010, 172, s. 81.
- 23 Campolina-Silva, G. H. – Maria, B. T. – Mahecha, G. A. B., et al.: Reduced vitamin D receptor (VDR) expression and plasma vitamin D levels are associated with aging-related prostate lesions. *Prostate*, 2018, 78, s. 532–546.
- 24 Ahn, J. – Peters, U. – Albanes, D., et al.: Serum vitamin D concentration and prostate cancer risk: a nested case-control study. *J Nat Cancer Inst*, 2008, 100, s. 796.
- 25 Shui, I. M. – Mucci, L. A. – Kraft, P., et al.: Vitamin D-related genetic variation, plasma vitamin D, and risk of lethal prostate cancer: a prospective nested case-control study. *J Nat Cancer Inst*, 2012, 104, s. 690.
- 26 Ong, J. S. – Cuellar-Partida, G. – Lu, Y., et al.: Association of vitamin D levels and risk of ovarian cancer: a Mendelian randomization study. *Int J Epidemiol*, 2016, 45, s. 1619–1630.
- 27 Bjelakovic, G. – Gluud, L. L. – Nikolova, D., et al.: Vitamin D supplementation for prevention of cancer in adults. *Cochrane Database Syst Rev*, 2014, CD007469.
- 28 Lappe, J. – Watson, P. – Travers-Gustafson, D., et al.: Effect of vitamin D and calcium supplementation on cancer incidence in older women: a randomized clinical trial. *JAMA*, 2017, 317, s. 1234.

Antikoncepcce: benefity, rizika, mýty

MUDr. PhDr. Pavel Čepický, CSc. Gynekologicko-porodnická ambulance LEVRET, s. r. o.

- 1 Čepický, P.: Úvod do antikoncepcce pro lékaře gynekology. Praha, Levret, 2002 (2. upravené vydání s M. Fantou 2010). Text 1. vydání je dostupný z: <http://www.antikoncepcceprotebe.cz/uvod-do-antikoncepcce>, vyhledáno 3. 4. 2018.
- 2 Čepický, P., et al.: Doporučení k předpisu gestagení antikoncepcce. Aktualizace 2006. *Čes Gynek*, 2006, 71, s. 426–427.
- 3 Čepický, P., et al.: Doporučení k předpisu nitroděložního systému s levonorgestrelm (LNG-IUS). Aktualizace 2006. *Čes Gynek*, 2007, 72, s. 149–150.
- 7 Fait, T.: *Antikoncepcce: Průvodce ošetřujícího lékaře*. Praha, Maxdorf, 2012.
- 8 Křepelka, P.: *Hormonální antikoncepcce*. Praha, Mladá fronta, 2013.
- 9 Unzeitig, V., et al.: Doporučení k předpisu kombinované hormonální antikoncepcce. *Čes Gynek*, 2012, 77, s. 75–77.

Farmakologická léčba hyperaktivního močového měchýře

MUDr. Alexandra Gregušová | MUDr. Zuzana Kachlířová Urologická klinika 3. LF UK a FN Královské Vinohrady, Praha

- 1 Kachlířová, Z. – Horčíčka, L.: Hyperaktivní močový měchýř – možnosti léčby v roce 2012. *Remedia*, 2012. Dostupné z: www.remmedia.cz.
- 2 Gacci, M. – Sebastianelli, A. – Spatafora, P., et al.: Best practice in the management of storage symptoms in male lower urinary tract symptoms: a review of the evidence base. *Ther Adv Urol*, 2018, 10, s. 79–92.
- 3 Hegde, S. S.: Muscarinic receptors in the bladder: from basic research to therapeutics. *Br J Pharmacol*, 2006, 147, suppl. 2, s. 80–87.
- 4 Stamm, A. W. – Adelstein, S. A. – Chen, A., et al.: Inconsistency in the definition of urinary tract infection after intravesical botulinum toxin A injection: a systematic review. *J Urol*, 2018, pii: S0022-5347(18)42924-42922.
- 5 Freeman, R. – Foley, S. – Rosa Arias, J., et al.: Mirabegron improves quality-of-life, treatment satisfaction, and persistence in patients with overactive bladder: a multi-center, non-interventional, real-world, 12-month study. *Curr Med Res Opin*, 18. 12. 2017, s. 1–9.
- 6 Křhut, J.: *Hyperaktivní močový měchýř*. Praha, Maxdorf, 2007.
- 7 Mašata, J.: Anticholinergní látky v léčbě hyperaktivního močového měchýře. *Remedia*, 2007, 17, s. 89–100.

