

Literatura ACTA MEDICINAE 5–7/2024 Gynekologie | Onkogynekologie | Urologie

2 **Urgentní inkontinence moči u starších žen a její léčba**

doc. MUDr. Petr Hubka, Ph.D. Gynekologicko-porodnická klinika, 1. LF UK a Fakultní nemocnice Bulovka, Praha

2 **Léčba hyperaktivního měchýře**

MUDr. Lukáš Holub, Ph.D. Urologická klinika LF a FN Hradec Králové

3 **Když pacient odmítá invazivní léčbu: dlouhodobá kombinační medikamentózní terapie jako alternativa – kazuistika**

MUDr. Barbora Novotná Urologické oddělení, Nemocnice České Budějovice, a. s.

3 **Současné možnosti léčby karcinomu ledviny**

MUDr. Jiří Kolář, Ph.D. | MUDr. Petr Stránský jr. | prof. MUDr. Milan Hora, Ph.D., MBA Urologická klinika, LF UK a FN Plzeň

doc. MUDr. Ondřej Fiala, Ph.D. Onkologická a radioterapeutická klinika, LF UK a FN Plzeň

doc. MUDr. Kristýna Pivočová, Ph.D. Šíklův ústav patologie, LF UK a FN Plzeň

3 **Imunoterapie v léčbě gynekologických malignit**

prof. MUDr. Michal Zikán, Ph.D. Gynekologicko-porodnická klinika, 1. LF UK a Fakultní nemocnice Bulovka, Praha

4 **Telomeropatie – vzácný, ale podceňovaný problém v reprodukční medicíně – přehledový článek a kazuistika**

MUDr. Radka Jarošová Gennet – klinika reprodukční medicíny a genetiky, Praha, Clayo Clinic – klinika reprodukční medicíny, Praha

PharmDr. Lucie Slámová Gennet – klinika reprodukční medicíny a genetiky, Praha, Ústav hematologie a krevní transfuze, Praha

RNDr. Monika Beličková, Ph.D. Ústav hematologie a krevní transfuze, Praha

MUDr. David Stejskal Gennet – klinika reprodukční medicíny a genetiky, Praha

4 **Preventivní gynekologická prohlídka – je to, co děláme, skutečně praktické a k užitku?**

MUDr. Štěpán Budka GYO, s. r. o., ambulance gynekologie a porodnictví, gynekologie dětí a dospívajících, reprodukční medicíny a estetické gynekologie

MUDr. Miroslav Verner PorGys, s. r. o., ambulance gynekologie a porodnictví

4 **Reprodukční imunologie**

MUDr. Barbora Koubková Oddělení alergologie a klinické imunologie, Fakultní nemocnice Olomouc

4 **Deficit železa a jeho vliv na sexuální dysfunkce u žen**

MUDr. Marek Broul, Ph.D., MBA, FECSM Sexuologické oddělení, Krajská zdravotní, a. s. – Masarykova nemocnice v Ústí nad Labem, o. z.;

Urologické oddělení, Krajská zdravotní, a. s. – Nemocnice Litoměřice, o. z.; Fakulta zdravotnických studií Univerzity Jana Evangelisty Purkyně

5 **Hyperemesis gravidarum – nové poznatky i nové naděje**

MUDr. Petr Křepelka, Ph.D. Ústav pro péči o matku a dítě, Praha

5 **Indukce porodu navozená misoprostolem**

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

5 **Saturace kalciem a vitaminem D: doporučení pro prevenci a léčbu osteoporózy v klinické praxi**

MUDr. Jiří Jenšovský, CSc. Interní klinika 1. LF UK a ÚVN – Vojenské fakultní nemocnice Praha

6 **Nehormonální přístupy v managementu genitourinárního menopauzálního syndromu**

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

6 **Výživa a nutriční příprava jako podstatný faktor pooperační morbidity**

MUDr. Tomáš Brtnický, Ph.D. | MUDr. Markéta Malecová Gynekologicko-porodnická klinika 1. LF UK a Fakultní nemocnice Bulovka, Praha

6 **První studie mapující život pacientů s chronickým únavovým syndromem v České republice**

Urgentní inkontinence moči u starších žen a její léčba

doc. MUDr. Petr Hubka, Ph.D. Gynekologicko-porodnická klinika, 1. LF UK a Fakultní nemocnice Bulovka, Praha

- 1 Haylen, B. T. – de Ridder, D. – Freeman, R. M., et al.: An International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Int Urodynecol*, 2010, 21, s. 5–26.
- 2 Nambiar, A. K. – Arlandis, S. – Bo, K., et al.: European Association of Urology Guidelines on the Diagnosis and Management of Female Non-neurogenic Lower Urinary Tract Symptoms. Part 1: Diagnostics, Overactive Bladder, Stress Urinary Incontinence, and Mixed Urinary Incontinence. *European Urology*, 2022, 82, s. 49–59.
- 3 Yamada, S. – Ito, Y. – Nishijima, S., et al.: Basic and clinical aspects of antimuscarinic agents used to treat overactive bladder. *Pharmacol Ther*, 2018, 189, s. 130–148.
- 4 Dengler, K. L. – High, R. A. – Moga, D. C., et al.: Overactive bladder and cognitive impairment: The American Urogynecologic Society and Pelvic Floor Disorders Research Foundation State-of-the-Science Conference Summary Report. *Urogynecol*, 2023, 29, suppl. 1, s. S1–S19.
- 5 Mostafaei, H. – Salehi-Pourmehr, H. – Jilch, S., et al.: Choosing the most efficacious and safe oral treatment for idiopathic overactive bladder: a systematic review and network meta-analysis. *Eur Urol Focus*, 2022, 8, s. 1072–1089.
- 6 Risacher, S. L. – McDonald, B. C. – Tallman, E. F., et al.: Association between anticholinergic medication use and cognition, brain metabolism, and brain atrophy in cognitively normal older adults. *JAMA Neurol*, 2016, 73, s. 721–732.
- 7 Chu, F. M. – Dmochowski, R.: Pathophysiology of overactive bladder. *Am J Med*, 2006, 119, suppl. 1, s. 3–8.
- 8 White, W. B. – Siddiqui, E. – Tat, T., et al.: Cardiovascular safety of mirabegron: analysis of an integrated clinical database of patients with overactive bladder syndrome. *J Am Soc Hypertens*, 2018, 12, s. 768–778, e1.
- 9 Wagg, A. – Staskin, D. – Engel, E., et al.: Efficacy, safety, and tolerability of mirabegron in patients aged >=65yr with overactive bladder wet: a phase IV, double-blind, randomised, placebo-controlled study (PILLAR). *Eur Urol*, 2020, 77, s. 211–220.
- 10 Chapple, C. R. – Nazir, J. – Hakimi, Z., et al.: Persistence and adherence with mirabegron versus antimuscarinic agents in patients with overactive bladder: a retrospective observational study in UK clinical practice. *Eur Urol*, 2017, 72, s. 389–399.
- 11 Murray, B. – Miles-Thomas, J. – Park, A. J., et al.: Cost-effectiveness of overactive bladder treatments from a US commercial and payer perspective. *J Comp Eff Res*, 2023, 12, e220089.

