

Literatura ACTA MEDICINAE 5–7/2020 Gynekologie | Onkogynekologie | Urologie

2 Diagnostika preeklampsie

MUDr. Michal Koucký, Ph.D. Gynekologicko-porodnická klinika 1. LF UK a VFN, Praha

2 Prvotiměstrální screening

MUDr. Helena Neumannová Gynekologicko-porodnická klinika Nemocnice Na Bulovce, Praha

2 Komplexní léčba vulvovaginálních infekcí

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

2 Efektivní preskripcie kombinované hormonálnej kontracepcie

MUDr. Petr Křepelka Ústav pro péči o matku a dítě, Praha, Katedra gynekologie a porodnictví 3. LF UK Praha, Katedra gynekologie a porodnictví IPVZ, Praha

3 Mikronizovaný progesteron v terapii poruch menstruačního cyklu

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3 Hormonální terapie estrogen deficitního syndromu

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4 CDK4/6 inhibitory prodlužují také čas do druhé progrese (PFS2) – studie MONALEESA-3 a MONALEESA-7

prof. MUDr. Petra Tesařová, CSc. Onkologická klinika 1. LF UK a VFN, Praha

4 Výhledy v léčbě karcinomu prsu

MUDr. Zuzana Bielčíková, Ph.D. Onkologická klinika VFN a 1. LF UK, Praha

5 Adenomyóza

MUDr. Jan Lacheta Centrum reprodukční medicíny, ISCARE, a. s., Praha

5 Současný screening karcinomu děložního hrdla v České republice

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prof. MUDr. Jiří Sláma, Ph.D. Onkogynekologické centrum, Gynekologicko-porodnická klinika VFN a 1. LF UK, Praha

5 Aktuální možnosti léčby renálního karcinomu a výhled

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6 Moderní léčba karcinomu ovaria

MUDr. Markéta Bednáříková Interní hematologická a onkologická klinika LF MU a FN Brno

7 Léčba nemetastatického kastračně rezistentního prostatického karcinomu

prof. MUDr. Jindřich Fínek, Ph.D. MHA Onkologická a radioterapeutická klinika FN a LF UK Plzeň

7 Výhledy léčby nemetastatického kastračně rezistentního karcinomu prostaty

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

7 Silodosin v léčbě benigní hyperplazie prostaty

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

7 Medikamentózní léčba benigní prostatické hyperplazie

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8 Hluboká žilní trombóza – rizika a léčba u gynekologických a onkogynekologických pacientek

prof. MUDr. Michal Zikán, Ph.D. Gynekologicko-porodnická klinika 1. LF UK a Nemocnice Na Bulovce, Praha

8 Diosmin v léčbě chronické žilní insuficience

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8 Hyperaktivní močový měchýř a jeho farmakoterapie

MUDr. Marcela Lincová Gynekologicko-porodnická klinika 1. LF UK a Nemocnice Na Bulovce, Praha

8 Operační léčba ženské močové inkontinence

MUDr. Ivan Huvar, CSc. | MUDr. Miroslav Novák Gynekologicko-porodnické oddělení, Nemocnice Milosrdných bratří, Brno

8 Terapeutický význam pivmecillinamu v léčbě močových infekcí

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9 Evropská komise schválila přípravek Skyrizi (risankizumab) pro léčbu středně těžké až těžké ložiskové psoriázy

Diagnostika preeklampsie

MUDr. Michal Koucký, Ph.D. Gynekologicko-porodnická klinika 1. LF UK a VFN, Praha

- 1 ACOG Practice Bulletin No. 202: Gestational hypertension and preeclampsia. *Obstet Gynecol*, 2019, 133, s. e1.
- 2 Kappler, S. – Ronan-Bentle, S. – Graham, A.: Thrombotic microangiopathies (TTP, HUS, HELLP). *Hematol Oncol Clin North Am*, 2017, 31, s. 1081–1103.
- 3 García Salazar, M. D. – Mobley, Y. – Henson, J., et al.: Early pregnancy immune biomarkers in peripheral blood may predict preeclampsia. *J Reprod Immunol*, 2018, 125, s. 25–31.
- 4 Moffett, A.: NK cell allorecognition. *Nat Rev Immunol*, 2017, 17, s. 466.
- 5 Moffett, A. – Chazara, O. – Colucci, F., et al.: Variation of maternal KIR and fetal HLA-C genes in reproductive failure: too early for clinical intervention. *Reprod Biomed Online*, 2016, 33, s. 763–769.
- 6 Ahmed, A.: Evidence-based revised view of the pathophysiology of preeclampsia. *Adv Exp Med Biol*, 2017, 956, s. 355–374.
- 7 Haylett, J. P.: Interaction of renal disease and pregnancy. *Kidney Int*, 1984, 25, s. 579.
- 8 Vlk, R. – Procházka, M.: Hypertenzní onemocnění v těhotenství. *Česká Gynekol*, 2018, 83, s. 145–154.
- 9 O’Gorman, N. – Wright, D. – Poon, L. C., et al.: Accuracy of competing-risks model in screening for pre-eclampsia by maternal factors and biomarker sat 11–13 weeks’ gestation. *Ultrasound Obstet Gynecol*, 2017, 49, s. 751–755.
- 10 Duley, L. – Meher, S. – Hunter, K. E., et al.: Antiplatelet agents for preventiv pre-eclampsia and its complications. *Cochrane Database Syst Rev*, 2019, 2019.
- 11 Levine, R. J. – Maynard, S. E. – Qian, C., et al.: Circulating angiogenic factors and the risk of preeclampsia. *N Engl J Med*, 2004, 350, s. 672–683.
- 12 Agrawal, S. – Cerdeira, A. S. – Redman, C., et al.: Meta-analysis and systematic review to assess the role of soluble FMS-like tyrosine kinase-1 and placenta growth factor ratio in prediction of preeclampsia: the SaPPPhire study. *Hypertension*, 2018, 71, s. 306.
- 13 Zeisler, H. – Llurba, E. – Chantraine, F., et al.: Predictive value of the sFlt-1:PIGF ratio in women with suspected preeclampsia. *N Engl J Med*, 2016, 374, s. 13–22.
- 14 Leahomchi, S. – Calda, P.: Klinické využití nových biomarkerů preeklampsie. *Actual Gyn*, 2016, 8, s. 29–33.
- 15 National Institute for Health and Care Excellence (2016) PIGF based testing to help diagnose suspected pre-eclampsia. NICE Guideline. Dostupné z: <https://www.nice.org.uk/guidance/dg23>, vyhledáno 20. 1. 2020.

Prvotimestrální screening

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- 1 Salomon, L. J. – Alfirevic, Z. – Bilardo, C. M., et al.: ISUOG practice guidelines: performance of first-trimester fetal ultrasound scan. *Ultrasound Obstet Gynecol*, 2013, 41, s. 102–113.
- 2 Loucký, J. – Springer, D. – Šubrt, I.: Doporučení o laboratorním screeningu vrozených vývojových vad v prvním a druhém trimestru. *Klin Biochem Metab*, 2015, 23, s. 27–30.
- 3 Belošovičová, H. – Calda, P.: Screening Downova syndromu v prvním, druhém nebo obou trimestrech. *Aktuální gynekologie a porodnictví*, 2012, www.actualgyn.com.
- 4 Frisová, V.: Jaká je role ultrazvuku v diagnostice chromozomálních vad. Přehledový článek, *Aktuální gynekologie a porodnictví*, 2014, www.actualgyn.com.
- 5 Carmichael, J. B. – Liu, H. P. – Janik, D., et al.: Expanded conventional first trimester screening. *Prenat Diagn*, 2017, 37, s. 802–807.
- 6 Gil, M. M., et al.: Analysis of cell-free DNA in maternal blood in screening for aneuploidies: updated meta-analysis. *Ultrasound Obstet Gynecol*, 2017, 11. 4. 2017, doi: 10.1002/uog.17484.
- 7 Suciu, I. D. – Toader, O. D. – Galeva, S., et al.: Non-invasive prenatal testing beyond trisomies. *J Med Life*, 2019, 12, s. 221–224.
- 8 Rolnik, D. L. – Wright, L. – Poon, C., et al.: Aspirin versus placebo in pregnancies at high risk for preterm preeclampsia. *N Engl J Med*, 2017, 377, s. 613–622.

Komplexní léčba vulvovaginálních infekcí

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- 1 Mašata, J.: *Infekce v gynekologii*. Maxdorf, Praha, 2014.
- 2 Libálová, Z. – Čepický, P.: Vulvovaginitis. *Mod Gynek Porod*, 2005, 4, s. 502–510.
- 3 Čepický, P.: Chronické a recidivující vulvovaginitidy. *Prakt Gyn*, 2004, 2, s. 8–9.
- 4 Falagas, M. E. – Betsi, G. I. – Athanasiou, S.: Probiotics for prevention of recurrent vulvovaginal candidiasis: a review. *J Antimicrob Chemotherapy*, 2006, 58, s. 266–272.
- 5 Bagnall, P. – Rizzolo, D.: Bacterial vaginosis: A practical review. *JAAPA*, 2017, 30, s. 15–21.
- 6 Lamont, R. F. – Nhan-Chang, C. L. – Sobel, J. D., et al.: Treatment of abnormal vaginal flora in early pregnancy with clindamycin for the prevention of spontaneous preterm birth: a systematic review and metaanalysis. *Am J Obstet Gynecol*, 2011, 205, s. 177–190.
- 7 Donders, G. – Vereecken, A. – Bosmans, E., et al.: Definition of a type of abnormal vaginal flora that is distinct from bacterial vaginosis: aerobic vaginitis. *BJOG*, 2002, 109, s. 34–43.
- 8 Horowitz, B. – Mardh, P. – Nagy, E., et al.: Vaginal lactobacillosis. *Am J Obstet Gynecol*, 1994, 170, s. 857–61.
- 9 Gnann, J. W. Jr. – Whitley, R. J.: Clinical practice. Genital Herpes. *N Engl J Med*, 2016, 375, s. 666–674.
- 10 Patel, R. – Kennedy, O. J. – Clarke, E., et al.: 2017 European guidelines for the management of genital herpes. *Int J STD AIDS*, 2017, 28, s. 1366–1379.
- 11 Heine, P. – McGregor, J. A.: Trichomonas vaginalis: a reemerging pathogen. *Clin Obstet Gynecol*, 1993, 36, s. 137–144.
- 12 Müller-Peddinghaus, R.: New pharmacologic and biochemical findings on the mechanism of action of the non-steroidal antiphlogistic benzodamine. *Arzneimittel-Forschung*, 1987, 37, s. 635–645.
- 13 Verstraeten, H. – Verhelst, R. – Roelens, K., et al.: Antiseptics and disinfectants for the treatment of bacterial vaginosis. *BMC Infect Dis*, 2012, 12, s. 1.
- 14 Mathivanan, S. – Torre-Martinez, R. – Wolf, C., et al.: Effect of econazole and benzoylamine on sensory neurons in culture. *J Physiol Pharmacol*, 2016, 67, s. 851–858.
- 15 Sironi, M. – Milanesi, C. – Vecchi, A., et al.: Benzoylamine inhibits the release of TNF and monocyte chemotactic protein-1 by Candida albicans-stimulated human peripheral blood cells. *Int J Clin Lab Res*, 1997, 27, s. 118–122.
- 16 Pina-Vaz, C. – Rodrigues, A. G. – Sansonetty, F., et al.: Antifungal activity of local anesthetics against Candida species. *Infect Dis Obstet Gynecol*, 2000, 8, s. 124–137.
- 17 Machado, D. – Castro, J. – Palmeira-de-Oliveira, A., et al.: Bacterial vaginosis biofilms. *Front Microbiol*, 2016, 6, s. 1528.
- 18 Mega, M. – Marcolin, D. – Maggino, T., et al.: Therapeutic effects of topical benzoylamine in gynecology. *Clin Exp Obstet Gynecol*, 1980, 7, s. 25–36.
- 19 Cistermino, M. – Cammaresi, V.: Benzoylamine for the topical treatment of vulvovaginitis in children and adolescents. *Int J Tissue React*, 1985, 7, s. 241–247.
- 20 Unzeitig, V.: Praktické zkušenosti s benzoylaminem. *Mod Gynek Porod*, 2001, 3, s. 382–390.
- 21 Mahon, W. A. – De Gregorio, M.: Benzoylamine: a critical review of clinical data. *Int J Tissue React*, 1985, 7, s. 229–235.
- 22 Volterrani, F. – Tana, S. – Trenti, N., et al.: Topical benzoylamine in the treatment of vaginal radiomucositis. *Int J Tissue React*, 1987, 9, s. 169–171.
- 23 Maamer, M. – Aurossseau, M. – Colau, J. C.: Concentration of benzoylamine in vaginal mucosa following local application: an experimental and clinical study. *Int J Tissue React*, 1987, 9, s. 135–145.
- 24 Catane, B. – Facchini, V. – Barillari, G., et al.: Serum levels of benzoylamine following the topical use of this drug in gynecology. *Clin Exp Obstet Gynecol*, 1980, 7, s. 84–88.
- 25 Baldock, G. A. – Brodie, R. R. – Chasseaud, L. F., et al.: Pharmacokinetics of benzoylamine after intravenous, oral, and topical doses to human subjects. *Biopharm Drug Dispos*, 1991, 12, s. 481–492.
- 26 Carson, C. F. – Hammer, K. A. – Riley, T. V.: Melaleuca alternifolia (Tea Tree) oil: a review of antimicrobial and other medicinal properties. *Clin Microbiol Rev*, 2006, 19, s. 50–62.
- 27 Fait, T.: Could be phytotherapy implemented to vaginal discharge treatment? *J Adv Med Medical Res*, 2017, 22, s. 1–4.
- 28 Slíva, J. – Minářík, J.: Hyaluronát – nejen pasivní pozorovatel, nýbrž aktivní modulátor imunitních reakcí. *NEUMM*, 2009, 4, s. 35–38.
- 29 Reid, G.: Therapeutic opportunities in the vaginal microbiome. *Microbial Spectr*, 2017, 5.
- 30 Myhre, R. – Brantsæter, A. L. – Mykking, S., et al.: Intake of probiotic food and risk of spontaneous preterm delivery. *Am J Clin Nutr*, 2011, 93, s. 151–157.