Recidivující infekce močových cest – nové řešení

MUDr. Jiří Balák, FEBU Poliklinika Hvězdova, Praha

- 1 Damiano, R. – Quarto, G. – Bava, I., et al.: Prevention of recurrent urinary tract infections by intravesical administrativ of hyaluronic acid and chondroitin sulphate: a placebo-controlled randomised trial. *Eur Urol*, 2011, 59, s. 645–651, doi: 10.1016/j.eururo.2010.12.039, Epub 18. 1. 2011.
- 2 Nightingale, G. G. – Shehab, Q. – Kandiah, C., et al.: The effect of

intravesical instillations with hyaluronic acid on sexual dysfunction in women with recurrent urinary tract infections (RUTI). *Taiwan J Obstet Gynecol*, 2015, 54, s. 537–540, doi: 10.1016/j.tjog.2015.03.005.

3 Gugliotta, G. – Calagna, G. – Adile, G., et al.: Is intravesical instillation of hyaluronic acid and chondroitin sulfate useful in preventing recurrent bacterial cystitis? A multicenter case control analysis. *Taiwan*

J Obstet Gynecol, 2015, 54, s. 537–540, doi: 10.1016/j.tjog.2015.03.005.

4 Cervigni, M. – Sommariva, M. – Tenaglia, R., et al.: A randomized, open-label, multicenter study of the efficacy and safety of intravesical hyaluronic acid and chondroitin sulfate versus dimethylsulfoxide in women with bladder pain syndrome/interstitial cystitis. *Neurourol Urodyn*, 2017, 36, s. 1178–1186, doi: 10.1002/nau.23091, Epub

21. 9. 2016.

5 Guidelines EAU – Urological infections (2018 update). Dostupné z: http://uroweb.org/guideline/urological-infections/#3_5s, vyhledáno 22. 5. 2018.

6 Product monography, Teva UK Ltd. Data on File. Zářij 2011.

7 Návod k použití Cystistat.

Poznámky k volbě gestagenu v gynekologické praxi

doc. MUDr. Tomáš Fait, Ph.D. Gynekologicko-porodnická klinika 2. LF UK a FN v Motole, Praha

1 Varila, E. – Wahlstrom, T. – Rauramo, I.: A 5-year follow-up study on the use of a levonorgestrel intrauterine system in women receiving hormone replacement therapy. *Fertil Steril*, 2001, 76, s. 969–973.

2 Suvanto-Luukkonen, E. – Malinen, H., et al.: Endometrial morphology during hormone replacement therapy with estradiol gel combined to levonorgestrel-releasing intrauterine device or natural progesterone. *Acta Obstet Gynecol Scand*, 1998, 77, s. 758–763.

3 Wan, Y. L. – Holland, C.: The efficacy of levonorgestrel intrauterine systems for endometrial protection: a systematic review. *Climacteric*, 2011, 14, s. 622–632.

4 Ziel, H. A. – Finkle, W. D.: Increased risk of endometrial carcinoma among users of conjugated estrogens. *N Engl J Med*, 1975, 293, s. 1167–1170.

5 Effects of hormone replacement therapy on endometrial histology in postmenopausal women. The Postmenopausal Estrogen/Progestin

Interventions (PEPI) Trial. The Writing Group for the PEPI Trial. Autoři neuvedeni. *JAMA*, 1996, 275, s. 370–375.

6 Pike, M. C. – Ross, R. K.: Progestins and menopause: epidemiological studies of risks of endometrial and breast cancer. *Steroids*, 2000, 65, s. 659–664.

7 Gurney, E. P. – Nachtigall, M. J. – Nachtigall, L. E. – Naftolin, F.: The WHI trial and related studies: 10 years later. *J Steroid Biochem Mol Biol*, 2014, 142, s. 4–11.