Léčba hyperaktivního měchýře

MUDr. Lukáš Holub, Ph.D. Urologická klinika LF a FN Hradec Králové

- 1 The Overactive Bladder: From Basic Science to Clinical Management Consensus Conference. Proceedings. Londýn, Anglie, 29. 6. 1997. *Urology*, 1997, 50, suppl. 6A, s. 1–114.
- 2 Abrams, P. – Cardozo, L. – Fall, M., et al.: Standardisation Sub-committee of the International Continence Society: The standardisation of terminology of lower urinary tract function: report from the Standardisation Sub-committee of the International Continence Society. *Neurourol Urodyn*, 2002, 21, s. 167–178.
- 3 Willis-Gray, M. G. – Dieter, A. A. – Geller, E. J.: Evaluation and management of over active bladder: strategies for optimizing care. *Res Rep Urol*, 2016, 8, s. 113–122.
- 4 Blok, B., et al.: EAU Guidelines on Neuro-urology. In: *EAU Guidelines Publisher dat the 38th EAU Annual Congress*, Milan 2023. Arnhem, Nizozemsko.
- 5 Milsom, I. – Abrams, P. – Cardozo, L., et al.: How widespread are the symptoms of an overactive bladder and how are they managed? A population-based prevalence study. *BJU Int*, 2001, 87, s. 760–766.
- 6 Irwin, D. E. – Milsom, I. – Hunskaar, S., et al.: Population-based survey of urinary incontinence, overactive bladder, and other lower urinary tract symptoms in five countries: results of the EPIC study. *Eur Urol*, 2006, 50, s. 1306–1314; diskuze s. 1314–1315.
- 7 Wein, A. J. – Rackley, R. R.: Overactive bladder: a better understanding of pathophysiology, diagnosis and management. *J Urol*, 2006, 175, s. 55–510.
- 8 Brading, A. F.: A myogenic basis for the overactive bladder. *Urology*, 1997, 50, suppl. 6A, s. 57–67; diskuze s. 68–73.
- 9 de Groat, W. C.: A neurologic basis for the overactive bladder. *Urology*, 1997, 50, suppl. 6A, s. 36–52; diskuze s. 53–56.
- 10 Drake, M. J. – Mills, I. W. – Gillespie, J. I.: Model of peripheral autonomous modules and a myovesical plexus in normal and overactive bladder function. *Lancet*, 2001, 358, s. 401–403.
- 11 Morrison, J. – Steers, W. D. – Brading, A. F., et al.: Neurophysiology and neuropharmacology. In: Abrams, P. – Cardozo, L. – Khoury, S. – Wein, A. (eds.): *Incontinence*. Plymouth, Health Publications, 2002, s. 86–163.
- 12 de Groat, W. C.: The urothelium in overactive bladder: passive bystander or active participant? *Urology*, 2004, 64, 6 suppl. 1, s. 7–11.
- 13 Andersson, K. E. – Hedlund, P.: Pharmacologic perspective on the physiology of the lower urinary tract. *Urology*, 2002, 60, 5 suppl. 1, s. 13–20; diskuze s. 20–21.
- 14 Gevaert, T. – Vriens, J. – Segal, A., et al.: Deletion of the transient receptor potential cation channel TRPV4 impairs murine bladder voiding. *J Clin Invest*, 2007, 117, s. 3453–3462.
- 15 Abrams, P. – Andersson, K. E. – Bider, L., et al.: Members of Committees; Fourth International Consultation on Incontinence: Fourth International Consultation on Incontinence Recommendations of the International Scientific Committee: Evaluation and treatment of urinary incontinence, pelvic organ prolapse, and fecal continence. *Neurourol Urodyn*, 2010, 29, s. 213–240.
- 16 Weiss, J. P. – Blaiwas, J. G. – Bliwise, D. L., et al.: The evaluation and treatment of nocturia: a consensus statement. *BJU Int*, 2011, 108, s. 6–21.
- 17 Starkman, J. S. – Dmochowski, R. R.: Urgency assessment in the evaluation of overactive bladder (OAB). *Neurourol Urodyn*, 2008, 27, s. 13–21.
- 18 Foon, R. – Drake, M. J.: The overactive bladder. *Ther Adv Urol*, 2010, 2, s. 147–155.
- 19 Burgio, K. L.: Influence of behavior modification on overactive bladder. *Urology*, 2002, 60, 5 suppl. 1, s. 72–76; diskuze s. 77.
- 20 Krhut, J. – Holáňová, R. – Gártner, M., et al.: Fyzioterapie v léčbě inkontinence moči u žen. *Ces Urol*, 2015, 19, s. 131–136.
- 21 Kunada, S. – Watanabe, N. – Goto, T., et al.: Cognitive behavioral therapy for overactive bladder in women: study protocol for a randomized controlled trial. *BMC Urol*, 2020, 20, s. 129.
- 22 Nitti, V. W. – Patel, A. – Karram, M.: Diagnosis and management of overactive bladder: A review. *J Obstet Gynaecol Res*, 2021, 47, s. 1654–1665.
- 23 Shafik, A. – Shafik, I. A.: Overactive bladder inhibition in response to pelvic floor muscle exercises. *World J Urol*, 2003, 20, s. 374–377.
- 24 Shamliyan, T. – Wyman, J. – Kane, R. L.: Non-surgical treatments for urinary incontinence in adult women: diagnosis and comparative effectiveness. Rockville (MD): Agency for Health Care Research and Quality (US); 2012. Report No: 11(12)-HC074-EF. PMID: 22624162.
- 25 Alhasso, A. A. – McKinlay, J. – Patrick, K., et al.: Anticholinergic drugs versus non-drug active therapies for overactive bladder syndrome in adults. *Cochrane Database Syst Rev*, 2006, 4, CD003193.
- 26 Morrison, J. – Steers, W. D. – Brading, A. F., et al.: Neurophysiology and neuropharmacology. In: Abrams, P. – Cardozo, L. – Khoury, S. – Wein, A. (eds.): *Incontinence*. Plymouth, Health Publications, 2002, s. 86–163.
- 27 DuBeau, C. E.: Interpreting the effect of common medical conditions on voiding dysfunction in the elderly. *Urol Clin North Am*, 1996, 23, s. 11–18.
- 28 McKeage, K.: Propiverine: a review of its use in the treatment of adults and children with overactive bladder associated with idiopathic or neurogenic detrusor over activity, and in men with lower urinary tract symptoms. *Clin Drug Investig*, 2013, 33, s. 71–91.