Efektivní preskripce kombinované hormonální kontracepcie

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- 1 Pletzer, B. A. – Kerschbaum, H. H.: 50 years of hormonal contraception – time to find out, what it does to our brain. *Front Neurosci*, 2014, 8, s. 256.
- 2 World Health Organization, Department of Reproductive Health and Research. Medical eligibility criteria for contraceptive use. WHO 2015. Dostupné z: https://www.who.int/reproductivehealth/publications/family_planning/MEC-5-env/, vyhledáno 21. 2. 2020.
- 3 Brant, A. R. – Ye, P. P. – Teng, S. J., et al.: Non-contraceptive benefits of hormonal contraception: established benefits and new findings. *Curr Obstet Gynecol Reports*, 2017, 6, s. 109.
- 4 Kligman, A. M.: Postadolescent acne in women. *Cutis*, 1991, 48, s. 75–77.
- 5 Schindler, A. E.: Antiandrogenic progestins for treatment of signs of androgenisation and hormonal cocon. *Eur J Obstet Gynecol Reprod Biol*, 2004, 112, s. 136–141.
- 6 Palombo-Kinne, E. – Schellsmidt, I. – Schumacher, U., et al.: Efficacy of a combined oral contraceptive containing 0.030 mg ethinylestradiol/2 mg dienogest for the treatment of papulopustular acne in comparison with placebo and 0.035 mg ethinylestradiol/2 mg cyproterone acetate. *Contraception*, 2009, 79, s. 282–289.
- 7 Van Vloten, W. A. – van Haselen, C. W. – van Zuuren, E. J., et al.: The effect of two combined oral contraceptives containing ether drospirenone or cyproterone acetate on acne and seborrhea. *Cutis*, 2002, 69, s. 2–15.
- 8 Maloney, J. M. – Dietze, P. – Watson, D., et al.: A randomized controlled trial of a low-dose combined oral contraceptive containing 3 mg drospirenone plus 20 microg ethinylestradiol in the treatment of acne vulgaris: lesion counts, investigator ratings and subject self-assessment. *J Drugs Dermatol*, 2009, 8, s. 837–844.
- 9 Emans, S. J. – Laufer, M. R. – Goldstein, D. P.: Premenstrual syndrome. In: *Pediatric and Adolescent Gynecology*. Philadelphia, PA, Lipincott-Raven, 2005, s. 461–467.
- 10 Halbreich, U. – Borenstein, J. – Pearlstein, T., et al.: The prevalence, impairment, impact, and burden of premenstrual dysphoric disorder (PMDD). *Psychoneuroendocrinology*, 2003, 28, suppl. 3, s. 1–23.
- 11 Coffee, A. L. – Kuehl, T. J. – Willis, S., et al.: Oral contraceptive and premenstrual symptoms: comparison of a 21/7 and extended regimen. *Am J Obstet Gynecol*, 2006, 195, s. 1311–1319.
- 12 Lopez, L. M., et al.: Oral contraceptives containing drospirenone for premenstrual syndrome. *Cochrane Database Syst Rev*, 2009, 2, CD006586.
- 13 Mendoza, N. – Lobo, P. – Lertxundi, R., et al.: Extended regimens

- of combined hormonal contraception to reduce symptoms related to withdrawal bleeding and the hormone-free interval: A systematic review of randomised and observational studies. *Eur J Contr Reprod Health Care*, 19, s. 321–339.
- 14 Hernadi, L. – Marr, J. – Trummer, D., et al.: Efficacy and safety of a low-dose combined oral contraceptive containing drospirenone 3 mg and ethynodiol 20 mcg in a 24/4-day regimen. *Contraception*, 2009, 80, s. 18–24.
 - 15 Anderson, F. D. – Gibbons, W. – Portman, D.: Long-term safety of an extended-cycle oral contraceptive (Seasonale): a 2-year multicenter open-label extension trial. *Am J Obstet Gynecol*, 2006, 195, s. 92–96.
 - 16 Wagstaff, A. J.: Continous-use ethynodiol/levonorgestrel 20mcg/90mcg: as an oral contraceptive. *Drugs*, 2007, 67, s. 2473–2477.
 - 17 Kweicien, M. – Edelman, A. – Nichols, M. D., et al.: Bleeding patterns and patient acceptability of standard or continuous dosing regimens of a low-dose oral contraceptive: a randomized trial. *Contraception*, 2003, 67, s. 9–13.
 - 18 Yonkers, K. A. – Brown, C. – Pearlstein, T. B., et al.: Efficacy of a new low-dose oral contraceptive with drospirenone in premenstrual dysphoric disorder. *Obstet*, 2005, 106, s. 49–501.
 - 19 Cofee, A. L. – Kuehl, T. J. – Willis, S., et al.: Oral contraceptive and premenstrual symptoms: comparison of a 21/7 and extended regimen. *Am J Obstet Gynecol*, 2006, 195, s. 1311–1319.
 - 20 Lenz, G. M.: Abnormal Uterine Bleeding. In: Katz, V. L. – Lenz, G. M. – Lobo, R. A. – Gershenson, D. M.: *Comprehensive Gynecology*. Philadelphia, PA, Mosby, 2007, s. 915–932.
 - 21 Fraser, I. – McCarron, G.: Randomized trial of 2 hormonal and 2 prostaglandin-inhibition agents in women with a complaint of menorrhagia. *Aust N Z J Obstet Gynaecol*, 1991, 131, s. 66–70.
 - 22 Jensen, J. T. – Parke, S. – Mellinger, U., et al.: Effective treatment of heavy menstrual bleeding with estradiol valerate and dienogest: a randomized controlled trial. *Obstet Gynecol*, 2011, 117, s. 777–787.
 - 23 Anderson, F. D. – Hilt, H.; The Seasonale-301 Study Group: A multi-center, randomized study of an extended cycle oral contraceptive. *Contraception*, 2003, 68, s. 89–96.
 - 24 Huber, J. C. – Bentz, E. K. – Ott, J., et al.: Non-contraceptive benefits of oral contraceptives. *Expert Opin Pharmacother*, 2008, 9, s. 2317–2325.
 - 25 Verkauf, B. S.: Incidence, symptoms, and signs of endometriosis in fertile and infertile women. *Jt Med Assoc*, 1987, 74, s. 671–675.
 - 26 Davis, L.-J. – Kennedy, S. S. – Moore, J., et al.: Oral contraceptives for pain associated with endometriosis. *Cochrane Database of Systematic Reviews*, 2007, 3, CD001019.
 - 27 Vercellini, P. – Frontino, G. – De Giorgi, O., et al.: Continuous use of an oral contraceptive for endometriosis-associated recurrent dysmenorrhea that does not respond to a cyclic pill regimen. *Fertil Steril*, 2003, 80, s. 560–563.
 - 28 Serachiooli, R. – Mabrouk, M. – Frascà, C., et al.: Long-term cyclic and continuous oral contraceptive therapy and endometrioma recurrence: a randomized controlled trial. *Fertil Steril*, 2010, 93, s. 52–56.
 - 29 Köhler, G., et al.: A dose-ranging study to determine the efficacy and safety of 1, 2 and 4 mg of dienogest daily for endometriosis. *Int J Gynaecol Obstet*, 2010, 108, s. 21–25.
 - 30 Ross, C. M. – Shulman, L. P.: Assessing the Role of Reversible Contraceptives in the Health Care of Women as it Pertains to Cancer Prevention. *Adv Therapy*, 2017, 34, s. 2412–2421.
 - 31 Tung, K. H. – Goodman, M. T. – Wu, A. H., et al.: Reproductive factors and epithelial ovarian cancer risk by histologic type: a multiethnic case-control study. *Am J Epidemiol*, 2003, 158, s. 629–638.
 - 32 La Vecchia, C. – Negri, E. – Levi, F., et al.: Cancer mortality in Europe: effects of age, cohort of birth and period of death. *Eur J Cancer*, 1998, 34, s. 118–141.
 - 33 La Vecchia, C.: Oral contraceptives and ovarian cancer: an update, 1998–2004. *Eur J Cancer Prev*, 2006, 15, s. 117–124.
 - 34 La Vecchia, C. – Altieri, A. – Franceschi, S., et al.: Oral contraceptives and cancer. An update. *Drug Saf*, 2001, 24, s. 741–754.
 - 35 Fernandez, E. – La Vecchia, C. – Balducci, A., et al.: Oral contraceptives and colorectal cancer risk: a meta-analysis. *Br J Cancer*, 2001, 84, s. 722–727.
 - 36 Levi, F. – Pasche, C. – Lucchini, F., et al.: Oral contraceptives and colorectal cancer. *Dig Liver Dis*, 2003, 35, s. 85–87.
 - 37 Levi, F. – Lucchini, F. – Negri, E., et al.: Cancer mortality in Europe, 1995–1999, and an overview of trends since 1960. *Int J Cancer*, 2004, 110, s. 155–169.

Mikronizovaný progesteron v terapii poruch menstruačního cyklu

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- 1 Shangold, M. M. – To Mai, T. P. – Cook, J. D., et al.: Factors associated with withdrawal bleeding after administration of oral micronized progesterone in women with secondary amenorrhea. *Fertility and sterility*, 1991, 56, s. 1040–1047.
- 2 Harman, S. M. – Black, D. M. – Naftolin, F., et al.: Arterial imaging outcomes and cardiovascular risk factors in recently postmenopausal women: a randomized trial. *Ann Intern Med*, 2014, 161, s. 249.
- 3 Wakatsuki, A. – Okatani, Y. – Ikenoue, N., et al.: Effect of medroxyprogesterone acetate on endothelium-dependent vasodilation in postmenopausal women receiving estrogen. *Circulation*, 2001, 104, s. 1773.
- 4 Rosano, G. M. – Vitale, C. – Fini, M.: Hormone replacement therapy and cardioprotection: what is good and what is bad for the cardiovascular system? *Ann NY Acad Sci*, 2006, 1092, s. 341.
- 5 Reuben, D. B. – Palla, S. L. – Hu, P., et al.: Progestins affect mechanism of estrogen-induced C-reactive protein stimulation. *Am J Med*, 2006, 119, s. 167.e1.
- 6 Effects of estrogen or estrogen/progestin regimens on heart disease risk factors in postmenopausal women. The Postmenopausal Estrogen/Progestin Interventions (PEPI) Trial. The Writing Group for the PEPI Trial. *JAMA*, 1995, 273, s. 199.
- 7 Cicinelli, E. – de Ziegler, D. – Galantino, P., et al.: Twice-weekly transdermal estradiol and vaginal progesterone as continuous combined hormone replacement therapy in postmenopausal women: a 1-year prospective study. *Am J Obstet Gynecol*, 2002, 187, s. 556.
- 8 Fournier, A. – Berrino, F. – Clavel-Chapelon, F.: Un equal risks for breast cancer associated with different hormone replacement therapies: results from the E3N cohort study. *Breast Cancer Res Treat*, 2008, 107, s. 103.
- 9 Practice Committee of the American Society for Reproductive Medicine (PCASRM). Current evaluation of amenorrhea. *Fertil Steril*, 2006, 86, suppl. 1, s. S148.
- 10 Gordon, C. M.: Clinical practice. Functional hypothalamic amenorrhea. *N Engl J Med*, 2010, 363, s. 365.
- 11 Constantini, N. W. – Warren, M. P.: Menstrual dysfunction in swimmers: a distinct entity. *J Clin Endocrinol Metab*, 1995, 80, s. 2740.
- 12 Couzin, B. – Young, J. – Breilly, S., et al.: Functional hypothalamic amenorrhea: a partial and reversible gonadotrophin deficiency of nutritional origin. *Clin Endocrinol (Oxf)*, 1999, 50, s. 229.
- 13 Zhang, X. – Qi, C. – Lin, J.: Enhanced expressions of matrix metalloproteinase (MMP)-2 and -9 and vascular endothelial growth factors (VEGF) and increased microvascular density in the endometrial hyperplasia of women with anovulatory dysfunctional uterine bleeding. *Fertility & Sterility*, 2010, 93, s. 2362–2367.
- 14 Druckmann, R.: Dysfunctional uterine bleeding: from adolescence to menopause. *Hormone Molecular Biology & Clinical Investigation*, 2010, 3, s. 461–467.
- 15 Lax, S.: Precursor lesions of endometrial carcinoma: diagnostic approach and molecular pathology. *Pathologe*, 2011, 32, suppl. 2, s. 255–264.
- 16 Li, X. C. – Song, W. J.: Endometrial Intraepithelial Neoplasia (EIN) in endometrial biopsy specimens categorized by the 1994 World Health Organization classification for endometrial hyperplasia. *Asian Pac J Cancer Prev*, 2013, 14, s. 5935–5939.
- 17 Casper, R. F.: Regulation of estrogen/progestogen receptors in the endometrium. *Int J Fertil Menopausal Stud*, 1996, 41, s. 16.
- 18 Marra, C. – Penati, C. – Ferrari, L., et al.: Treatment of simple and complex endometrial non-atypical hyperplasia with natural progesterone: response rate to different doses. *Gynecol Endocrinol*, 2014, 30, s. 899.