8 Canonico, M. – Oger, E. – Plu-Bureau, G., et al.: Hormone therapy and venous thromboembolism among postmenopausal women: impact of the route of estrogen administration and progestogens: the ESTHER study. *Circulation*, 2007, 115, s. 840–845.

9 Fournier, A. – Berrino, F. – Clavel-Chapelon, F.: Unequal risks for breast cancer associated with different hormone replacement therapies: results from the E3N cohort study. *Breast Cancer Res Treat*, 2008,

107, s. 103–111.

10 Lyytinen, H. – Pukkala, E. – Ylikorkkala, O.: Breast cancer risk in postmenopausal women using estradiol-progestogen therapy. *Obstet Gyn*, 2009, 113, s. 65–73.

11 Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 2013, dostupné z: www.ranzcog.edu.au, vyhledáno 2. 5. 2018.

12 Carp, H.: A systematic review of dydrogesterone for the treatment of threatened miscarriage. *Gynecol Endocrinol*, 2012, 28, s. 983–990.

13 Kuhl, H.: Pharmacology of estrogens and progestogens: influence of different routes of administration. *Climacteric*, 2006, 8, suppl. 1, s. 3–63.

14 Schindler, A. E.: *Maturitas*, 2003, 46, S1, s. 7–16.

Nové možnosti v léčbě vulvovaginálních infekcí

MUDr. Jiří Slíva, MD., Ph.D. Ústav farmakologie 3. LF UK, Praha

1 Rylander, E. – Berglund, A. L. – Krassny, C., et al.: Vulvovaginal candida in a young sexually active population: prevalence and association with oro-genital sex and frequent pain at intercourse. *Sex Transm Infect*, 2004, 80, s. 54–57.

2 Wright, H. J. – Palmer, A.: The prevalence and clinical diagnosis of vaginal candidosis in non-pregnant patients with vaginal discharge and pruritus vulvae. *J R Coll Gen Pract*, 1978, 28, s. 719–723.

3 Malazy, O. T. – Shariat, M. – Heshmat, R., et al.: Vulvovaginal candidiasis and its related factors in diabetic women. *Taiwan J Obstet Gynecol*, 2007, 46, s. 399–404.

4 Nowakowska, D. – Kurnatowska, A. – Stray-Pedersen, B. – Wilczynski, J.: Prevalence of fungi in the vagina, rectum and oral cavity in pregnant diabetic women: relation to gestational age and symptoms. *Acta Obstet Gynecol Scand*, 2004, 83, s. 251–256.

5 Bailey, J. V. – Benato, R. – Owen, C. – Kavanagh, J.: Vulvovaginal candidiasis in women who have sex with women. *Sex Transm Dis*, 2008, 35, s. 533–536.

6 Fromtling, R. A.: Overview of medically important antifungal azole

derivatives. *Clin Microbiol Rev*, 1988, 1, s. 187–217.

7 Palacin, C. – Tarrago, C. – Agut, J., et al.: In vitro activity of sertaconazole, fluconazole, ketoconazole, fenticonazole, clotrimazole and itraconazole against pathogenic vaginal yeast isolates. *Methods Find Exp Clin Pharmacol*, 2001, 23, s. 61–64.

8 Gorlero, F. – Sartani, A. – Cordaro, C. I., et al.: Fenticonazole tissue levels after the application of 3 different dosage forms of vaginal ovules. *Int J Clin Pharmacol Ther Toxicol*, 1988, 26, s. 479–481.

9 Novelli, A. – Periti, E. – Massi, G. B., et al.: Systemic absorption of 3H-fenticonazole after vaginal administration of 1 gram in patients. *J Chemother*, 1991, 3, s. 23–27.

10 Brewster, E. – Preti, P. M. – Ruffmann, R. – Studd, J.: Effect of fenticonazole in vaginal candidiasis: a double-blind clinical trial versus clotrimazole. *J Int Med Res*, 1986, 14, s. 306–310.

11 Wiest, W. – Ruffmann, R.: Short-term treatment of vaginal candidiasis with fenticonazole ovules: a three-dose schedule comparative trial. *J Int Med Res*, 1987, 15, s. 319–325.