- 29 Zinner, N. R.: Trospium chloride: an anticholinergic quaternary ammonium compound for the treatment of overactive bladder. *Expert Opin Pharmacother*, 2005, 6, s. 1409–1420.
- 30 Herschorn, S. – Swift, S. – Guan, Z., et al.: Comparison of fesoteridine and tolterodine extended release for the treatment of overactive bladder: a head-to-head placebo-controlled trial. *BJU Int*, 2010, 105, s. 58–66.
- 31 Chapple, C. R. – Araño, P. – Bosch, J. L., et al.: Solifenacin appears effective and well tolerated in patients with symptomatic idiopathic detrusor overactivity in a placebo- and tolterodine-controlled phase 2 dose-finding study. *BJU Int*, 2004, 93, s. 71–77.
- 32 Chapple, C. R. – Martínez-García, R. – Selvaggi, L., et al.: STAR study group: A comparison of the efficacy and tolerability of solifenacin succinate and extended release tolterodine at treating overactive bladder syndrome: results of the STAR trial. *Eur Urol*, 2005, 48, s. 464–470.
- 33 Cardozo, L. – Amareno, G. – Pushkar, D., et al.: SUNRISE Study Group: Severity of overactive bladder symptoms and response to dose escalation in a randomized, double-blind trial of solifenacin (SUNRISE). *BJU Int*, 2013, 111, s. 804–810.
- 34 Zinner, N. – Susset, J. – Gittelman, M., et al.: Efficacy, tolerability and safety of darifenacin, an M3 selective receptor antagonist: an investigation of warning time in patients with OAB. *Int J Clin Pract*, 2006, 60, s. 119–126.
- 35 Chapple, C. R. – Kaplan, S. A. – Mitcheson, D., et al.: Randomized double-blind, active-controlled phase 3 study to assess 12-month safety and efficacy of mirabegron, a $\beta(3)$ -adrenoceptor agonist, in overactive bladder. *Eur Urol*, 2013, 63, s. 296–305.
- 36 Mullen, G. R. – Kaplan, S. A.: Efficacy and safety of mirabegron in men with overactive bladder symptoms and benign prostatic hyperplasia. *Curr Urol Rep*, 2021, 22, s. 5.
- 37 Staskin, D. – Frankel, J. – Varano, S., et al.: International phase III, randomized, double-blind, placebo and active controlled study to evaluate the safety and efficacy of vibegron in patients with symptoms of overactive bladder: EMPOWER. *J Urol*, 2020, 204, s. 316–324.
- 38 Peters, D.: Terodiline in the treatment of urinary frequency and motor urge incontinence. A controlled multicentre trial. *Scand J Urol Nephrol Suppl*, 1984, 87, s. 21–33.
- 39 Mori, K. – Yamashita, Y. – Teramoto, N.: Effects of ZD0947, a novel and potent ATP-sensitive K⁺ channel opener, on smooth muscle-type ATP-sensitive K⁺ channels. *Eur J Pharmacol*, 2016, 791, s. 773–779.
- 40 Hunsalle, J. M. – Djurhuus, J. C.: Clinical options for imipramine in the management of urinary incontinence. *Urol Res*, 2001, 29, s. 118–125.
- 41 Buchbinder, R. – Forbes, A. – Kobben, F., et al.: Clinical features of tiaprofenic acid (surgam) associated cystitis and a study of risk factors for its development. *J Clin Epidemiol*, 2000, 53, s. 1013–1019.
- 42 Garnier, R. – Azoyan, P. – Chataigner, D., et al.: Acute fluvoxamine poisoning. *J Int Med Res*, 1993, 21, s. 197–208.
- 43 Thiagamoorthy, G. – Cardozo, L. – Robinson, D.: Current and future pharmacotherapy for treating overactive bladder. *Expert Opin Pharmacother*, 2016, 17, s. 1317–1325.
- 44 Biehl, C. – Plotsker, O. – Mirkin, S.: A systematic review of the efficacy and safety of vaginal estrogen products for the treatment of genitourinary syndrome of menopause. *Menopause*, 2019, 26, s. 431–453.
- 45 Cheng, C. L. – Li, J. R. – Lin, C. H., et al.: Positive association of female overactive bladder symptoms and estrogen deprivation: A nationwide population-based cohort study in Taiwan. *Medicine*, 2016, 95, s. e4107.
- 46 Dykstra, D. D. – Sidi, A. A. – Scott, A. B., et al.: Effects of botulinum A toxin on detrusor-sphincter dyssynergia in spinal cord injury patients. *J Urol*, 1988, 139, s. 919–922.
- 47 Duthie, J. B. – Vincent, M. – Heribson, G. P., et al.: Botulinum toxin injections for adults with overactive bladder syndrome. *Cochrane Database Syst Rev*, 2011, 12, CD005493.
- 48 Nitti, V. W. – Dmochowski, R. – Herschorn, S., et al.: EMBARK Study Group: OnabotulinumtoxinA for the treatment of patients with overactive bladder and urinary incontinence: results of a phase 3, randomized, placebo controlled trial. *J Urol*, 2013, 189, s. 2186–2193.
- 49 Krhut, J.: Workshop Místo botulinumtoxinu v terapii dysfunkcí dolních cest močových. *Ces Urol*, 2015, 19, s. 318–319.
- 50 Rejchrt, M.: Využití neuromodulace v léčbě dysfunkcí dolních močových cest. *Ces Urol*, 2012, 16, s. 5–12.
- 51 Amundsen, C. L. – Komesi, Y. M. – Chermansky, C., et al.: Pelvic Floor Disorders Network: Two-year outcomes of sacral neuromodulation versus onabotulinumtoxin A for refractory urgency urinary incontinence: a randomized trial. *Eur Urol*, 2018, 74, s. 66–73.
- 52 Jairam, R. – Drossaerts, J. – Marcelissen, T., et al.: Predictive factors in sacral neuromodulation: a systematic review. *Urol Int*, 2022, 106, s. 323–343.
- 53 Chughtai, B. – Clemens, J. Q. – Thomas, D., et al.: Real world performance of sacral neuromodulation and onabotulinumtoxin A for overactive bladder: focus on safety and cost. *J Urol*, 2020, 203, s. 179–184.
- 54 Greenwell, T. J. – Venn, S. N. – Mundy, A. R.: Augmentation cystoplasty. *BJU Int*, 2001, 88, s. 511–525.
- 55 Holub, L. – Hušek, P. – Košína, J., et al.: Dopady změny antimuskárnika na kvalitu života u pacientů s hyperaktivním měchýřem – výsledky studie VEST. *Ces Urol*, 2018, 22, s. 106–114.