Hormonální terapie estrogen deficitního syndromu

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- 1 Gold, E. B. – Colvin, A. – Avis, N., et al.: Longitudinal analysis of the association between vasomotor symptoms and race/ethnicity across the menopausal transition: study of women's health across the nation. *Am J Public Health*, 2006, 96, s. 1226.
- 2 Nelson, L. M.: Clinical practice. Primary ovarian insufficiency. *N Engl J Med*, 2009, 360, s. 606.
- 3 Coulam, C. B. – Adamson, S. C. – Annegers, J. F.: Incidence of premature ovarian failure. *Obstet Gynecol*, 1986, 67, s. 604.
- 4 Stuenkel, C. A. – Davis, S. R. – Gompel, A., et al.: Treatment of Symptoms of the Menopause: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*, 2015, 100, s. 3975.
- 5 Speroff, L.: Efficacy and tolerability of a novel estradiol vaginal ring for relief of menopausal symptoms. *Obstet Gynecol*, 2003, 102, s. 823.
- 6 Walsh, B. W. – Schiff, I. – Rosner, B., et al.: Effects of postmenopausal estrogen replacement on the concentrations and metabolism of plasma lipoproteins. *N Engl J Med*, 1991, 325, s. 1196.
- 7 Pang, S. C. – Greendale, G. A. – Cedars, M. I., et al.: Long-term effects of transdermal estradiol with and without medroxyprogesterone acetate. *Fertil Steril*, 1993, 59, s. 76.
- 8 Jurgens, R. W. Jr. – Downey, L. J. – Abernethy, W. D., et al.: A comparison of circulating hormone levels in postmenopausal women receiving hormone replacement therapy. *Am J Obstet Gynecol*, 1992, 167, s. 459.
- 9 Baker, V. L.: Alternatives to oral estrogen replacement. Transdermal patches, percutaneous gels, vaginal creams and rings, implants, other methods of delivery. *Obstet Gynecol Clin North Am*, 1994, 21, s. 271.
- 10 The Writing Group for the PEPI Trial: Effects of estrogen or estrogen/progestin regimens on heart disease risk factors in postmenopausal women. The Postmenopausal Estrogen/Progestin Interventions (PEPI) Trial. *JAMA*, 1995, 273, s. 199.
- 11 Harman, S. M. – Black, D. M. – Naftolin, F., et al.: Arterial imaging outcomes and cardiovascular risk factors in recently postmenopausal women: a randomized trial. *Ann Intern Med*, 2014, 161, s. 249.
- 12 Wakatsuki, A. – Okatani, Y. – Ikenoue, N., et al.: Effect of medroxyprogesterone acetate on endothelium-dependent vasodilation in postmenopausal women receiving estrogen. *Circulation*, 2001, 104, s. 1773.
- 13 Rosano, G. M. – Vitale, C. – Fini, M.: Hormone replacement therapy and cardioprotection: what is good and what is bad for the cardiovascular system? *Ann NY Acad Sci*, 2006, 1092, s. 341.
- 14 Reuben, D. B. – Palla, S. L. – Hu, P., et al.: Progestins affect mechanism of estrogen-induced C-reactive protein stimulation. *Am J Med*, 2006, 119, s. 167.e1.
- 15 The Writing Group for the PEPI Trial: Effects of estrogen or estrogen/progestin regimens on heart disease risk factors in postmenopausal women. The Postmenopausal Estrogen/Progestin Interventions (PEPI) Trial. *JAMA*, 1995, 273, s. 199.
- 16 Cicinelli, E. – de Ziegler, D. – Galantino, P., et al.: Twice-weekly transdermal estradiol and vaginal progesterone as continuous combined hormone replacement therapy in postmenopausal women: a 1-year prospective study. *Am J Obstet Gynecol*, 2002, 187, s. 556.
- 17 Fournier, A. – Berrino, F. – Clavel-Chapelon, F.: Un equal risks for breast cancer associated with different hormone replacement therapies: results from the E3N cohort study. *Breast Cancer Res Treat*, 2008, 107, s. 103.
- 18 Palacios, S. – Mejia, A.: Progestogen safety and tolerance in hormonal replacement therapy. *Exp Opin Drug Safety*, 2016, 15, s. 1515–1525.
- 19 Fournier, A. – Berrino, F. – Clavel-Chapelon, F.: Un equal risks for breast cancer associated with different hormone replacement therapies: results from the E3N cohort study. *Breast Cancer Res Treat*, 2008, 107, s. 103.
- 20 Long, M. E. – Faubion, S. S. – MacLaughlin, K. L., et al.: Contraception and hormonal management in the perimenopause. *J Womens Health (Larchmt)*, 2015, 24, s. 3.
- 21 Soini, T. – Hurskainen, R. – Gréman, S., et al.: Cancer risk in women using the levonorgestrel-releasing intrauterine system in Finland. *Obstet Gynecol*, 2014, 124, s. 292.
- 22 Lobo, R. A. – Pinkerton, J. V. – Gass, M. L., et al.: Evaluation of bazedoxifene/conjugated estrogens for the treatment of menopausal symptoms and effects on metabolic parameters and overall safety profile. *Fertil Steril*, 2009, 92, s. 1025.
- 23 Silverman, S. L. – Christiansen, C. – Genant, H. K., et al.: Efficacy

of bazedoxifene in reducing new vertebral fracture risk in postmenopausal women with osteoporosis: results from a 3-year, randomized, placebo-, and active-controlled clinical trial. *J Bone Miner Res*, 2008, 23, s. 1923.

24 Formoso, G. – Perrone, E. – Maltoni, S., et al.: Short-term and long-term effects of tibolone in postmenopausal women. *Cochrane Database Syst Rev*, 2016, 10, CD008536.

CDK4/6 inhibitory prodlužují také čas do druhé progrese (PFS2) – studie MONALEESA-3 a MONALEESA-7

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- 1 Slamon, D.J. – Neven, P. – Chia, S. K. L., et al.: Ribociclib (RIB) + fulvestrant (FUL) in postmenopausal women with hormone receptor-positive (HR+), HER2-negative (HER2-) advanced breast cancer (ABC): results from MONALEESA-3. *J Clin Oncol*, 2019, 37, suppl., abstrakt 1000.
- 2 Slamon, D.J. – Neven, P. – Chia, S., et al.: Overall survival (OS) results

of the phase III MONALEESA-3 trial of postmenopausal patients (pts) with hormone receptor-positive (HR+), human epidermal growth factor 2-negative (HER2-) advanced breast cancer (ABC) treated with fulvestrant (FUL) + ribociclib (rib). Prezentováno na 2019 ESMO Congress; 27. 9. – 1. 10. 2019; Barcelona, Španělsko. Abstrakt LBA7.

- 3 Hurvitz, S. A. – Im, S.-A. – Lu, Y.-S., et al.: Phase III MONALEESA-7 trial

of premenopausal patients with HR+/HER2- advanced breast cancer (ABC) treated with endocrine therapy ± ribociclib: Overall survival (OS) results. *J Clin Oncol*, 2019, 37, suppl., abstrakt LBA1008.

- 4 Im, S. A., et al.: Overall survival with ribociclib plus endocrine therapy in breast cancer. *N Engl J Med*, 2019, 381, s. 307–316.