12 Lawrence, A. G. – Houang, E. T. – Hiscock, E., et al.: Single dose

therapy of vaginal candidiasis: a comparative trial of fenticonazole vaginal ovules versus clotrimazole vaginal tablets. *Curr Med Res Opin*, 1990, 12, s. 114–120.

13 Wiest, W. – Azzollini, E. – Ruffmann, R.: Comparison of single administration with an ovule of 600 mg fenticonazole versus a 500 mg clotrimazole vaginal pessary in the treatment of vaginal candidiasis. *J Int Med Res*, 1989, 17, s. 369–372.

14 Studd, J. W. – Dooley, M. M. – Welch, C. C., et al.: Comparative clinical trial of fenticonazole ovule (600 mg) versus clotrimazole vaginal tablet (500 mg) in the treatment of symptomatic vaginal candidiasis. *Curr Med Res Opin*, 1989, 11, s. 477–484.

15 Munoz Reyes, J. R. – Villanueva, R. C. – Ramos, C. J., et al.: Efficacy and tolerance of 200 mg of fenticonazole versus 400 mg of miconazole in the intravaginal treatment of mycotic vulvovaginitis. *Ginecol Obstet Mex*, 2002, 70, s. 59–65.

16 Wiest, W. – Ruffmann, R.: Short-term treatment of vaginal candidiasis with fenticonazole ovules: a three-dose schedule comparative trial. *J Int Med Res*, 1987, 15, s. 319–325.

Význam L-methylfolátu pro organismus

RNDr. Petr Ryšávká Pharmaceutical Biotechnology, s. r. o.

1 Nygard, O. – Nordrehaug, J. E. – Refsum, H., et al.: Plasma omocysteine levels and mortality in patients with coronary artery disease. *N Engl J Med*, 1997, 337, s. 230–6.

2 Hustad, S. – Middtun, O. – Schneede, J., et al.: Hemethylene tetrahydrofolate reductase 677C-T polymorphism as a modulator of a B vitamin network with major effects on homocysteine metabolism. *Am J Hum Genet*, 2007, 80, s. 846–855.

3 Olthof, M. R. – Hollman, P. C. – Zock, P. L., et al.: Consumption of high doses of chlorogenic acid, present in coffee, or of black tea increases plasma total homocysteine concentrations in humans. *Am J Clin Nutr*, 2001, 73, s. 532–8.

4 Strandhagen, E. – Landaas, S. – Thelle, D. S.: Folic acid supplement decreases the homocysteine increasing effect of filtered coffee: a randomised placebo-controlled study. *Eur J Clin Nutr*, 2003, 57, s. 1411–1417.

5 Hatzis, C. M. – Bertsiaris, G. K. – Linardakis, M., et al.: Dietary and other lifestyle correlates of serum folate concentrations in a healthy adult population in Crete, Greece: a cross-sectional study. *Nutr J*, 2006, 5, s. 5.

6 Brettbauer, M. – Gondal, G. – Larsen, K., et al.: Design, organization and management of a controlled population screening study for detection of colorectal neoplasia: attendance rates in the NORCCAP study (Norwegian Colorectal Cancer Prevention). *Scand J Gastroenterol*, 2002, 37, s. 568–73.

7 Molloy, A. M. – Scott, J. M.: Microbiological assay for serum, plasma, and red cell folate using cryopreserved, microtiter plate method. *Methods Enzymol*, 1997, 281, s. 43–53.

8 Kelleher, B. P. – Broin, S. D.: Microbiological assay for vitamin B12 performed in 96-well microtitre plates. *J Clin Pathol*, 1991, 44, s. 592–595.

9 Middtun, O. – Hustad, S. – Solheim, E., et al.: Multianalyte

quantification of vitamin B6 and B2 species in the nanomolar range in human plasma by liquid chromatography-tandem mass spectrometry. *Clin Chem*, 2005, 51, s. 1206–1216.

10 Fiskerstrand, T. – Refsum, H. – Kvalheim, G., et al.: Homocysteine and other thiols in plasma and urine: automated determination and sample stability. *Clin Chem*, 1993, 39, s. 263–271.