Když pacient odmítá invazivní léčbu: dlouhodobá kombinační medikamentózní terapie jako alternativa – kazuistika

MUDr. Barbora Novotná Urologické oddělení, Nemocnice České Budějovice, a. s.

- 1 Lane, G. I. – Gor, R. A. – Katorski, J., et al.: Clinical outcomes of non-surgical management of detrusor leak point pressures above 40 cm water in adults with congenital neurogenic bladder. *Neuroural Urodyn*, 2018, 37, s. 1943–1949.
- 2 Kakizaki, H. – Lee, K. S. – Katou, D., et al.: Mirabegron add-on therapy to tamsulosin in men with overactive bladder: post hoc analyses of efficacy from the MATCH study. *Adv Ther*, 2021, 38, s. 739–757.
- 3 Shin, W. – Yang, A. Y. – Yoo, H., et al.: Drug-drug interactions between tamsulosin and mirabegron in healthy individuals do not affect pharmacokinetics and hemodynamic parameters significantly. *Pharmaceuticals*, 2023, 16, s. 1457.
- 4 Gratzke, C. – van Maanen, R. – Chapple, C., et al.: Long-term safety and efficacy of mirabegron and solifenacin in combination compared with monotherapy in patients with overactive bladder: a randomised, multicentre phase 3 study (SYNERGY II). *Eur Urol*, 2018, 74, s. 501–509.
- 5 Herschorn, S. – Chapple, C. R. – Abrams, P., et al.: Efficacy and safety of combinations of mirabegron and solifenacin compared with monotherapy and placebo in patients with overactive bladder (SYNERGY study). *JU Int*, 2017, 120, s. 562–575.

Současné možnosti léčby karcinomu ledviny

MUDr. Jiří Kolář, Ph.D. | MUDr. Petr Stránský jr. | prof. MUDr. Milan Hora, Ph.D., MBA Urologická klinika, LF UK a FN Plzeň
doc. MUDr. Ondřej Fiala, Ph.D. Onkologická a radioterapeutická klinika, LF UK a FN Plzeň
doc. MUDr. Kristýna Pivočová, Ph.D. Šíklův ústav patologie, LF UK a FN Plzeň

- 1 Padala, S. A. – Barsouk, A. – Thandri, K. C., et al.: Epidemiology of renal cell carcinoma. *World J Oncol*, 2020, 11, s. 79–87.
- 2 Sung, H. – Ferlay, J. – Siegel, R. L., et al.: Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin*, 2021, 71, s. 209–249.
- 3 Dušek, L. – Mužík, J. – Kubásek, M., et al.: Epidemiologie zhoubných nádorů v České republice. Masarykova univerzita, Brno, 2022.
- 4 Capitanio, U. – Benshaloh, K. – Bex, A., et al.: Epidemiology of renal cell carcinoma. *Eur Urol*, 2019, 75, s. 74–84.
- 5 Kolář, J. – Pitra, T. – Pivočová, K., et al.: Hereditární renální nádorové syndromy. *Ces Urol*, 2020, 24, s. 26–41.
- 6 Bekema, H. J. – MacLennan, S. – Imamura, M., et al.: Systematic review of adrenalectomy and lymph node dissection in locally advanced renal cell carcinoma. *Eur Urol*, 2013, 64, s. 799–810.
- 7 Lane, B. R. – Tiong, H. Y. – Campbell, S. C., et al.: Management of the adrenal gland during partial nephrectomy. *J Urol*, 2009, 181, s. 2430–2436; diskuze 6–7.
- 8 Korčáková, E., et al.: Mikrovlnná ablace a její role v léčbě malých renálních nádorů. *Ces Urol*, 2023, 27, s. 213–221.
- 9 Kolář, J. – Pitra, T. – Pivočová, K., et al.: Biopsie nádorů ledvin – indikace, provedení, výsledky. *Ces Urol*, 2020, 24, s. 2113–2125.
- 10 Lane, B. R. – Abuassaly, R. – Gao, T., et al.: Active treatment of localized renal tumors may not impact overall survival in patients aged 75 years or older. *Cancer*, 2010, 116, s. 3119–3126.
- 11 Jewett, M. A. – Mattar, K. – Basiuk, J., et al.: Active surveillance of small renal masses: progression patterns of early stage kidney cancer. *Eur Urol*, 2011, 60, s. 39–44.
- 12 Choueiri, T. K. – Tomczak, P. – Park, S. H., et al.: Adjuvant pembrolizumab after nephrectomy in renal-cell carcinoma. *N Engl J Med*, 2021, 385, s. 683–694.
- 13 Nesbitt, J. C. – Soltero, E. R. – Dinney, C. P., et al.: Surgical management of renal cell carcinoma with inferior vena cava tumor thrombus. *Ann Thorac Surg*, 1997, 63, s. 1592–1600.
- 14 Büchlér, T.: Karcinom ledviny a jeho léčba. *Postgraduální nefrologie*, 2020, 18, s. 8–10.
- 15 Zhoubný novotvar ledviny (C64). Modrá kniha České onkologické společnosti. 30. aktualizace. MOÚ Brno, 2024. Platnost od 1. 3. 2024. Dostupné z: <https://www.linkos.cz/lekar-a-multidisciplinarni-tym/personalizovana-onkologie/modra-kniha-cos/aktualni-vydani-modre-knihy/>; vyhledáno 10. 4. 2024.
- 16 Ljungberg, B. – Albiges, L. – Abu-Ghanem, Y., et al.: European Association of Urology Guidelines on Renal Cell Carcinoma: The 2022 Update. *Eur Urol*, 2022, 82, s. 399–410.
- 17 Heng, D. Y. – Xie, W. – Regan, M. M., et al.: External validation and comparison with other models of the International Metastatic Renal-Cell Carcinoma Database Consortium prognostic model: a population-based study. *Lancet Oncol*, 2013, 14, s. 141–148.