Výhledy v léčbě karcinomu prsu

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- 1 Gianni, L. – Pienkowski T., et al.: Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER2-positive breast cancer (NeoSphere): a randomised multicentre, open-label, phase 2 trial. *Lancet Oncol*, 2012, 13, s. 25–32.
- 2 Schneeweiss, A. – Chia, S., et al.: Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: a randomized phase II cardiac safety study (TRYPHENA). *Ann Oncol*, 2013, 24, s. 2278–2284.
- 3 Pernas, S. – Petit, A. – Climent F., et al.: PAM50 subtypes in baseline and residual tumors following neoadjuvant trastuzumab-based chemotherapy in HER2-positive breast cancer: a consecutive-series from a single institution. *Front Oncol*, 2019, 9, art.707.
- 4 Loi, S. – Michiels, S. – Salgado, R., et al.: Tumor infiltrating lymphocytes are prognostic in triple negative breast cancer and predictive for trastuzumab benefit in early breast cancer: results from the FinHER trial. *Ann Oncol*, 2014, 25, s. 1544–1550.
- 5 Varadhan, V. – Gilmore, H. L. – Miskimen, K. L. S., et al.: Immune signatures following single dose trastuzumab predict pathologic response to preoperative trastuzumab and chemotherapy in HER2-positive early breast cancer. *Clin Cancer Res*, 2016, 22, s. 3249–3259.
- 6 Slagado, R. – Denkert, C. – Campbell, C., et al.: Tumor-infiltrating lymphocytes and associations with pathological complete response and event-free survival in HER2-positive early-stage breast cancer treated with lapatinib and trastuzumab: a secondary analysis of the NeoALTTO trial. *JAMA Oncol*, 2015, 1, s. 448–454.
- 7 Yau, C. – van der Noordaa, M. – Wei, J., et al.: Residual cancer burden after neoadjuvant therapy and long-term survival outcomes in breast cancer: A multi-center pooled analysis. Prezentováno na SABCS, 2019, abstrakt GSS-01.
- 8 Cardoso, F. – Kyriakides, S. – Ohno, S., et al.: Early breast cancer: ESMO Clinical Practice Guidelines. *Ann Oncol*, 2019, 30, s. 1194–1220.
- 9 Piccart, M. – Procter, M. – Fumagalli, D., et al.: Interim overall survival analysis of APHINITY: a randomized multi-center, double-blind, placebo-controlled trial comparing chemotherapy plus trastuzumab plus pertuzumab versus chemotherapy plus trastuzumab plus placebo as adjuvant therapy in patients with operable HER2-positive early breast cancer. Prezentováno na SABCS, 2019, abstrakt GS1-04.
- 10 von Minckwitz, G. – Huang, Ch.-S. – Mano, M. S., et al.: Trastuzumab emtansine for residual invasive HER2-positive breast cancer. *N Engl J Med*, 2019, 380, s. 617–628.
- 11 Gonzales-Angulo, A. M. – Litton, L. K. – Broglio, K. R., et al.: High risk of recurrence for patients with breast cancer who have human epidermal growth factor receptor 2-positive, node-negative tumors 1 cm or smaller. *J Clin Oncol*, 2009, 27, s. 5700–5706.
- 12 Vaz-Luis, I. – Ottesen, R. A. – Lin, N. U., et al.: Outcomes by tumor subtype and treatment pattern in women with small, node-negative breast cancer: A multi-institutional study. *J Clin Oncol*, 2014, 32, s. 2142–2150.
- 13 Tolaney, S. M. – Barry, S. M. – Dang, C. T., et al.: Adjuvant paclitaxel and trastuzumab for node-negative, HER2-positive breast cancer. *N Eng J Med*, 2015, 372, s. 134–141.
- 14 Tolaney, S. M. – Guo, H. – Pernas, S., et al.: Seven-year follow-up analysis of adjuvant paclitaxel and trastuzumab trial for node-negative, human epidermal growth factor receptor 2-positive breast cancer. *Clin Oncol*, 2019, 22, s. 1868–1875.
- 15 Tolaney, S. M. – Hu, J. – Dang, C., et al.: TBCRC 033: A randomized phase II study of adjuvant trastuzumab emtansine (T-DM1) vs paclitaxel (T) in combination with trastuzumab (H) for stage I HER2-positive breast cancer (BC) (ATEMPT). Prezentováno na SABCS, 2019, abstrakt GS1-05.
- 16 Martin, M. – Holmes, F. A. – Ejlersen, B., et al.: Neratinib after trastuzumab-based adjuvant therapy in HER2-positive breast cancer
- 17 Poggio, F. – Bruzzone, M. – Ceppi, M., et al.: Platinum-based neoadjuvant chemotherapy in triple-negative breast cancer: a systematic review and meta-analysis. *Ann Oncol*, 2018, 29, s. 1497–1508.
- 18 Tung, N. – Arun, B. – Hofstatter, E., et al.: Cisplatin versus doxorubicin/cyclophosphamide as neoadjuvant treatment in germline BRCA mutation carriers (BRCA carriers) with HER2-negative breast cancer: Results from the INFORM trial (TBCRC 031). Prezentováno na SABCS, 2019, abstrakt GS6-03.
- 19 von Minckwitz, G. – Timms, K. – Untch, M., et al.: Abstract P1-09-02: Homologous repair deficiency (HRD) as measure to predict the effect of carboplatin on survival in the neoadjuvant phase II trial GeparSixto in triple-negative early breast cancer. *Cancer Res*, 2017, 77, suppl. 4, abstrakt P1-09-02.
- 20 Denkert, C. – Liedtke, C. – Tutt, A., et al.: Molecular alterations in triple-negative breast cancer—the road to new treatment strategies. *Lancet*, 2017, 389, s. 2430–2442.
- 21 Denkert, C. – von Minckwitz, G. – Esfahani, D. S., et al.: Tumour-infiltrating lymphocytes and prognosis in different subtypes of breast cancer: a pooled analysis of 3771 patients treated with neoadjuvant therapy. *Lancet*, 2018, 19, s. 40–50.
- 22 Denkert, C. – von Minckwitz, G. – Bräse, J. C., et al.: Tumour-infiltrating lymphocytes and response to neoadjuvant chemotherapy with or without carboplatin in human epidermal growth factor receptor 2-positive and triple-negative primary breast cancers. *J Clin Oncol*, 2015, 33, s. 983–991.
- 23 von Minckwitz, G. – Timms, K. – Untch, M., et al.: Abstract P1-09-02: Homologous repair deficiency (HRD) as measure to predict the effect of carboplatin on survival in the neoadjuvant phase II trial GeparSixto in triple-negative early breast cancer. *Cancer Res*, 2017, 77, abstrakt P1-09-02.
- 24 Loibl, S. – Untch, M. – Burchardi, N., et al.: A randomised phase II study investigating durvalumab in addition to an anthracycline taxane-based neoadjuvant therapy in early triple-negative breast cancer: clinical results and biomarker analysis of GeparNuevo study. *Ann Oncol*, 2019, 30, s. 1279–1288.
- 25 Nanda, R. – Liu, M. C. – Yee, D.: Pembrolizumab plus standard neoadjuvant therapy for high-risk breast cancer: Results from the I-SPY 2 Trial. ASCO 2017, abstrakt 506.
- 26 Schmid, P. – Cortes, J. – Dent, R., et al.: KEYNOTE-522: Phase III study of pembrolizumab + chemotherapy vs placebo + chemo as neoadjuvant treatment, followed by pembrolizumab vs placebo as adjuvant treatment for early triple-negative breast cancer. ESMO 2019, abstrakt LBA_P8_PR.
- 27 Gianni, L. – Huang, Ch.-S. – Egle, D., et al.: Pathologic complete response (pCR) to neoadjuvant treatment with or without atezolizumab in triple negative, early high risk or locally advanced breast cancer. NeoTRIPaPDL1 Michelangelo randomized study. Prezentováno na SABCS, 2019, abstrakt GS3-04.
- 28 Jiang, T. – Shi, W. – Wali, V. B., et al.: Predictors of chemosensitivity in triple negative breast cancer: an integrated genomic analysis. *Plos Med*, 2016, 13, e1002193.
- 29 Litton, J. K. – Scoggins, M. – Hess, K. R., et al.: Neoadjuvant talazoparib (TALA) for operable breast cancer patients with a BRCA mutation (BRCA+). *J Clin Oncol*, 2018, 36, suppl. s. 508.
- 30 Radovich, M. – Jiang, G. – Chitambar, Ch., et al.: Detection of circulating tumor DNA (ctDNA) after neoadjuvant chemotherapy is significantly associated with disease recurrence in early-stage triple-negative breast cancer (TNBC): Preplanned correlative results from clinical trial BRE12-158. Prezentováno na SABCS, 2019, abstrakt GS5-02.
- 31 Masuda, N. – Lee, S. J. – Ohtani, S., et al.: Adjuvant capecitabine for breast cancer after preoperative chemotherapy. *N Engl J Med*, 2017, 376, s. 2147–2159.
- 32 van Mackelenbergh, M. – Seither, F. – Möbus, V., et al.: Effects of capecitabine as part of neo-/adjuvant chemotherapy. A meta-analysis of individual patient data from 12 randomized trials including 15,457 patients. Prezentováno na SABCS, 2019, abstrakt GS1-07.
- 33 Lluch, A. – Barrios, C. H. – Torrecillas, L., et al.: Phase III trial of adjuvant capecitabine after+ standard neo-/adjuvant chemotherapy in patients with early triple-negative breast cancer (GEICAM/2003-11_CIBOMA/2004-01). *Clin Oncol*, 2020, 32, s. 203–213.
- 34 Adjuvant capecitabine in combination with docetaxel and cyclophosphamide plus epirubicin for triple-negative breast cancer (cbcsg010): An open-label, randomised, multicentre, phase 3 trial. ClinicalTrials.gov Identifier: NCT02445391.
- 35 Hurvitz, S. A.: Dose intensification of chemotherapy for early breast cancer in the age of de-escalation. *Lancet*, 2019, 393, s. 1390–1392.
- 36 Semiglavov, V. F. – Semiglavov, V. V. – Dashyan, G. A., et al.: Phase 2 randomized trial of primary endocrine therapy versus chemotherapy in postmenopausal patients with estrogen receptor-positive breast cancer. *Cancer*, 2007, 10, s. 244–254.
- 37 Smith, I. E. – Dowsett, M. – Ebbs, S. R., et al.: Neoadjuvant treatment of postmenopausal breast cancer with anastrozole, tamoxifen, or both in combination: the Immediate Preoperative Anastrozole, Tamoxifen, or Combined with Tamoxifen (IMPACT) multicenter double-blind randomized trial. *J Clin Oncol*, 2005, 23, s. 5108–5116.
- 38 Cataliotti, L. – Budzar, A. U. – Noguchi, S., et al.: Comparison of anastrozole versus tamoxifen as preoperative therapy in postmenopausal women with hormone receptor-positive breast cancer: the Pre-Operative ‘Arimidex’ Compared to Tamoxifen (PROACT) trial. *Cancer*, 2006, 106, s. 2095–2103.
- 39 Dixon, J. M. – Renshaw, L. – Macaskill, E. J., et al.: Increase in response rate by prolonged treatment with neoadjuvant letrozole. *Br Cancer Res Treat*, 2009, 113, s. 145–151.
- 40 Allevi, G. – Strina, C. – Andreis, D., et al.: Increased pathological complete response rate after a long-term neoadjuvant letrozole treatment in postmenopausal oestrogen and/or progesterone receptor-positive breast cancer. *Br J Cancer*, 2013, 108, s. 1587–1592.
- 41 Ellis, M. J. – Tao, Y. – Luo, J., et al.: Outcome prediction for estrogen receptor-positive breast cancer based on postneoadjuvant endocrine therapy tumor characteristics. *J Natl Cancer Inst*, 2008, 100, s. 1380–1388.
- 42 Robertson, J. – Dowsett, M. – Bliss, J. M., et al.: Abstract GS1-03: Peri-operative aromatase inhibitor treatment in determining or predicting long-term outcome in early breast cancer – The POETIC® Trial (CRUK/07/015). *Cancer Res*, 2018, 78, suppl. 4, GS1-03.
- 43 Hurvitz, S. A. – Martin, M. – Press, M. F., et al.: Potent cell-cycle inhibition and upregulation of immune response with abemaciclib and anastrozole in neoadjuvant study in ER+/HER2- breast cancer. *Clin Cancer Res*, 2015, 21, s. 1078–1084.
- 44 Johnston, S. – Puhallo, S. – Wheatley, D., et al.: Randomized Phase II Study Evaluating Palbociclib in Addition to Letrozole as Neoadjuvant Therapy in Estrogen Receptor-Positive Early Breast Cancer: PALLET Trial. *J Clin Oncol*, 2019, 37, s. 178–189.
- 45 Cottu, P. – D’Hondt, V. – Dureau, S., et al.: Letrozole and palbociclib versus chemotherapy as neoadjuvant therapy of high-risk luminal breast cancer. *Ann Oncol*, 2018, 29, s. 2334–2340.
- 46 Gavila, J. – Saura, C. – Pascual, T., et al.: SOLT1-1402 CORALLEEN phase II trial of neoadjuvant ribociclib plus letrozole versus chemotherapy in PAM50 Luminal B early breast cancer: an open-label multicenter, two-arm, randomized study. Prezentováno na SABCS, 2019, abstrakt GS2-06.
- 47 Iwata, H. – Masuda, N. – Yamamoto, Y., et al.: Validation of the 21-gene test as a predictor of clinical response to neoadjuvant hormonal therapy for ER+, HER2-negative breast cancer: the TransNEOS study.

- Br Cancer Res Treat*, 2019, 173, s. 123–133.
- 48 Whitworth, P. – Beitsch, P. – Mislowsky, A., et al.: Chemosensitivity and endocrine sensitivity in clinical luminal breast cancer patients in the prospective Neoadjuvant Breast Registry Symphony Trial (NBRST) predicted by molecular subtyping. *Ann Surg Oncol*, 2017, 24, s. 669–675.
- 49 Hofmann, D. – Nitz, U. – Gluz, O., et al.: WSG ADAPT – adjuvant dynamic marker-adjusted personalized therapy trial optimizing risk assessment and therapy response prediction in early breast cancer: study protocol for a prospective, multi-center, controlled, non-blinded, randomized, investigator initiated phase II/III trial. *Trials*, 2013, 14, s. 261.
- 50 Murphy, R. K. – Loi, S. – Okines, A., et al.: Tucatinib, trastuzumab, and capecitabine for HER2-positive metastatic breast cancer. *N Engl J Med*, 2019, DOI: 10.1056/NEJMoa1914609.
- 51 Rugo, H. S. – Im, S. A. – Cardoso, F., et al.: Phase 3 SOPHIA study of margetuximab + chemotherapy vs trastuzumab + chemotherapy in patients with HER2+ metastatic breast cancer after prior anti-HER2 therapies: second interim overall survival analysis. Prezentováno na SABCS, 2019, abstrakt GS1–02.
- 52 Krop, I. E. – Saura, C. – Yamashita, T., et al.: [Fam-] trastuzumab deruxtecan (T-DXd; DS-8201a) in subjects with HER2-positive metastatic breast cancer previously treated with T-DM1: A phase 2, multicenter, open-label study (DESTINY-Breast01). Prezentováno na SABCS, 2019, abstrakt GS2–07.
- 53 Martin, M. – Zielinski, C. – Ruiz-Borrego, M., et al.: Abstract OT2-01-06: Phase III study of palbociclib (PD-0332991) in combination with endocrine therapy (exemestane or fulvestrant) versus chemotherapy (capecitabine) in hormonal receptor (HR) positive/HER2 negative metastatic breast cancer (MBC) patients with resistance to aromatase inhibitors. „The PEARL study“ (GEICAM/2013-02). Prezentováno na SABCS, 2019, abstrakt GS2–07.
- 54 Dalenc, F. – Bachet, T. – Filleron, T., et al.: Durvalumab compared to maintenance chemotherapy in patients with metastatic breast cancer: Results from phase II randomized trial SAFIR02-IMMUNO. Prezentováno na SABCS, 2019, abstrakt GS3–02.

Adenomyóza

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- 1 Benagiano, G. – Habiba, M. – Brosens, I.: The pathophysiology of uterine adenomyosis: an update. *Fertil Steril*, 2012, 98, s. 572–579.
- 2 Bergeron, C. – Amant, F. – Ferenczy, A.: Pathology and physiopathology of adenomyosis. *Best Pract Res Clin Obstet Gynaecol*, 2006, 20, s. 511–521.
- 3 Champaneria, R. – Abedin, P. – Daniels, J., et al.: Ultrasound scan and magnetic resonance imaging for the diagnosis of adenomyosis: systematic review comparing test accuracy. *Acta Obstet Gynecol Scand*, 2010, 89, s. 1374–1384.
- 4 Chen, Y. – Zhu, B. – Zhang, H., et al.: Epigallocatechin-3-gallate reduces myometrial infiltration, uterine hyperactivity, and stress levels and alleviates generalized hyperalgesia in mice induced with adenomyosis. *Reprod Sci*, 2013, 20, s. 1478–1491.
- 5 Devlieger, R. – D’Hooghe, T. – Timmerman, D.: Uterine adenomyosis in the infertility clinic. *Hum Reprod Update*, 2003, 9, s. 139–147.
- 6 Dueholm, M.: Minimally invasive treatment of adenomyosis. *Best Pract Res Clin Obstet Gynaecol*, 2018, 51, s. 119–137.
- 7 Fawzy, M. – Mesbah, Y.: Comparison of dienogest versus triptorelin acetate in premenopausal women with adenomyosis: a prospective clinical trial. *Arch Gynecol Obstet*, 2015, 292, s. 1267–1271.
- 8 Gordts, S. – Grimbizis, G. – Campo, R.: Symptoms and classification of uterine adenomyosis, including the place of hysteroscopy in diagnosis. *Fertil Steril*, 2018, 109, s. 380–388.
- 9 Grimbizis, G. F. – Mikos, T. – Tarlatzis, B.: Uterus-sparing operative treatment for adenomyosis. *Fertil Steril*, 2014, 101, s. 472–487.
- 10 Hufnagel, D. – Li, F. – Cosar, E., et al.: The role of stem cells in the etiology and pathophysiology of endometriosis. *Semin Reprod Med*, 2015, 33, s. 333–340.
- 11 Jiang, C. M. – Chou, P. – Yen, M. S., et al.: Adenomyosis and risk of preterm delivery. *BJOG*, 2006, 114, s. 165–169.
- 12 Kamada, Y. – Nakatsuka, M. – Asagiri, K., et al.: GnRH agonist-suppressed expression of nitric oxide synthases and generation of peroxynitrite in adenomyosis. *Hum Reprod*, 2000, 15, s. 2512–2519.
- 13 Kissler, S. – Siebzehnruhl, E. – Kohl, J., et al.: Uterine contractility and directed sperm transport assessed by hysterosalpingoscintigraphy (HSSG) and intrauterine pressure (IUP) measurement. *Acta Obstet Gynecol Scand*, 2004, 83, s. 369–374.
- 14 Leyendecker, G. – Bilgicaydirim, A. – Inacker, M., et al.: Adenomyosis and endometriosis. Re-visiting their association and further insights into the mechanisms of auto-traumatisation. An MRI Study. *Arch Gynecol Obstet*, 2015, 291, s. 917–932.
- 15 Maubon, A. – Faury, A. – Kapella, M., et al.: Uterine junction zone at magnetic resonance imaging: a predictor of in vitro fertilization implantation failure. *J Obstet Gynaecol Res*, 2010, 36, s. 611–618.
- 16 McCausland, A. M.: Hysteroscopic myometrial biopsy: its use in diagnosing adenomyosis and its clinical application. *Am J Obstet Gynecol*, 1992, 166, s. 1619–1628.
- 17 Mochimaru, A. – Aoki, S. – Oba, M. S., et al.: Adverse pregnancy outcomes associated with adenomyosis with uterine enlargement. *J Obstet Gynaecol Res*, 2015, 41, s. 529–533.
- 18 Okada, H. – Okamoto, R. – Tsuzuki, T., et al.: Progestins inhibit estradiol-induced vascular endothelial growth factor and stromal cell-derived factor 1 in human endometrial stromal cells. *Fertil Steril*, 2011, 96, s. 786–791.
- 19 Peric, H. – Fraser, I. S.: The symptomatology of adenomyosis. *Best Pract Res Clin Obstet Gynaecol*, 2006, 20, s. 547–555.
- 20 Vannuccini, S. – Luisi, S. – Tosti, C., et al.: Role of medical therapy in the management of uterine adenomyosis. *Fertil Steril*, 2018, 109, s. 398–405.
- 21 Vannuccini, S. – Tosti, C. – Carmona, F., et al.: Pathogenesis of adenomyosis: an update on molecular mechanisms. *Reproductive Bio-Medicine Online*, 2017, 35, s. 592–601.
- 22 Vercellini, P. – Consonni, D. – Dridi, D., et al.: Uterine adenomyosis and in vitro fertilization outcome: a systematic review and meta-analysis. *Hum Reprod*, 2014, 29, s. 964–977.
- 23 Wildt, L. – Kissler, S. – Licht, P., et al.: Sperm transport in the human female genital tract and its modulation by oxytocin as assessed by hysterosalpingoscintigraphy, hysteroangiography, electrohysteroscopy and Doppler sonography. *Hum Reprod Update*, 1998, 4, s. 655–666.
- 24 Younes, G. – Tulandi, T.: Effects of adenomyosis on in vitro fertilization treatment outcomes: a meta-analysis. *Fertil Steril*, 2017, 108, s. 483–490.