11 Ulvik, A. – Ueland, P. M.: Single nucleotide polymorphism (SNP) genotyping in unprocessed whole blood and serum by real-time PCR application to SNPs affecting homocysteine and folate metabolism. *Clin Chem*, 2001, 47, s. 2050–2053.

12 Koener, R. – Hallock, K. F.: Quantile regression. Coffee and circulating B-vitamins clinical chemistry. *J Econ Perspectives*, 2001, 15, s. 143–156.

13 Ihaka, R. – Gentleman, R. R.: A language for data analysis and graphics. *J Comput Graph Stat*, 1996, 5, s. 299–314.

14 R Development Core Team. A language and environment for statistical computing, 2003. Dostupné z: <http://www.R-project.org>, vyhledáno 23. 6. 2008.

15 Fung, T. T. – Rimm, E. B. – Spiegelman, D., et al.: Association between dietary patterns and plasma biomarkers of obesity and cardiovascular disease risk. *Am J Clin Nutr*, 2001, 73, s. 61–67.

16 Esmailzadeh, A. – Kiamiaghi, M. – Mehrabi, Y., et al.: Dietary patterns, insulin resistance, and prevalence of the metabolic syndrome in women. *Am J Clin Nutr*, 2007, 85, s. 910–918.

17 Slattery, M. L. – Boucher, K. M. – Caan, B. J., et al.: Eating patterns and risk of colon cancer. *Am J Epidemiol*, 1998, 148, s. 4–16.

18 Engeset, D. – Alsaker, E. – Ciampi, A., et al.: Dietary patterns and lifestyle factors in the Norwegian EPIC cohort: the Norwegian Women and Cancer (NOWAC) study. *Eur J Clin Nutr*, 2005, 59, s. 675–684.

19 Walmsley, C. M. – Bates, C. J. – Prentice, A., et al.: Relation ship

between cigarette smoking and nutrient intakes and blood status indices of older people living in the UK: fur the analysis of data from the National Diet and Nutrition Survey of people aged 65 years and over, 1994/95. *Public Health Nutr*, 1999, 2, s. 199–208.

20 Roughead, Z. K. – McCormick, D. B.: Urinary riboflavin and its metabolites: effects of riboflavin supplementation in healthy residents of rural Georgia (USA). *Eur J Clin Nutr*, 1991, 45, s. 299–307.

21 Lee, C. M. – Leklem, J. E.: Differences in vitamin B6 status indicator responses between young and middle-aged women fed constant diets with two levels of vitamin B6. *Am J Clin Nutr*, 1985, 42, s. 226–234.

22 Suter, P. M. – Vetter, W.: Diuretics and vitamin B1: are diuretics a risk factor for thiaminmal nutrition? *Nutr Rev*, 2000, 58, s. 319–323.

23 Shikh, E. V.: Urine levels of thiamine and riboflavin in diuretic therapy of patients with cardiovascular diseases. *Klin Med (Mosk)*, 2002, 80, s. 39–42.

24 Mydlik, M. – Derzsiova, K. – Zemberova, E.: Influence of water and sodium diuresis and furosemide on urinary excretion of vitamin B6, oxalic acid and vitamin C in chronic renal failure. *Miner Electrolyte Metab*, 1999, 25, s. 352–356.

25 Mydlik, M. – Derzsiova, K. – Zemberova, E.: Metabolism of vitamin B6 and its requirement in chronic renal failure. *Kidney Int Suppl*, 1997, 62, s. 556–59.

26 Morrow, L. E. – Grimsley, E. W.: Long-term diuretic therapy in hypertensive patients: effects on serum homocysteine, vitamin B6, vitamin B12, and red blood cell folate concentrations. *South Med J*, 1999, 92, s. 866–870.

27 Shirley, D. G. – Walter, S. J. – Noormohamed, F. H.: Natriuretic effect of caffeine: assessment of segmental sodium reabsorption in humans. *Clin Sci (Lond)*, 2002, 103, s. 461–466.