Imunoterapie v léčbě gynekologických malignit

prof. MUDr. Michal Zikán, Ph.D. Gynekologicko-porodnická klinika, 1. LF UK a Fakultní nemocnice Bulovka, Praha

- 1 Kagabu, M. – Nagasawa, T. – Sato, C. – Fukagawa, Y., et al.: Immunotherapy for uterine cervical cancer using checkpoint inhibitors: future directions. *Int J Mol Sci*, 2020, 21, s. 2335.
- 2 Peralta-Zaragoza, O. – Bermúdez-Morales, V. H. – Perez-Plasencia, C., et al.: Targeted treatments for cervical cancer: a review. *Oncotargets and Therapy*, 2012, 5, s. 315–328.
- 3 Jazaeri, A. A. – Zsiros, E. – Amaria, R. N., et al.: Safety and efficacy of adoptive cell transfer using autologous tumor infiltrating lymphocytes (LN-145) for treatment of recurrent, metastatic, or persistent cervical carcinoma. *J Clin Oncol*, 2019, 37, suppl. 15, s. 2538–2538.
- 4 Eskander, R. N. – Tewari, K. S.: Immunotherapy: an evolving paradigm in the treatment of advanced cervical cancer. *Clin Ther*, 2015, 37, s. 20–38.
- 5 Enwre, E. K. – Kornaga, E. N. – Dean, M., et al.: Expression of PD-L1 and presence of CD8-positive T cells in pre-treatment specimens of locally advanced cervical cancer. *Mod Pathol*, 2017, 30, s. 577–586.
- 6 Browne, D. W. – Fennelly, J. – Crown, H., et al.: The efficacy and safety of pembrolizumab in advanced cervical cancer—a real world treatment study in an Irish healthcare setting. *J Clin Oncol*, 2020, 38, suppl. 15, s. e18007–e18007.
- 7 da Silva, D. M. – Enserro, D. M. – Mayadev, J. S., et al.: Immune activation in patients with locally advanced cervical cancer treated with ipilimumab following definitive chemoradiation (GOG-9929). *Clinical Cancer Research*, 2021, 26, s. 5621–5630.
- 8 Naumann, R. W. – Oaknin, A. – Meyer, T., et al.: Efficacy and safety of nivolumab (Nivo) + ipilimumab (Ipi) in patients (pts) with recurrent/metastatic (R/M) cervical cancer: results from Check Mate 358. *Ann Oncol*, 2019, 30, suppl. 5, LBA62.
- 9 Tewari, K. S. – Monk, B. J. – Vergote, I., et al.: VP4-2021: EMPOWER-Cervical 1/GOG-3016/ENGOT-cx9: Interim analysis of phase III trial of cemiplimab vs. investigator's choice (IC) chemotherapy (chemo) in recurrent/metastatic (R/M) cervical carcinoma. *Ann Oncol*, 2021, 32, s. 940–941.
- 10 O'Malley, D. M. – Oaknin, A. – Monk, B. J., et al.: Single-agent anti-PD-1 balstilimab or in combination with anti-CTLA-4 zafrelimab for recurrent/metastatic (R/M) cervical cancer (CC): Preliminary results of two independent phase II trials. *Ann Oncol*, 2020, 31, suppl. 4, s. S1164–S1165.
- 11 O'Malley, D. M. – Neff, M. – Monk, B. J., et al.: 724MO Balstilimab (anti-PD-1) in combination with zafrelimab (anti-CTLA-4): Final results from a phase II study in patients (pts) with recurrent/metastatic (R/M) cervical cancer (CC). *Ann Oncol*, 2021, 32, suppl. 4, s. S1166–S1167.
- 12 Colombo, N. – Dubot, C. – Lorusso, D., et al.: LBA2 Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for persistent, recurrent, or metastatic cervical cancer: Randomized, double-blind, phase III KEYNOTE-826 study. *Ann Oncol*, 2021, 32, s. S1307–S1308.
- 13 Song, Y. – Wang, C. – Li, X., et al.: 782P A retrospective study of toripalimab combined with concurrent chemoradiotherapy in patients with recurrent/advanced cervical cancer. *Ann Oncol*, 2021, 32, s. S755.
- 14 Frenel, J. S. – Hervieu, A. – Borcoman, E., et al.: 775P Tremelimumab-abd mab + durvalumab (D) combined with metronomic oral vinorelbine (MOV): Results of the recurrent cervical cancer (RCC) cohort of the MOVIE study. *Ann Oncol*, 2021, 32, s. S753.
- 15 You, J. W. – Hur, S. Y. – Woo, J. W., et al.: Pembrolizumab plus GX-188 therapeutic DNA vaccine in patients with HPV-16-positive or HPV-18-positive advanced cervical cancer: Interim results of a single-arm, phase 2 trial. *Lancet Oncol*, 2020, 21, s. 1653–1660.
- 16 Concin, N. – Matias-Guiu, X. – Vergote, I., et al.: ESGO/ESTRO/ESP Guidelines for the management of patients with endometrial carcinoma. *Int J Gynecol Cancer*, 2021, 31, s. 12–39.