Současný screening karcinomu děložního hrdla v České republice

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- 1 Bray, F. – Ferlay, J. – Soerjomataram, I., et al.: Global cancer statistics 2018: GLOBOCAN estimates of cancer incidence and mortality for 36 cancers in 185 countries. *CA Cancer J Clin*, 2018, 68, s. 394–424.
- 2 www.svod.cz, Český národní webový portál epidemiologie nádorů. Systém pro vizualizaci onkologických dat. Institut biostatistiky a analýz Lékařské a Přírodonědecké fakulty Masarykovy univerzity (IBA MU).
- 3 Kinková Luňáčková, I. – Májek, O.: Karcinom děložního hrdla v ČR a možnost jeho prevence. *Česk Patol*, 2018, 63, s. 164–168.
- 4 Májek, O. – Dušek, L. – Dvořák, V.: Výsledky screeningu karcinomu hrdla děložního v ČR. Ústřícní sdělení, 12. konference Sekce kolposkopie a cervikální patologie ČGPS ČLS JEP, Orea Hotel Pyramida, Praha, 29. 11.–1. 12. 2019.
- 5 Sláma, J.: Současné limity prevence karcinomu děložního hrdla v České republice. *Česk Gynek*, 2017, 82, s. 482–486.
- 6 Pluta, M.: Konsenzus pro řešení abnormálních nálezů ve screeningu cervikálních karcinomů. *Gyn Prom*, 2009, 9, s. 51–58.
- 7 Robová, H.: Konsenzus pro management suspektních a pozitivních cytologických nálezů v gravitidě. *Gyn Prom*, 2009, 9, s. 59–61.
- 8 Whitlock, E. P. – Vesco, K. K. – Eder, M., et al.: Liquid-based cytology and human papillomavirus testing to screen for cervical cancer: a systematic review for the US Preventive Services Task Force. *Ann Intern Med*, 2011, 155, s. 687–697.
- 9 Cooper, C. P. – Saraiya, M.: Primary HPV testing recommendations of US providers. *Prev Med*, 2017, 105, s. 372–377.
- 10 Černá, K. – Němcová, J.: Molekulárně genetické metody ve screeningu karcinomu děložního hrdla. *Česk Patol*, 2018, 54, s. 169–174.
- 11 Meijer, C.J. – Berkhof, J. – Castle, P.E., et al.: Guidelines for human papillomavirus DNA test requirements for primary cervical cancer screening in women 30 years and older. *Int J Cancer*, 2009, 124, s. 516–520.
- 12 Arbyn, M. – Depuydt, C. – Benoy, I., et al.: VALGENT: A protocol for clinical validation of human papillomavirus assays. *J Clin Virol*, 2016, 76, suppl. 1, s. S14–S21.
- 13 Bulkmans, N. W. – Berkhof, J. – Rozendaal, L., et al.: Human papillomavirus DNA testing for the detection of cervical intraepithelial neoplasia grade 3 and cancer: 5-year follow-up of a randomised controlled implementation trial. *Lancet*, 2007, 370, s. 1764–1772.
- 14 Khan, M. J. – Castle, P. E. – Lorincz, A. T., et al.: The elevated 10-years risk of cervical precancer and cancer in women with human papillomavirus (HPV) type 16 or 18 and the possible utility of type-specific HPV testing in clinical practice. *J Natl Cancer Inst*, 2005, 97, s. 1072–1079.
- 15 Ondryšová, H. – Koudeláková, V. – Drábek, J., et al.: Pilotní studie pro využití samoodběrové soupravy a molekulární diagnostiky HPV infekce pro screening karcinomu děložního čípku. *Česk Gynek*, 2015, 80, s. 436–443.
- 16 Dostupné z: <https://www.vyzkumrakoviny.cz/hpv-studie/>, vyhledáno 9. 1. 2020.
- 17 McMenamin, M. – McKenna, M. – McDowell, A.: Clinical utility of CIN tec PLUS Triage in equivocal cervical cytology and human papillomavirus primary screening. *Am J Clin Pathol*, 2018, 150, s. 512–521.

Aktuální možnosti léčby renálního karcinomu a výhled

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

- 1 Rini, B. I., et al.: VEGF-targeted therapy in metastatic renal cell carcinoma. *Oncologist*, 2005, 10, s. 191–197.
- 2 www.uzis.cz
- 3 Rini, B. I.: Vascular endothelial growth factor-targeted therapy in metastatic renal cell carcinoma. *Cancer*, 2009, 115, s. 2306–2312.
- 4 Harris, A. L.: Von Hippel-Lindau syndrome: target for anti-vascular endothelial growth factor (VEGF) receptor therapy. *Oncologist*, 2000, 5, s. 32–36.
- 5 Kim, J. J. – Rini, B. I. – Hansel, D. E.: Von Hippel Lindau syndrome. *Adv Exp Med Biol*, 2010, 685, s. 228–249.
- 6 Schrier, R. W.: *Diseases of the kidney & urinary tract*. New York, Lippincott Williams & Wilkins, 2006.
- 7 Flanigan, R. C. – Salmon, S. E. – Blumenstein, B. A.: Nephrectomy followed by interferon alfa-2b compared with interferon alfa-2b alone for metastatic renal-cell cancer. *N Engl J Med*, 2001, 345, s. 1655–1659.
- 8 Tsao, C. – Small, A. – Kates, M., et al.: Cytoreductive nephrectomy for metastatic renal cell carcinoma in the era of targeted therapy in the United States: a SEER analysis. *World J Urol*, 2013, 31, s. 1535–1539.
- 9 Culp, S. – Karam, J. – Wood, C.: Population-based analysis of factors associated with survival in patients undergoing cytoreductive nephrectomy in the targeted therapy era. *Urol Oncol*, 2014, 32, s. 561–568.
- 10 Heng, D. Y. – Wells, J. C. – Rini, B. I., et al.: Cytoreductive nephrectomy in patients with synchronous metastases from renal cell carcinoma: results from the International Metastatic Renal Cell Carcinoma Database Consortium. *Eur Urol*, 2014, 66, s. 704–710.
- 11 Ljungberg, B. – Bensalah, K. – Canfield, S.: EAU guidelines on renal cell carcinoma, 2014 update. *Eur Urol*, 2015, 67, s. 913–924.
- 12 Méjean, A. – Ravaud, A. – Thezenas, S., et al.: Sunitinib alone or after nephrectomy in metastatic renal-cell carcinoma. *N Engl J Med*, 2018, 379, s. 417–427.
- 13 Bex, A. – Mulders, P. – Jewett, M., et al.: Comparison of immediate vs deferred cytoreductive nephrectomy in patients with synchronous