- 28 **Birn, H.**: The kidney in vitamin B12 and folate homeostasis: characterization of receptors for tubular uptake of vitamins and carrier proteins. *Am J Physiol Renal Physiol*, 2006, 291, s. F22–36.
- 29 **Kuhn, W. – Roebroek, R. – Blom, H., et al.**: Hyperhomocysteinaemia in Parkinson's disease. *J Neural*, 1998, 245, s. 811–812.
- 30 **Rossi, M. – Amaretti, A. – Raimondi, S.**: Folate production by probiotic bacteria. *Nutrients*, 2011, 3, s. 118–134.
- 31 **Pandaac, S. H. – Dasac, S. – Balac, P., et al.**: Characterization of novel folate producing *Lactobacillus rhamnosus* and its appliance in fortification of ragi (*Eleusine coracana*) gruel. *Food Bioscience*, 2018, 21, s. 100–106.

Farmakologické umělé ukončení těhotenství na žádost ženy

MUDr. Borek Sehnal, Ph.D. | MUDr. Helena Neumannová | doc. MUDr. Michal Zikán, Ph.D.

Onkogynekologické centrum, Gynekologicko-porodnická klinika, Nemocnice Na Bulovce a 1. LF UK, Praha

- Sbírka zákonů České republiky. Zákon České národní rady o umělém přerušení těhotenství (č. 66/1986 Sb.), vyhláška (č. 75/1986 Sb.).
- Sbírka zákonů České republiky. Předpis č. 75/1986 Sb., vyhláška, kterou se provádí zákon č. 66/1986 Sb., o umělém přerušení těhotenství.
- Sbírka zákonů České republiky. Předpis č. 378/2007 Sb., zákon o léčivech a o změnách některých souvisejících zákonů (zákon o léčivech).
- Fiala, C. – Gemzel-Danielsson, K.**: Review of medical abortion using mifepristone in combination with a prostaglandin analogue. *Contraception*, 2006, 74, s. 66–86.
- Fiala, C. – Cameron, S. – Bombas, T., et al.**: *Early medical abortion, a practical guide for healthcare professional*. Editions de Santé, 2012.
- Morris, J. L. – Winikoff, B. – Dabash, R., et al.**: FIGO's updated recommendations for misoprostol used alone in gynecology and obstetrics. *Int J Gynaecol Obstet*, 2017, 138, s. 363–366.
- Ústav zdravotnických informací a statistiky ČR: *Potravy 2014–2015. Zdravotnická statistika*, 2016, s. 24–26.
- AISLP. Informační systém léčivých přípravků. Dostupné z www.aislp.cz.
- NORDIC Pharma, s. r. o., K Rybníku 475, Jesenice, Česká republika. Interní sdělení.
- Metodický pokyn ČGPs ČLS JEP. Farmakologické ukončení těhotenství do 63. dne amenorey (gestačního stáří). *Česká Gynekol*, 2014, 78, s. 240–241.
- Slunská, P. – Hanáček, J. – Fanta, M., et al.**: Management umělého ukončení těhotenství farmakologickou metodou, nepřesahuje-li těhotenství 7 týdnů, v České republice. *Česká Gynekol*, 2017, 82, s. 336–344.
- Lubušký, M. – Procházka, M. – Šimetka, O. – Holusková, I.**: Doporučení k provádění prevence RhD aloimmunizace u RhD negativních žen. Doporučený postup ČGPs ČLS JEP. *Česká Gynekol*, 2013, 78, s. 132–133.
- Mifegyne, SPC. Dostupné z <http://www.sukl.cz/modules/medication/detail.php?code=0190545&tab=texts>, vyhledáno 3. 4. 2018.
- Misopregol, SPC. Dostupné z <http://www.sukl.cz/modules/medication/detail.php?code=0183203&tab=texts>, vyhledáno 3. 4. 2018.
- Bizjak, I. – Fiala, C. – Berggren, L., et al.**: Efficacy and safety of very early medical termination of pregnancy: a cohort study. *BJOG*, 2017, 124, s. 1993–1999.
- Sbírka zákonů České republiky. Předpis č. 273/2015 Sb., vyhláška o stanovení hodnot bodu, výše úhrad hrazených služeb a regulačních omezení pro rok 2016.
- Sbírka zákonů České republiky. Předpis č. 350/2015 Sb., vyhláška, kterou se mění vyhláška č. 134/1998 Sb., kterou se vydává seznam zdravotních výkonů s bodovými hodnotami, ve znění pozdějších předpisů.
- Frank, K. – Gerychová, R. – Janků, P., et al.**: Farmakologické ukončení gravidity mifepristonem a misoprostolem – zhodnocení úspěšnosti, komplikací a spokojenosti pacientek. *Česká Gynekol*, 2015, 80, s. 452–455.
- Goldstone, P. – Walker, C. – Hawtin, K.**: Efficacy and safety of mifepristone-buccal misoprostol for early medical abortion in an Australian clinical setting. *Aust N Z J Obstet Gynaecol*, 2017, 57, s. 366–371.
- Reeves, M. F. – Monmaney, J. A. – Creinin, M. D.**: Predictors of uterine evacuation following early medical abortion with mifepristone and misoprostol. *Contraception*, 2016, 93, s. 119–125.
- Šefčíková A. – Šimková, L. – Dörr, A.**: Dva roky metody medikamentózního ukončení gravidity ve Slezské nemocnici v Opavě, úspěšnost a poznatky. *Česká Gynekol*, 2017, 82, s. 206–210.
- Chen, M. J. – Creinin, M. D.**: Mifepristone with buccal misoprostol for medical abortion: a systematic review. *Obstet Gynecol*, 2015, 126, s. 12–21.
- Kapp, N. – Baldwin, M. K. – Rodriguez, M. I.**: Efficacy of medical abortion prior to 6 gestational weeks: a systematic review. *Contraception*, 2018, 97, s. 90–99.
- Jackson, A. V. – Dayananda, I. – Fortin, J. M., et al.**: Can women accurately assess the outcome of medical abortion based on symptoms alone? *Contraception*, 2012, 85, s. 192–197.
- Heller, R. – Cameron, S.**: Termination of pregnancy at very early gestation without visible yolk sac on ultrasound. *J Fam Plann Reprod Health Care*, 2015, 41, s. 90–95.
- Goldstone, P. – Michelson, J. – Williamson, E.**: Effectiveness of early medical abortion using low-dose mifepristone and buccal misoprostol in women with no defined intrauterine gestational sac. *Contraception*, 2013, 87, s. 855–858.
- Shannon, C. – Brothers, L. P. – Philip, N. M., et al.**: Ectopic pregnancy and medical abortion. *Obstet Gynecol*, 2004, 104, s. 161–167.