- 17 Humber, C. E. – Tierney, J. F. – Symonds, R. P., et al.: Chemotherapy for advanced, recurrent or metastatic endometrial cancer: a systematic review of Cochrane collaboration. *Ann Oncol*, 2007, 18, s. 409–420.
- 18 Fleming, G. F.: Second-line therapy for endometrial cancer: the need for better options. *J Clin Oncol*, 2015, 33, s. 3535–3540.
- 19 Levine, D. A.: Integrated genomic characterization of endometrial carcinoma. *Nature*, 2013, 497, s. 67–73.
- 20 Marcus, L. – Lemery, S. J. – Keegan, P., et al.: FDA Approval Summary: Pembrolizumab for the treatment of microsatellite instability-high solid tumors. *Clin Cancer Res*, 2019, 25, s. 3753–3758.
- 21 FDA grants regular approval to pembrolizumab and lenvatinib for advanced endometrial carcinoma. Dostupné z: <https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-regular-approval-pembrolizumab-and-levanatinib-advanced-endometrial-carcinoma>; vyhledáno 11. 4. 2024.
- 22 Marabelle, A. – Le, D. T. – Ascierto, P. A., et al.: Efficacy of pembrolizumab in patients with noncolorectal high microsatellite instability/mismatch repair-deficient cancer: results from the phase II KEYNOTE-158 study. *J Clin Oncol*, 2020, 38, s. 1–10.
- 23 Le, D. T. – Durham, J. N. – Smith, K. N., et al.: Mismatch repair deficiency predicts response of solid tumors to PD-1 blockade. *Science*, 2017, 357, s. 409–413.
- 24 Fader, A. N. – Diaz, L. A. – Armstrong, D. K., et al.: Preliminary results of a phase II study: PD-1 blockade in mismatch repair-deficient, recurrent or persistent endometrial cancer. *Gynecol Oncol*, 2016, 141, s. 206–207.
- 25 Roque, D. M. – Bellone, S. – Siegel, E. R., et al.: Phase II evaluation of pembrolizumab in recurrent microsatellite instability-high (MSI-H) endometrial cancer patients with Lynch-like versus MLH-1 methylated characteristics (NCT02899793). *J Clin Oncol*, 2021, 39, s. 5523–5523.
- 26 Ott, P. A. – Bang, Y.-J. – Berton-Rigaud, D., et al.: Safety and antitumor activity of pembrolizumab in advanced programmed death ligand 1-positive endometrial cancer: results from the KEYNOTE-028 study. *J Clin Oncol*, 2017, 35, s. 2535–2541.
- 27 Makker, V. – Taylor, M. H. – Aghajanian, C., et al.: Lenvatinib plus pembrolizumab in patients with advanced endometrial cancer. *J Clin Oncol*, 2020, 38, s. 2981–2992.
- 28 Makker, V. – Colombo, N. – Casado Herráz, A., et al.: Society of Gynecologic Oncology 2021 Virtual Annual Meeting on Women's Cancer. A multicenter, open-label, randomized phase 3 study to compare the efficacy and safety of lenvatinib in combination with pembrolizumab vs treatment of physician's choice in patients with advanced endometrial cancer: study 309/KEYNOTE-775. *Int J Gynecol Canc*, 2021, 31, s. A4–A5.
- 29 Tamura, K. – Hasegawa, K. – Katsumata, N., et al.: Efficacy and safety of nivolumab in Japanese patients with uterine cervical cancer, uterine corpus cancer, or soft tissue sarcoma: multicenter, open-label phase 2 trial. *Cancer Sci*, 2019, 110, s. 2894–2904.
- 30 Lheureux, S. – Matei, D. – Konstantinopoulos, P. A., et al.: A randomized phase II study of cabozantinib and nivolumab versus nivolumab in recurrent endometrial cancer. *J Clin Oncol*, 2020, 38, suppl. 15, doi.org/10.1200/JCO.2020.38.15_suppl.6010.
- 31 Oaknin, A. – Duska, L. R. – Sullivan, R. J., et al.: Preliminary safety, efficacy, and pharmacokinetic/pharmacodynamic characterization from GARNET, a phase I/II clinical trial of the anti-PD-1 monoclonal antibody, TSR-042, in patients with recurrent or advanced MSI-H and MSS endometrial cancer. *Gynecol Oncol*, 2019, 154, s. 17.
- 32 Mirza, M. R., et al.: Dostarlimab for primary advanced or recurrent endometrial cancer. *N Engl J Med*, 2023, 388, s. 2145–2158.
- 33 Eskander, R. N. – Sill, M. W. – Beffa, L., et al.: Pembrolizumab plus chemotherapy in advanced endometrial cancer. *N Engl J Med*, 2023, 388, s. 2159–2170.