- metastatic renal cell carcinoma receiving sunitinib: the SUTRIME randomized clinical trial. *JAMA Oncol*, 2019, 5, s. 164–170.
- 14 Weikert, S. – Miller, K.: Surgery. In: Escudier, B., Gore, M. (eds.): *Renal cell carcinoma: a handbook*. Londýn, Class Publishing, 2010, s. 54–73.
 - 15 Alt, A. L. – Boorjian, S. A. – Lohse, C. M., et al.: Survival after complete surgical resection of multiple metastases from renal cell carcinoma. *Cancer*, 2011, 117, s. 2873–2882.
 - 16 Buchler, T. – Bortlíček, Z. – Poprach, A., et al.: Outcomes for patients with metastatic renal cell carcinoma achieving a complete response on targeted therapy: a registry-based analysis. *European Urology*, 2016, 70, s. 469–475.
 - 17 Zaid, H. B. – Parker, W. P. – Safdar, N. S., et al.: Outcomes following complete surgical metastasectomy for patients with metastatic renal cell carcinoma: a systematic review and meta-analysis. *J Urol*, 2017, 197, s. 44–49.
 - 18 Motzer, R. J. – Hutson, T. E. – Tomczak, P., et al.: Sunitinib versus interferon alfa in metastatic renal-cell carcinoma. *N Engl J Med*, 2007, 356, s. 115–124.
 - 19 Najjar, Y. G. – Mittal, K. – Elson, P., et al.: A 2 weeks on and 1 week off schedule of sunitinib is associated with decreased toxicity in metastatic renal cell carcinoma. *Eur J Cancer*, 2014, 50, s. 1084–1089.
 - 20 Sternberg, 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.
 - 21 Escudier, B. – Bellmunt, J. – Negríer, S., et al.: Sneller phase III trial of bevacizumab plus interferon alfa-2a in patients with metastatic renal cell carcinoma (AVOREN): final analysis of overall survival. *V. J Clin Oncol*, 2010, 28, s. 2144–2150.
 - 22 Rini, B. I. – Habali, S. – Rosenzweig, J. E., et al.: Phase III trial of bevacizumab plus interferon alfa versus interferon alfa monotherapy in patients with metastatic renal cell carcinoma: final results of CALGB 90206. *J Clin Oncol*, 2010, 28, s. 2137–2143.
 - 23 Hudes, G. – Carducci, M. – Tomczak, P., et al.: Temsirolimus, interferon alfa, or both for advanced renal-cell carcinoma. *N Engl J Med*, 2007, 356, s. 2271–2281.
 - 24 Bersanielli, M. – Iacovelli, R. – Buti, S., et al.: Metastatic renal cell carcinoma RAPIDLY progressive to sunitinib. What to do Next? *EUO-2017*.
 - 25 Buti, S. – Petrelli, F. – Bersanielli, M., et al.: Immunotherapy-based combinations versus standard first line treatment for metastatic clear cell renal cell carcinoma, a systematic review and meta-analysis. *Clin Translat Oncol*, 2020.
 - 26 Motzer, R. J. – Tannir, N. M. – McDermott, D. F., et al.: Nivolumab plus ipilimumab versus sunitinib in advanced renal-cell carcinoma. *N Engl J Med*, 2018, 378, s. 1277–1290.
 - 27 Motzer, R. J. – Penkov, K. – Haanen, J., et al.: Avelumab plus axitinib versus sunitinib for advanced renal-cell carcinoma. *N Engl J Med*, 2019, 380, s. 1103–1115.
 - 28 Rini, B. I. – Plimack, E. R. – Stus, V., et al.: KEYNOTE-426 Investigators: Pembrolizumab plus axitinib versus sunitinib for advanced renal-cell carcinoma. *N Engl J Med*, 2019, 380, s. 1116–1127.
 - 29 Rini, B. I. – Powles, T. – Atkins, M. B., et al.; IMmotion151 Study Group: Atezolizumab plus bevacizumab versus sunitinib in patients with previously untreated metastatic renal cell carcinoma (IMmotion151): A multicentre, open-label, phase 3, randomised controlled trial. *Lancet*, 2019, 393, s. 2404–2415.
 - 30 Choueiri, T. K. – Hessel, C. – Halabi, S., et al.: Cabozantinib versus sunitinib as initial therapy for metastatic renal cell carcinoma of intermediate or poor risk (Alliance A031203 CABOSUN randomised trial): Progression-free survival by independent review and overall survival update. *Eur J Cancer*, 2018, 94, s. 115–125.
 - 31 Motzer, R. J. – Escudier, B. – Tomczak, P. – Hutson, T. E., 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 Oncol*, 2013, 14, s. 552–562.
 - 32 Motzer, R. J., 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 Oncol*, 2013, 14, s. 552–562.
 - 33 Choueiri, T. K. – Escudier, B. – Powles, T., et al.; METEOR Investigator: Cabozantinib versus everolimus in advanced renal-cell carcinoma. *N Engl J Med*, 2015, 373, s. 1814–1823.
 - 34 Motzer, R. J. – Escudier, B. – McDermott, D. F., et al.: Nivolumab versus everolimus in advanced renal cell carcinoma. *N Engl J Med*, 2015, 373, s. 1803–1813.
 - 35 Kloth, J. S. – Pagani, A. – Verboom, M. C., et al.: Incidence and relevance of QTc-interval prolongation caused by tyrosine kinase inhibitor. *Br J Cancer*, 2015, 112, s. 1011–1016, doi: 10.1038/bjc.2015.82.
 - 36 Topalian, S. L., et al.: Safety, activity, and immune correlates of anti-PD-1 antibody in cancer. *N Engl J Med*, 2012, 366, s. 2443–2454.
 - 37 Dostupné z: https://www.ema.europa.eu/en/documents/product-information/yervoy-epar-product-information_cs.pdf, vyhledáno 31. 1. 2020.
 - 38 Dostupné z: https://www.ema.europa.eu/en/documents/product-information/opdivo-epar-product-information_cs.pdf, vyhledáno 31. 1. 2020.
 - 39 Dostupné z: http://www.ema.europa.eu/docs/cs_CZ/document_library/EPAR_-_Product_Information/human/002213/WC500109299.pdf, vyhledáno 31. 1. 2020.
 - 40 Wells, C. – Stukalin, I., et al.: Third-line targeted therapy in metastatic renal cell carcinoma: Results from the International Metastatic Renal Cell Carcinoma Database consortium. *Eur Urol*, 2017, 71, s. 204–209.
 - 41 Escudier, B. – Eisen, T. – Stadler, W. M., et al.: Sorafenib for treatment of renal cell carcinoma: Final efficacy and safety results of the phase III treatment approaches in renal cancer global evaluation trial. *J Clin Oncol*, 2009, 27, s. 3312–3318.
 - 42 Motzer, R. J. – Escudier, B. – Oudard, S., et al.; RECORD-1 Study Group: Phase 3 trial of everolimus for metastatic renal cell carcinoma: final results and analysis of prognostic factors. *Cancer*, 2010, 116, s. 4256–4265.
 - 43 Ljungberg, B., et al.: EAU guidelines on renal cell carcinoma, 2018. Dostupné z: <https://uroweb.org/wp-content/uploads/EAU-RCC-Guidelines-2018-large-text.pdf>, vyhledáno 2. 2. 2020.
 - 44 Motzer, R. J., 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 Oncol*, 2013, 14, s. 552–562.
 - 45 Escudier, B. – Eisen, T. – Stadler, W. M., et al.: Sorafenib in advanced clear-cell renal-cell carcinoma. *N Engl J Med*, 2007, 356, s. 125–134.
 - 46 Motzer, R. J. – Escudier, B. – Oudard, S., et al.: Phase 3 trial of everolimus for metastatic renal cell carcinoma. *Cancer*, 2010, 116, s. 4256–4265.
 - 47 Motzer, R. J. – Escudier, B. – McDermott, D. F., et al.: Nivolumab versus everolimus in advanced renal-cell carcinoma. *N Engl J Med*, 2015, 373, s. 1803–1813.
 - 48 Choueiri, T. K., et al.: Cabozantinib versus everolimus in advanced renal-cell carcinoma. *N Engl J Med*, 2015, 373, s. 1814–1823.
 - 49 Choueiri, T. K., et al.: Cabozantinib versus everolimus in advanced renal cell carcinoma (METEOR): final results from a randomised, open-label, phase 3 trial. *Lancet Oncol*, 2016, 17, s. 917–927.
 - 50 Motzer, R. J. – Hutson, T. E. – Glen, H., et al.: Lenvatinib, everolimus, and the combination in patients with metastatic renal cell carcinoma: A randomised, phase 2, open-label, multicentre trial. *Lancet Oncol*, 2015, 16, s. 1473–1482.
 - 51 Motzer, R. J., 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 Oncol*, 2013, 14, s. 552–562.
 - 52 Bellesoeur, A. – Carton, E. – Alexandre, J., et al.: Axitinib in the treatment of renal cell carcinoma: design, development, and place in therapy. *Drug Des Devel Ther*, 2017, 11, s. 2801–2811.
 - 53 Escudier, B. – Eisen, T. – Stadler, W. M., et al.: Sorafenib in advanced clear-cell renal-cell carcinoma. *N Engl J Med*, 2007, 356, s. 125–134.
 - 54 Keating, G. M.: Sorafenib: a review in hepatocellular carcinoma. *Targeted Oncology*, 2017, 12, s. 243–253.
 - 55 Motzer, R. J., et al.: Phase 3 trial of everolimus for metastatic renal cell carcinoma. *Cancer*, 2010, 116, s. 4256–4265.
 - 56 Motzer, R. J., et al.: Nivolumab versus everolimus in advanced renal-cell carcinoma. *N Engl J Med*, 2015, 373, s. 1803–1813.
 - 57 Daanen, R. A. – Maas, R. J. H. – Koornstra, R. H. T., et al.: Nivolumab-associated nephrotic syndrome in a patient with renal cell carcinoma. *J Immunol Ther*, 2017, 40, s. 345–348.
 - 58 Choueiri, T. K., et al.: Cabozantinib versus everolimus in advanced renal-cell carcinoma. *N Engl J Med*, 2015, 373, s. 1814–1823.
 - 59 Choueiri, T. K., et al.: Cabozantinib versus everolimus in advanced renal cell carcinoma (METEOR): final results from a randomised, open-label, phase 3 trial. *Lancet Oncol*, 2016, 17, s. 917–927.
 - 60 Heng, D. Y. – Xie, W. – Regan, M. M., et al.: Prognostic factors for overall survival in patients with metastatic renal cell carcinoma treated with vascular endothelial growth factor-targeted agents: results from a large, multicenter study. *J Clin Oncol*, 2009, 27, s. 5794–5799.
 - 61 Larochelle, P. – Kollmannsberger, C. – Feldman, R. D., et al.: Hypertension management in patients with renal cell cancer treated with anti-angiogenic agents. *Curr Oncol*, 2012, 19, s. 202–208.
 - 62 Lopez-Beltran, A. – Henriquez, V. – Cimadomare, A., et al.: The identification of immunological biomarkers in kidney cancers. *Front Oncol*, 2018, 8, s. 456.

Moderní léčba karcinomu ovaria

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- 1 Dušek, L. – Mužík, J. – Kubásek, M., et al.: Epidemiologie zhoubných nádorů v České republice. www.svod.cz.
- 2 Kurman, R. J. – Shih, I.-M.: The Dualistic model of ovarian carcinogenesis: revisited, revised, and expanded. *Am J Pathol*, 2016, 186, s. 733–747.
- 3 Madariaga, A. – Rustin, G. J. S. – Buckanovich, R. J., et al.: Wanna get away? Maintenance treatments and chemotherapy holidays in gynecologic cancers. *Am Soc Clin Oncol Educ Book*, 2019, s. e152–e166.
- 4 Pujade-Lauraine, E. – Hilpert, F. – Weber, B., et al.: Bevacizumab combined with chemotherapy for platinum-resistant recurrent ovarian cancer: The AURELIA open-label randomized phase III trial. *J Clin Oncol*, 2014, 32, s. 1302–1308.
- 5 Bonaventura, P. – Shekarian, T. – Alcazar, V., et al.: Cold tumors: a therapeutic challenge for immunotherapy. *Front Immunol*, 2019, 10, s. 168.
- 6 Criszon, S. M. – Miller, R. E.: Targeted therapies in gynaecological cancers. *Histopathology*, 2020, 76, s. 157–170.
- 7 Bell, D. – Berchuck, A. – Birrer, M., et al.: Integrated genomic analyses of ovarian carcinoma. *Nature*, 2011, 474, s. 609–615.
- 8 Macintyre, G. – Goranova, T. E. – De Silva, D., et al.: Copy number signatures and mutational processes in ovarian carcinoma. *Nat Genet*, 2018, 50, s. 1262–1270.
- 9 Kandalath, L. E. – Odunsi, K. – Coukos, G.: Immunotherapy in ovarian cancer: Are we there yet? *J Clin Oncol*, 2019, 37, s. 2460–2471.
- 10 Jain, R. K.: Antiangiogenesis strategies revisited: From starving tumors to alleviating hypoxia. *Cancer Cell*, 2014, 26, s. 605–622.
- 11 Burger, R. A. – Brady, M. F. – Bookman, M. A., et al.: Incorporation of bevacizumab in the primary treatment of ovarian cancer. *N Engl J Med*, 2011, 365, s. 2473–2483.
- 12 Oza, A. M. – Cook, A. D. – Pfisterer, J., et al.: Standard chemotherapy or without or with bevacizumab for women with newly diagnosed ovarian cancer (ICON7): overall survival results of a phase 3 randomised trial. *Lancet Oncol*, 2015, 16, s. 928–936.
- 13 Aghajanian, C. – Blanks, S. V. – Goff, B. A., et al.: OCEANS: A randomized, double-blind, placebo-controlled phase III trial of chemotherapy with or without bevacizumab in patients with platinum-sensitive recurrent epithelial ovarian, primary peritoneal, or fallopian tube cancer. *J Clin Oncol*, 2012, 30, s. 2039–2045.
- 14 Monk, B. J. – Minion, L. E. – Coleman, R. L.: Anti-angiogenic agents in ovarian cancer: past, present, and future. *Ann Oncol*, 2016, 27, s. i33–i39.
- 15 Fong, P. C. – Yap, T. A. – Boss, D. S., et al.: Poly(ADP)-ribose polymerase inhibition: frequent durable responses in BRCA carrier ovarian cancer correlating with platinum-free interval. *J Clin Oncol*, 2010, 28, s. 2512–2519.
- 16 Murali, J. – Huang, S.-y. N. – Das, B. B., et al.: Trapping of PARP1 and PARP2 by clinical PARP inhibitors. *Cancer Res*, 2012, 72, s. 5588–5599.
- 17 Kaufman, B. – Shapira-Frommer, R. – Schmutzler, R. K., et al.: Olaparib monotherapy in patients with advanced cancer and a germline BRCA1/2 mutation. *J Clin Oncol*, 2015, 33, s. 244–250.
- 18 Sandhu, S. K. – Schelman, W. R. – Wilding, G., et al.: The poly(ADP-ribose) polymerase inhibitor niraparib (MK4827) in BRCA mutation carriers and patients with sporadic cancer: a phase 1 dose-escalation trial. *Lancet Oncol*, 2013, 14, s. 882–892.
- 19 Gelmon, K. A. – Tischkowitz, M. – Mackay, H., et al.: Olaparib in patients with recurrent high-grade serous or poorly differentiated ovarian carcinoma or triple-negative breast cancer: a phase 2, multicentre, open-label, non-randomised study. *Lancet Oncol*, 2011, 12, s. 852–861.
- 20 Drew, Y. – Ledermann, J. – Hall, G., et al.: Phase 2 multicentre trial investigating intermittent and continuous dosing schedules of the poly(ADP-ribose) polymerase inhibitor rucaparib in germline BRCA mutation carriers with advanced ovarian and breast cancer. *Br J Cancer*, 2016, 114, s. 723–730.
- 21 Coleman, R. L. – Sill, M. W. – Bell-McGuinn, K., et al.: A phase II evaluation of the potent, highly selective PARP inhibitor veliparib in the treatment of persistent or recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer in patients who carry a germline BRCA1 or BRCA2 mutation – An NRG Oncology/Gynecologic Oncology Group study. *Gynecol Oncol*, 2015, 137, s. 386–391.
- 22 Pujade-Lauraine, E. – Banerjee, S. – Pignata, S.: Management of platinum-resistant, relapsed epithelial ovarian cancer and new drug perspectives. *J Clin Oncol*, 2019, 37, s. 2437–2448.
- 23 Gershenson, D. M. – Okamoto, A. – Ray-Coquard, I.: Management of rare ovarian cancer histologies. *J Clin Oncol*, 2019, 37, s. 2406–2415.
- 24 Seidel, J. A. – Otsuka, A. – Kabashima, K.: Anti-PD-1 and anti-CTLA-4 therapies in cancer: mechanisms of action, efficacy, and limitations. *Front Oncol*, 2018, 8, s. 86.
- 25 Hamanishi, J. – Mandai, M. – Ikeda, T., et al.: Safety and antitumor activity of anti-PD-1 antibody, nivolumab, in patients with platinum-resistant ovarian cancer. *J Clin Oncol*, 2015, 33, s. 4015–4022.
- 26 Perren, T. J. – Swart, A. M. – Pfisterer, J., et al.: A phase 3 trial of Bevacizumab in ovarian cancer. *N Engl J Med*, 2011, 365, s. 2484–2496.
- 27 Ledermann, J. – Harter, P. – Gourley, C., et al.: Olaparib maintenance therapy in platinum-sensitive relapsed ovarian cancer. *N Engl J Med*, 2012, 366, s. 1382–1392.
- 28 Mirza, M. R. – Monk, B. J. – Herrstedt, J., et al.: Niraparib maintenance therapy in platinum-sensitive, recurrent ovarian cancer. *N Engl J Med*, 2016, 375, s. 2154–2164.
- 29 Coleman, R. L. – Ozza, A. M. – Lorusso, D., et al.: Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to

- platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*, 2017, 390, s. 1949–1961.
- 30 **Pujade-Lauraine, E. – Ledermann, J. A. – Selle, F., et al.:** Olaparib tablets as maintenance therapy in patients with platinum-sensitive, relapsed ovarian cancer and a BRCA1/2 mutation (SOLO2/ENGOT-Ov21): a double-blind, randomised, placebo-controlled, phase 3 trial. *Lancet Oncol*, 2017, 18, s. 1274–1284.
- 31 **Moore, K. – Colombo, N. – Scambia, G., et al.:** Maintenance olaparib in patients with newly diagnosed advanced ovarian cancer. *N Engl J Med*, 2018, 379, s. 2495–2505.
- 32 **Ray-Coquard, I. L. – Pautier, P. – Pignata, S., et al.:** Phase III PAOLA-1/ENGOT-ov25 trial: Olaparib plus bevacizumab (bev) as maintenance therapy in patients (pts) with newly diagnosed, advanced ovarian cancer (OC) treated with platinum-based chemotherapy (PCh) plus bev. *Ann Oncol*, 2019, 30, s. v894–v895.
- 33 **González-Martín, A. – Pothuri, B. – Vergote, I., et al.:** Niraparib in patients with newly diagnosed advanced ovarian cancer. *N Engl J Med*, 2019, 381, s. 2391–2402.
- 34 **Coleman, R. L. – Fleming, G. F. – Brady, M. F., et al.:** Veliparib with first-line chemotherapy and as maintenance therapy in ovarian cancer. *N Engl J Med*, 2019, 381, s. 2403–2415.