Transsexualita Female to Male – State in the Art v České republice

MUDr. Petra Vrzáčková, Ph.D., FECSM Gynekologicko-porodnická klinika VFN a 1. LF UK, TH klinika, s. r. o.

- Kuiper, B. – Cohen-Kettenis P.**: Sex reassignment: A study of 141 Dutchtranssexuals. *Arch Sex Behav*, 1998, 17, s. 439–457.
- Fifková, H. – Weiss, P. – Procházka, I., et al.**: *Transsexualita a jiné pohlavní identity*. Praha, Grada, 2008, 2. vydání.

Léčba pooperační bolesti po gynekologických operacích

MUDr. Marek Hák, Ph.D. Klinika algeziologie a preventivní péče, Medicinicare, s. r. o., Chirurgická klinika FN Brno a LF MU, Brno

- Doležal, T. – Hák, M. – Kozák, J., et al.**: Metodické pokyny pro farmakoterapii bolesti. *Bolest*, suppl., 2016, 1, s. 1–21.
- Málek, J. – Ševčík, P., et al.**: *Léčba pooperační bolesti*. Mladá fronta, 2014.
- Oxfordská liga analgetik. Dostupné z: <http://www.bandolier.org.uk/booth/painpag/Acutrev/Analgesics/Leagtab.html>, vyhledáno 15. 5. 2018.
- Opavský, J.**: Stručný přehled farmakoterapie bolesti. *Remedia*, 1995, 5, s. 71–81.
- Ready, L. B. – Edwards, A.**: *Léčba akutní bolesti*. Mezinárodní společnost pro studium bolesti, Pardubice, Stapro, 1994, s. 99.