Telomeropatie – vzácný, ale podceňovaný problém v reprodukční medicíně – přehledový článek a kazuistika

MUDr. Radka Jarošová Gennet – klinika reprodukční medicíny a genetiky, Praha, Clayo Clinic – klinika reprodukční medicíny, Praha
PharmDr. Lucie Slámová Gennet – klinika reprodukční medicíny a genetiky, Praha, Ústav hematologie a krevní transfuze, Praha
RNDr. Monika Beličková, Ph.D. Ústav hematologie a krevní transfuze, Praha
MUDr. David Stejskal Gennet – klinika reprodukční medicíny a genetiky, Praha

- 1 Niewisch, M. R. – Savage, S. A.: An update on the biology and management of dyskeratosis congenita and related telomere biology disorders. *Expert Rev Hematol.*, 2019, 12, s. 1037–1052.
- 2 Turner, K. J. – Vasu, V. – Griffin, D. K.: Telomere biology and human phenotype. *Cells*, 2019, 8, s. 73.
- 3 Giardini, M. A. – Segatto, M. – da Silva, M. S., et al.: Telomere and telomerase biology. *Prog Mol Biol Transl Sci*, 2014, 125, s. 1–40.
- 4 Penzo, M. – Ludovini, V. – Treré, D., et al.: Dyskerin and TERC expression may condition survival in lung cancer patients. *Oncotarget*, 2015, 6, s. 21755–21760.
- 5 Conomos, D. – Pickett, H. A. – Reddel, R. R.: Alternative lengthening of telomeres: remodeling the telomere architecture. *Front Oncol*, 2013, s. 27.
- 6 Calado, R. T. – Yewdell, W. T. – Wilkerson, K. L., et al.: Sex hormones, acting on the TERT gene, increase telomerase activity in human primary hematopoietic cells. *Blood*, 2009, 114, s. 2236–2243.
- 7 Robinson, L. G. Jr. – Pimentel, R. – Wang, F., et al.: Impaired reproductive function and fertility preservation in a woman with a dyskeratosis congenita. *J Assist Reprod Genet*, 2020, 37, s. 1221–1225.
- 8 Koucký, M. – Toman, A. – Ryšavá, R., et al.: Trombotické mikroangiopatie a těhotenství. *Ceska Gynekol*, 2020, 85, s. 18–28.
- 9 Giri, N. – Alter, P. – Savage, A., et al.: Gynecological and reproductive health of women with telomere biology disorders. *Br J Haematol*, 2021, 193, s. 1238–1242.
- 10 ACOG Practice Bulletin No. 202: gestational hypertension and preeclampsia. *Obstet Gynecol*, 2019, 133, s. 1.
- 11 Jeve, Y. B. – Davies, W.: Evidence-based management of recurrent miscarriages. *J Hum Reprod Sci*, 2014, 7, s. 159–169.
- 12 Ananth, C. V. – Friedman, A. M. – Keyes, K. M., et al.: Primary and repeat Cesarean deliveries: a population-based study in the US, 1979–2010. *Epidemiology*, 2017, 28, s. 567–574.
- 13 Bateman, B. T. – Shaw, K. M. – Kuklina, E. V., et al.: Hypertension in women of reproductive age in the US, NHANES 1999–2008. *PLoS One*, 2012, 7, e36171.
- 14 Workalemahu, T. – Enquobahrie, D. A. – Yohannes, E., et al.: Placental telomere length and risk of placental abruption. *J Matern Fetal Neonatal Med*, 2016, 29, s. 2767–2772.
- 15 Deka, D. – Malhotra, N. – Sinha, A., et al.: Pregnancy associated aplastic anemia: maternal and fetal outcome. *J Obstet Gynaecol Res*, 2003, 29, s. 67–72.
- 16 Tichelli, A. – Socie, G. – March, J., et al.: Outcome of pregnancy and disease course among women with aplastic anemia treated with immunosuppression. *Ann Intern Med*, 2002, 137, s. 164–172.
- 17 Hapangama, D. K. – Kamal, A. – Saretzki, G.: Implications of telomeres and telomerase in endometrial pathology. *Hum Reprod Update*, 2017, 23, s. 166–187.
- 18 Vieri, M. – Brümmendorf, T. M. – Fabian Beier, F.: Treatment of telomeropathies. *Best Pract Res Clin Haematol*, 2021, 34, 101282.
- 19 Bejarano, L. – Bosso, G. – Louzame, J., et al.: Multiple cancer pathways regulate telomere protection. *EMBO Mol Med*, 2019, 11, e10292.

Preventivní gynekologická prohlídka – je to, co děláme, skutečně praktické a k užitku?

MUDr. Štěpán Budka GYO, s. r. o., ambulance gynekologie a porodnictví, gynekologie dětí a dospívajících, reprodukční medicíny a estetické gynekologie

MUDr. Miroslav Verner PorGys, s. r. o., ambulance gynekologie a porodnictví

- 1 Sbírka zákonů č. 3 /2010, vyhláška ze dne 17. prosince 2009, o stanovení obsahu a časového rozmezí preventivních prohlídek, částka 1, strana 10, § 4: Obsah a časové rozmezí preventivních prohlídek v oboru gynekologie a porodnictví.
- 2 Vyhláška č. 70/2012 Sb., o preventivních prohlídkách, ve znění pozdějších předpisů.
- 3 Vyhláška č. 45/2021 Sb., kterou se mění vyhláška č. 70/2012 Sb., o preventivních prohlídkách, ve znění pozdějších předpisů.
- 4 Věstník MZ ČR 2007, částka 7, vydáno v září 2007: Kritéria a podmínky programu pro screening karcinomu děložního hrdla v ČR.
- 5 Evaluacní zpráva programu screeningu karcinomu děložního hrdla, NSC ÚZIS, 2022. Dostupné z: <https://nsc.uzis.cz/res/file/vystupy/davova-zakladna/evaluacni-zprava-screeningu-cervikalniho-karcinomu.pdf>, vyhledáno 20. 5. 2024.
- 6 Doporučení k testování BRCA1/BRCA2 a dalších genů pro účely léčby schválené 7. září 2022 výborem Společnosti lékařské genetiky a genomiky ČLS JEP. Dostupné z: <https://sgl.cz/doporuceni/>, vyhledáno 20. 5. 2024.
- 7 Registr CZECANCA, www.czecanca.cz.
- 8 Devries, K. M. – Mak, J. Y. T. – García-Moreno, C., et al.: The global prevalence of intimate partner violence against women. *Science*, 2013, doi: 10.1126/science.1240937.
- 9 Vaníčková, E. – Hanáček, J. – Krpálková, J., et al.: Domácí a genderově podmíněné násilí. *Manuál pro lékaře*. 2017. Dostupné z: https://urrgmed.cz/wp-content/uploads/2019/03/2018_manual_nasilii.pdf, vyhledáno 20. 5. 2024.
- 10 Norrell, L. L. – Kuppnermann, M. – Moghadassi, M. N., et al.: Women's beliefs about the purpose and value of routine pelvic examinations. *Am J Obstet Gynecol*, 2017, 217, s. 86–86.e6.
- 11 Dempsey, A. F., et al.: Acceptability of human papillomavirus vaccines among women older than 26 years. *Vaccine*, 2015, 33, s. 1556–1561.
- 12 Castellsagué, X. – Schneider, A., et al.: HPV vaccination against cervical cancer in women above 25 years of age: key considerations and current perspectives. *Gynecol Oncol*, 2009, 115, suppl. 3, s. S15–S23.
- 13 NRZZ, www.uzis.cz.
- 14 ÚZIS, www.uzis.cz.
- 15 Varlas, V. N., et al.: Social freezing: pressing pause on fertility. *Int J Environ Res Public Health*, 2021, 18, s. 8088.
- 16 Balderrama, C. – Flores, J. – Maldonado, A.: The effects of age to meet the standard production rate. *Work*, 2015, 51, s. 827–837.
- 17 Fauser, B. C. J. M. – Nelson, S. M.: Next steps toward AMH as a robust biomarker for assessing ovarian aging in individual women. *J Clin Endocrinol Metab*, 2020, 105, s. e2643–e2644.
- 18 Abed, F. A. – Mauroof, R. E. – Al-Nakkash, U. M. A.: Comparing the diagnostic accuracy of anti-Müllerian hormone and follicle stimulating hormone in detecting premature ovarian failure in Iraqi women by ROC analysis. *Rep Biochem Mol Biol*, 2019, 8, s. 126–131.