Léčba nemetastatického kstračné rezistentního prostatického karcinomu

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- 1 **Chi, K. N. – Agarwal, N. – Bjartell, A., et al.:** First results from TITAN: A phase III double-blind, randomized study of apalutamide (APA) versus placebo (PBO) in patients (pts) with metastatic castration-sensitive prostate cancer (mCSPC) receiving androgen deprivation therapy (ADT). *J Clin Oncol*, 2019, 37, s. 5006.
- 2 **Chi, K. N., et al.:** Přednáška na kongres ASCO, abstrakt 5006.

Výhledy léčby nemetastatického kstračné rezistentního karcinomu prostaty

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- 1 **Freedland, S. J. – Richhariya, A. – Wang, H., et al.:** Treatment patterns in patients with prostate cancer and bone metastasis among US community-based urology group practices. *Urology*, 2012, 80, s. 293–298.
- 2 **Mottet, N. – Bellmunt, J. – Briers, E., et al.:** Cancer EESG/EAU-ESTRO–ESUR–SIOP guidelines on prostate cancer. In: Office EG, editor. Dostupné z: <https://uroweb.org/guideline/prostate-cancer/>, vyhledáno 9. 3. 2020.
- 3 **Smith, M. R. – Kabbinavar, F. – Saad, F., et al.:** Natural history of risk serum prostate-specific antigen in men with castrate nonmetastatic prostate cancer. *J Clin Oncol*, 2005, 23, s. 2918–2925.
- 4 **Smith, M. R. – Saad, F. – Chowdhury, S., et al.:** Apalutamide treatment and metastasis-free survival in prostate cancer. *N Engl J Med*, 2018, 378, s. 1408–1418.
- 5 **Hussain, M. – Fizazi, K. – Saad, F., et al.:** Enzalutamide in men with nonmetastatic, castration-resistant prostate cancer. *N Engl J Med*, 2018, 378, s. 2465–2474.
- 6 **Fizazi, K. – Shore, N. – Tammela, T. L., et al.:** Darolutamide in nonmetastatic, castration-resistant prostate cancer. *N Engl J Med*, 2020, 382, s. 929–936.

Silodosin v léčbě benigní hyperplazie prostaty

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- 1 **Murata, S. – Taniguchi, T. – Takahashi, M., et al.:** Tissue selectivity of KMD-3213, an alpha(1)-adrenoreceptor antagonist, in human prostate and vasculature. *J Urol*, 2000, 164, s. 578–583.
- 2 **Keating, G. M.:** Silodosin: a review of its use in the treatment of the signs and symptoms of benign prostatic hyperplasia. *Drugs*, 2015, 75, s. 207–217.
- 3 **Curran, M. P.:** Silodosin: treatment of the signs and symptoms of benign prostatic hyperplasia. *Drugs*, 2011, 71, s. 897–907.
- 4 **Marks, L. S. – Gittelman, M. C. – Hill, L. A., et al.:** Rapid efficacy of the highly selective alpha1A-adrenoceptor antagonist silodosin in men with signs and symptoms of benign prostatic hyperplasia: pooled results of 2 phase 3 studies. *J Urol*, 2009, 181, s. 2634–2640.
- 5 **Marks, L. S. – Gittelman, M. C. – Hill, L. A., et al.:** Rapid efficacy of the highly selective alpha1A-adrenoceptor antagonist silodosin in men with signs and symptoms of benign prostatic hyperplasia: pooled results of 2 phase 3 studies. *J Urol*, 2013, 189, s. S122–S128.
- 6 **Chapple, C. R. – Montorsi, F. – Tammella, T. L., et al.:** Silodosin therapy for lower urinary tract symptoms in men with suspected benign prostatic hyperplasia: results of an international, randomized, double-blind, placebo- and active-controlled clinical trial performed in Europe. *Eur Urol*, 2011, 59, s. 342–352.
- 7 **Kawabe, K. – Yoshida, M. – Homma, Y.:** Silodosin, a new alpha1A-adrenoceptor-selective antagonist for treating benign prostatic hyperplasia: results of a phase III randomized, placebo-controlled, double-blind study in Japanese men. *BJU Int*, 2006, 98, s. 1019–1024.
- 8 **Gittelman, M. C. – Marks, L. S. – Hill, L. A., et al.:** Effect of silodosin on specific urinary symptoms associated with benign prostatic hyperplasia: analysis of international prostate symptom scores in 2 phase III clinical studies. *Open Access J Urol*, 2010, 3, s. 1–5.
- 9 **Eisenhardt, A. – Schneider, T. – Cruz, F., et al.:** Consistent and significant improvement of nighttime voiding frequency (nocturia) with silodosin in men with LUTS suggestive of BPH: pooled analysis of three randomized, placebo-controlled, double-blind phase III studies. *World J Urol*, 2014, 32, s. 1119–1125.
- 10 **Montorsi, F.:** Profile of silodosin. *Urologia*, 2013, s. 112–117.
- 11 **Novara, G. – Chapple, C. R. – Montorsi, F.:** Individual patient data from registrational trials of silodosin in the treatment of non-neurogenic male lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH): subgroup analyses of efficacy and safety data. *BJU Int*, 2014, 115, s. 802–814.
- 12 **Novara, G. – Chapple, C. R. – Montorsi, F.:** A pooled analysis of individual patient data from registrational trials of silodosin in the treatment of non-neurogenic male lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH). *BJU Int*, 2014, 114, s. 427–433.
- 13 **Marks, L. S. – Gittelman, M. C. – Hill, L. A., et al.:** Silodosin in the treatment of the signs and symptoms of benign prostatic hyperplasia: a 9-month, open-label extension study. *Urology*, 2009, 74, s. 1318–1322.
- 14 **Yamanishi, T. – Kaga, K. – Fuse, M., et al.:** Six-year follow up of silodosin monotherapy for the treatment of lower urinary tract symptoms suggestive of benign prostatic hyperplasia: What are the factors for continuation or withdrawal? *Int J Urol*, 2015, 22, s. 1143–1148.
- 15 **Matsukawa, Y. – Funahashi, Y. – Takai, S., et al.:** Comparison of silodosin and naftopidil for efficacy in the treatment of benign prostatic enlargement complicated by overactive bladder: a randomized, prospective study (SNIPER Study). *J Urol*, 2017, 197, s. 452–458.
- 16 **Miyakita, H. – Yokoyama, E. – Onodera, Y., et al.:** Short-term effects of crossover treatment with silodosin and tamsulosin hydrochloride for lower urinary tract symptoms associated with benign prostatic hyperplasia. *Int J Urol*, 2010, 17, s. 869–875.
- 17 **Brasure, M. – MacDonald, R. – Dahm, P., et al.:** Newer medications for lower urinary tract symptoms attributed to benign prostatic hyperplasia: a review [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2016 May. Dostupné z: <http://www.ncbi.nlm.nih.gov/books/NBK368444/>, vyhledáno 2. 4. 2020.
- 18 **Takeshita, H. – Moriyama, S. – Arai, Y., et al.:** Randomized crossover comparison of the short-term efficacy and safety of single half-dose silodosin and tamsulosin hydrochloride in men with lower urinary tract symptoms secondary to benign prostatic hyperplasia. *Low Urin Tract Symptoms*, 2016, 8, s. 38–43.
- 19 **Yoshida, M. – Origasa, H. – Seki, N.:** Comparison of silodosin versus tadalafil in patients with lower urinary tract symptoms associated with benign prostatic hyperplasia. *Low Urin Tract Symptoms*, 2017, 9, s. 176–186.

Medikamentózní léčba benigní prostatické hyperplazie

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- 1 **Herschman, J. D. – Smith, D. S. – Catalona, W. J.:** Effect of ejaculation on serum total and free prostate specific antigen concentrations. *Urology*, 1997, 50, s. 239–243.
- 2 **Eastham, J. A. – Sartor, O. – Richey, W., et al.:** Racial variation in prostate specific antigen in a large cohort of men without prostate cancer. *J La State Med Soc*, 2001, 153, s. 184–189.
- 3 **Aarnink, R. G. – Beerlage, H. P. – de la Rosette, J. J., et al.:** Transrectal ultrasound of the prostate: innovations and future applications. *J Urol*, 1998, 159, s. 1568–1579.
- 4 **Roehrborn, C. G.:** Accurate determination of prostate size via digital rectal examination and transrectal ultrasound. *Urology*, 1998, 51, s. 19–22.
- 5 **Caine, M. – Raz, S. – Zeigler, M.:** Adrenergic and cholinergic receptors in the human prostate, prostatic capsule and bladder neck. *Br J Urol*, 1975, 47, s. 193–202.
- 6 **Djavan, B. – Marberger, M.:** Meta-analysis on the efficacy and tolerability of alpha1-adrenoceptor antagonists in patients with lower urinary tract symptoms suggestive of benign prostatic obstruction. *Eur Urol*, 1999, 36, s. 1–13.
- 7 **Boyle, P. – Gould, A. L. – Roehrborn, C. G.:** Prostate volume predicts outcome of treatment of benign prostatic hyperplasia with finasteride: meta-analysis of randomized clinical trials. *Urology*, 1996, 48, s. 398–405.
- 8 **Ekman, P.:** Maximum efficacy of finasteride is obtained within 6 months and maintained over 6 years. Follow-up of the Scandinavian Open-Extension Study. The Scandinavian Finasteride Study Group. *Eur Urol*, 1998, 33, s. 312–317.
- 9 **Yang, X. J. – Leckzell, K. – Short, K., et al.:** Does long-term finasteride therapy affect the histologic features of benign prostatic tissue and prostate cancer on needle biopsy? PLESS Study Group. Proscar Long-term Efficacy and Safety Study. *Urology*, 1999, 53, s. 696–700.
- 10 **Marberger, M. J. – Andersen, J. T. – Nickel, J. C., et al.:** Prostate volume and serum prostate specific antigen as predictors of acute urinary retention. Combined experience from three large multinational placebo-controlled trials. *Eur Urology*, 2000, 38, s. 563–568.
- 11 **Roehrborn, C. G. – Siami, P. – Barkin, J., et al.:** COMBAT Study Group: The effects of combination therapy with dutasteride and tamsulosin on clinical outcomes in men with symptomatic benign prostatic hyperplasia: 4-year results from the CombATstudy. *Eur Urol*, 2010, 57, s. 123–131.
- 12 **Roehrborn, C. G. – Oyarzabal Perez, I. – Roos, E. P., et al.:** Efficacy and safety of a fixed-dose combination of dutasteride and tamsulosin treatment (Duodart®) compared with watchful waiting with initiation of tamsulosin therapy if symptoms do not improve, both provided with lifestyle advice, in the management of treatment-naïve men with moderately symptomatic benign prostatic hyperplasia: 2-year CONDUCT study results. *BJU Int*, 2015, 116, s. 450–459.

Hluboká žilní trombóza – rizika a léčba u gynekologických a onkogynékologických pacientek

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- 1 Lyman, G. H. – Khorana, A. A. – Falanga, A., et al.: American Society of Clinical Oncology Guideline: Recommendations for venous thromboembolism prophylaxis and treatment in patients with cancer. *J Clin Oncol*, 2007, 25, s. 5490–5505.
- 2 Mandala, M. – Falanga, A. Roila, F.; on behalf of the ESMO Guidelines, Management of venous thromboembolism in cancerpatients: ESMO Clinical Recommendations. *Ann Oncol*, 2009, 20, suppl. 4, s. iv182–iv184.
- 3 Modrá kniha České onkologické společnosti. Brno, Masarykův onkologický ústav, 2020. Dostupné z: <http://www.linkos.cz/lekar-a-multidisciplinarni-tym/diagnostika-a-lecba/modra-kniha-cos-aktualni-vydani-modre-knihy/>, vyhledáno 19. 5. 2020.
- 4 Hirsh, J. – Guyatt G. – Albers, G. W., et al.: Antithrombotic and thrombolytic therapy. Executive Summary: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (8th Edition). *Chest*, 2008, 133, s. 71–109.
- 5 Suenaga, M. – Mizunuma, N. – Kobayashi, K., et al.: Management of venous thromboembolism in colorectal cancer patients treated with bevacizumab. *Med Oncol*, 2010, 27, s. 807–814.
- 6 Leighl, N. B. – Bennouna, J. – Yi, J., et al.: Bleeding events in bevacizumab-treated cancer patients who received full-dose anticoagulation and remained on study. *Br J Cancer*, 2011, 104, s. 413–418.
- 7 Nalluri, S. R. – Chu, D. – Keresztes, R., et al.: Risk of venous thromboembolism with the angiogenesis inhibitor bevacizumab in cancer patients: a meta-analysis. *JAMA*, 2008, 300, s. 2277–2285.
- 8 Hambleton, J. – Skillings, J. – Kabbinavar, F., et al.: Safety of low-dose aspirin (ASA) in a pooled analysis of 3 randomized, controlled trials (RCTs) of bevacizumab (BV) with chemotherapy (CT) in patients (pts) with metastatic colorectal cancer (mCRC). *J Clin Oncol*, 2005, 23, suppl. 16S, abstrakt 3554.
- 9 Hambleton, J. – Novotny, W. F. – Hurwitz, H., et al.: Bevacizumab does not increase bleeding in patients with metastatic colorectal cancer receiving concurrent anticoagulation. *J Clin Oncol*, 2004, 22, suppl. 14S, abstrakt 3528.
- 10 Byun, J. Y. – Mousa, S. A.: Thromboprophylaxis in cancer patients receiving bevacizumab. *J Appl Hem*, 2011, 2, s. 273–279.
- 11 Farge, D. – LeMaignan, C. – Doucet, L., et al.: Women, thrombosis, and cancer. *Thromb Res*, 2019, 181, suppl. 1, s. S47–S53.

Diosmin v léčbě chronické žilní insuficience

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- 1 Allaert, F. A.: Meta-analysis of the impact of the principal venoactive drugs agents on malleolar venous edema. *Int Angiol*, 2012, 31, s. 310–315.
- 2 Amato, C.: Advantage of a micronized flavonoid fraction (Daflon 500 mg) in comparison with a nonmicronized diosmin. *Angiology*, 1994, 45, s. 531–536.
- 3 Bush, R. – Comerota, A. – Meissner, M., et al.: Recommendations for the medical management of chronic venous disease: The role of Micronized Purified Flavonoid Fraction (MPFF). *Phlebology*, 2019, 32, s. 3–19.
- 4 Coleridge-Smith, P. – Lok, C. – Ramelet, A. A.: Venous leg ulcer: a meta-analysis of adjunctive therapy with micronized purified flavonoid fraction. *Eur J Vasc Endovasc Surg*, 2005, 30, s. 198–208.
- 5 Cosipite, M. – Dominici, A.: Double blind study of the pharmacodynamic and clinical activities of 5682 SE in venous insufficiency. Advantages of the new micronized form. *International Angiology*, 1988, 8, s. 61–65.
- 6 Lyseng-Williamson, K. A. – Perry, C. M.: Micronised purified flavonoid fraction: a review of its use in chronic venous insufficiency, venous ulcers and haemorrhoids. *Drugs*, 2003, 63, s. 71–100.
- 7 Spanakis, M. – Kasmas, S. – Niopas, I.: Simultaneous determination of the flavonoid aglycones diosmetin and hesperetin in human plasma and urine by a validated GC/MS method: in vivo metabolit reduction of diosmetin to hesperetin. *Biomed Chromatogr*, 2009, 23, s. 124–131.
- 8 Musil, D.: Chronická žilní insuficience – současný stav poznání. *Interní medicína pro praxi*, 2003, 6, s. 270–275.
- 9 Brand, F. N. – Dannenberg, A. L. – Abbott, R. D., et al.: The epidemiology of varicose veins: The Framingham study. *Am J Prev Med*, 1988, 4, s. 96–101.
- 10 Canonico, S. – Gallo, C. – Paoliso, G., et al.: Prevalence of varicose veins in an Italianel derly population. *Angiology*, 1998, 49, s. 129–135.
- 11 Cesarone, M. R. – Belcaro, G. – Nicolaides, A. N., et al.: Real epidemiology of varicose veins and chronic venous disease: The San Valentino Vascular Screening Project. *Angiology*, 2002, 53, s. 119–130.
- 12 Evans, C. J. – Fowkes, F. G. – Ruckley, C. V., et al.: Prevalence of varicose veins and chronic venous insufficiency in men and women in the general population: Edinburgh Vein Study. *J Epidemi Commun Health*, 1999, 53, s. 149–153.
- 13 Gourgou, S.: Lower limb venous insufficiency and tobacco smoking: a case-control study. *Am J Epidemiol*, 2002, 155, s. 1007–1015.
- 14 Gundersen, J. – Hauge, M.: Hereditary factors in venous insufficiency. *Angiology*, 1969, 20, s. 346–355.
- 15 Hobson, J.: Venous insufficiency at work. *Angiology*, 1997, 48, s. 577–582.
- 16 Lionis, C., et al.: Chronic venous insufficiency. A common health problem in general practice in Greece. *Int Angiology*, 2002, 1, s. 86–92.
- 17 Lorenzi, G. – Bavera, P. – Cipolat, L., et al.: The prevalence of primary varicose veins among workers of a metal and steel factory. In: Negus, D. – Janet, G.: *Phlebology '85*. London, John Liberry, 1986, s. 18–21.
- 18 Mollard, J. M. – Boissier, C.: Medical treatment of chronic venous insufficiency. *Rev Prat*, 1994, 44, s. 763–768.
- 19 Nicolaides, A. N.: Investigation of chronic venous insufficiency – a consensus statement. *Circulation*, 2000, 102, s. e126–e163.
- 20 Sadick, N. S.: Predisposing factors of varicose veins and teleangiectatic leg veins. *J Dermatol Surg Oncol*, 1992, 18, s. 883–886.
- 21 Rozhodnutí SÚKL, sp. zn.: SUKLS352037/2018; vyvěšeno dne 21. 8. 2019.

Hyperaktivní močový měchýř a jeho farmakoterapie

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- 1 Andersson, K. E., et al.: Antimuscarinic mechanism and the overactive detrusor: an update. *Eur Urol*, 2011, 59, s. 377–386.
- 2 Grinstein, E., et al.: Update on non-invasive treatment for female overactive bladder. *J Gynecol Obstet Hum Reprod*, 8, 1, 2020, 101683.
- 3 Halaška, M., et al.: *Urogynekologie*. Praha, Galén, 2004.
- 4 Chapple, C.: Mirabegron the first β_3 -adrenoceptor agonist for overactive bladder (OAB): a summary of the phase III studies. *BJU Int*, 2014, 113, s. 847–848.
- 5 Krhut, J., et al.: *Hyperaktivní močový měchýř*. Praha, Maxdorf, 2007.
- 6 Martan, A., et al.: *Nové operační a léčebné postupy v urogynekologii*. Praha, Maxdorf, 2013.
- 7 Szymanski, J. K., et al.: Neuromodulation – a therapeutic option for refractory overactive bladder. A recent literature review. *Videosurgery Minin*, 2019, 14, s. 476–485.
- 8 Švabík, K., et al.: Peristence užívání léčby hyperaktivního močového měchýře v České republice. *Česká Gynekologie*, 2013, 78, s. 252–256.
- 9 White, N. – Iglesia, Ch. B.: Overactive bladder. *Obst Gynecol Clin N Am*, 2016, 43, s. 59–68.
- 10 Yamashiro, J. – de Riese, W. – de Riese, C.: New implantable tibial nerve stimulation devices: review of published clinical results in comparison to established neuromodulation devices. *Research and Reports in Urology*, 2019, 11, s. 351–357.

Operační léčba ženské močové inkontinence

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- 1 Baggish, M. S. – Karram, M. M.: *Atlas of Pelvic Anatomy and Gynecologic Surgery*. Elsevier Saunders, 2006.
- 2 Halaška, M., et al.: *Urogynekologie*. Galén, 2004.
- 3 Martan, A., et al.: *Nové operační a léčebné postupy v urogynekologii*. Maxdorf, 2013.

Terapeutický význam pivmecillinamu v léčbě močových infekcí

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- 1 Dostupné z: https://uroweb.org/guideline/urological-infections/#3_4, vyhledáno 11. 5. 2020.
- 2 SPC Pivmecillinam Apogepha 200 mg film-coated tablets, 2017.
- 3 Granger, F.: Pivmecillinam – therapy of choice for lower urinary tract infection. *Int J Antimicrob Agents*, 2003, 22, suppl. 2, s. 73–78.
- 4 Sullivan, A. – Edlund, C. – Svennungsson, B., et al.: Effect of perorally administered pivmecillinam on the normal oropharyngeal, intestinal and skin microflora. *J Chemother*, 2001, 13, s. 299–308.
- 5 Sullivan, A. – Fianu-Jonasson, A. – Landgren, B. M., et al.: Ecological effects of perorally administered pivmecillinam on the normal vaginal microflora. *Antimicrob Agents Chemother*, 2005, 49, s. 170–175.
- 6 Norinder, B. S. – Norrby, R. – Palmgren, A. C., et al.: Microflora changes with norfloxacin and pivmecillinam in women with recurrent urinary tract infection. *Antimicrob Agents Chemother*, 2006, 50, s. 1528–1530.
- 7 Janšáker, F. – Frimodt-Møller, N. – Sjögren, I., et al.: Clinical and bacteriological effects of pivmecillinam for ESBL-producing *Escherichia coli* or *Klebsiella pneumoniae* in urinary tract infections. *J Antimicrob Chemother*, 2014, 69, s. 769–772.
- 8 Titelman, E. – Iversen, A. – Kalin, M., et al.: Efficacy of pivmecillinam for treatment of lower urinary tract infection caused by extended-spectrum β -lactamase-producing *Escherichia coli* and *Klebsiella pneumoniae*. *Microb Drug Resist*, 2012, 18, s. 189–192.
- 9 O'Kelly, F. – Kavanagh, S. – Manecksha, R., et al.: Characteristics of gram-negative urinary tract infections caused by extended spectrum beta-lactamases: pivmecillinam as a treatment option within South Dublin, Ireland. *BMC Infect Dis*, 2016, 16, s. 620.
- 10 Bollestad, M. – Grude, N. – Solhaug, S., et al.: the Norwegian ESBLL study group: Clinical and bacteriological efficacy of pivmecillinam treatment for uncomplicated urinary tract infections caused by ESBL-producing *Escherichia coli*: a prospective, multicentre, observational cohort study. *J Antimicrob Chemother*, 2018, 73, s. 2503–2509.
- 11 Raja, N. S.: Emerging clinical role of pivmecillinam in the treatment of urinary tract infections caused by Extended Spectrum β -lactamase (ESBL) producing Enterobacteriaceae. *Int J Clin Pract*, 2019, 73, s. 1–5.

Evropská komise schválila přípravek Skyrizi (risankizumab) pro léčbu středně těžké až těžké ložiskové psoriázy

- 1 **Gordon, K., et al.**: Efficacy and safety of risankizumab in moderate-to-severe plaque psoriasis (UltIMMa-1 and UltIMMa-2): results from two double-blind, randomised, placebo-controlled and ustekinumab-controlled phase 3 trials. *Lancet*, 2018, 392, s. 650–661.
- 2 **Reich, K., et al.**: Efficacy and safety of risankizumab compared with adalimumab in patients with moderate-to-severe plaque psoriasis: results from the phase 3 IMMvent trial. ePoster #P1813. European Academy of Dermatology and Venereology Congress, 2018.
- 3 **Blauvelt, A., et al.**: Risankizumab efficacy/safety in moderate-to-severe plaque psoriasis: 16-week results from IMMhance [abstract P066]. *Acta Derm Venereol*, 2018, 98, suppl. 219, s. 30.
- 4 SPC Skyrizi, 07/2019
- 5 **Papp, K. A., et al.**: Risankizumab versus ustekinumab for moderate-to-severe plaque psoriasis. *N Engl J Med*, 2017, 376, s. 1551–1560.
- 6 International Federation of Psoriasis Associations. Dostupné z: <https://ifipa-pso.com/wp-content/uploads/2017/01/Brochure-Psoriasis-is-a-serious-disease-deserving-global-attention.pdf>, vyhledáno 22. 3. 2019.
- 7 **Mroweitz, U., et al.**: Definition of treatment goals for moderate to severe psoriasis: a European consensus. *Arch Dermatol Res*, 2011, 303, s. 1–10.
- 8 **Levin, E. C., et al.**: Biologic fatigue in psoriasis. *J Dermatolog Treat*, 2014, 25, s. 78–82.
- 9 **Langley, A., et al.**: Efficacy and safety of continuous Q12W risankizumab versus treatment withdrawal: Results from the phase 3 IMMhance trial. Poster #10093. 2019 American Academy of Dermatology Annual Meeting, 2019.
- 10 **Hongbo, Y., et al.**: Translating the science of quality of life into practice: What do dermatology life quality index scores mean? *J Invest Dermatol*, 2005, 125, s. 659–664.
- 11 HUMIRA [Summary of Product Characteristics]. AbbVie Ltd. Dostupné z: http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000481/WC500050870.pdf, vyhledáno 22. 3. 2019.