Reprodukční imunologie

MUDr. Barbora Koubková Oddělení alergologie a klinické imunologie, Fakultní nemocnice Olomouc

- 1 Malíčková, K. – Ambrusová, Z. – Belovončíková, S., et al.: Současné možnosti diagnostiky a léčby imunologických příčin ženské neplodnosti. *Čas Lék Čes*, 2021, 160.
- 2 Řežáček, K. – Pohlová, R.: Asistovaná reprodukce v ČR 2020. Zdravotnická statistika. Ústav zdravotnických informací a statistiky ČR ve spolupráci s Národním registrem reproduktivního zdraví – Asistované reprodukce. ÚZIS ČR, NRAR 2022, s. 1–71. www.uzis.cz
- 3 Ulčová-Gallová, Z. – Madar, J., et al.: *Imunologie a imunopatologie lidské reprodukce*. Maxdorf Jessenius, Praha, 2020, s. 176.
- 4 Řežáčová, J., et al.: *Reprodukční medicína. Současné možnosti v asis-tované reprodukci*. Mladá fronta, Praha, 2018, s. 710.
- 5 Kwak-Kim, J.: Cell immunopathology in women with reproductive failures: causes and treatment. *J Reproductive Immunology*, 2023, 159, 104013, doi.org/10.1016/j.jri.2023.104013.
- 6 Hao, F. – Zhou, X. – Jin, L.: Natural killer cells: functional differences in recurrent spontaneous abortion. *Biol Reprod*, 2020, 102, s. 524–531.
- 7 Koucký, M.: Péče o těhotnou ženu s opakovánými těhotenskými ztráty a prokázaným imunodeficitem z pohledu porodníka. *Čas Lék Čes*, 2021, 160, s. 14–19.
- 8 Dodd, J. M. – MacLeod, A. – Windrim, R. C., et al.: Antithrombotic therapy for improving maternal or infant health outcomes in women considered at risk of placental dysfunction. *Cochrane Database Syst Rev*, 2013, CD006780.

Deficit železa a jeho vliv na sexuální dysfunkce u žen

MUDr. Marek Broul, Ph.D., MBA, FECSE Sexuologické oddělení, Krajská zdravotní, a. s. – Masarykova nemocnice v Ústí nad Labem, o. z.; Urologické oddělení, Krajská zdravotní, a. s. – Nemocnice Litoměřice, o. z.; Fakulta zdravotnických studií Univerzity Jana Evangelisty Purkyně

- 1 Pastor, Z.: Jak správně klasifikovat ženské sexuální dysfunkce? *Prakt Gyn*, 2015, 19, s. 60–65.
- 2 ICD-10 Version: 2019. Dostupné z: <https://icd.who.int/browse10/2019/en>.
- 3 ČR, ÚZIS. MKN-10 klasifikace. Dostupné z: <https://mkn10.uzis.cz/>.
- 4 MKN-11. Dostupné z: <https://www.uzis.cz/ext/mkn-11-nahled/>.
- 5 Montorsi, F. – Pierce, C. J. – Khoury, S.: The Third International Consultation on Sexual Medicine: Advancing Science in the Interest of Patient Care. *J Sex Med*, 2010, 7, s. 312–313.
- 6 Diagnostic and Statistical Manual of Mental Disorders. DSM-5. American Psychiatric Association. Diagnostic and Statisticital manual of mental disorders, Firth Edition. Dostupné z: <https://doi.org/10.1176/appi.books.978089042596>.
- 7 Koops, T. U. – Klein, V. – Bei der Kellen, R. – Hoyer, J., et al.: Association of sexual dysfunction according to DSM-5 diagnostic criteria with avoidance of and discomfort during sex in a population-based sample. *Sex Med*, 2023, 11, qfad037.
- 8 Basson, R.: The female sexual response: a different model. *J Sex Marital Ther*, 2000, 26, s. 51–65.
- 9 Nappi, R. E. – Cucinella, L. – Martella, S., et al.: Female sexual dysfunction (FSD): Prevalence and impact on quality of life (QoL). *Maturitas*,

- 2016, 94, s. 87–91.
- 10 American Psychiatric Association, ed.: Diagnostic and statistical manual of mental disorders (DSM-5-TR). Dostupné z: <https://www.psychiatry.org/publishers/practice/dsm>.
 - 11 Shifren, J. L. – Monz, B. U. – Russo, P. A., et al.: Sexual problems and distress in United States women: prevalence and correlates. *Obstet Gynecol*, 2008, 112, s. 970–978.
 - 12 Zheng, J. M. – Skiba, A. – Bell, R. J., et al.: The prevalence of sexual dysfunctions and sexually related distress in young women: a cross-sectional survey. *Fertil Steril*, 2020, 113, s. 426–434.
 - 13 Friedman, A. J. – Chen, Z. – Ford, P., et al.: Iron deficiency anemia in women across the life span. *J Women's Health*, 2012, 21, s. 1282–1289.
 - 14 Hartmann, C. J. – Sutter, B. – Fehl, M., et al.: Impact of body iron store on sexual function: a comprehensive review and pilot cohort study in midlife women. *Arch Gynecol Obstet*, 2019, 300, s. 469–480.
 - 15 Serati, M. – Espuña-Pons, M. – Mouton-Puglisi, A., et al.: Iron deficiency and sexual dysfunction in women. *Sex Med Rev*, 2023, 11, s. 342–348.
 - 16 Pasricha, S.-R. – Tye-Din, J. – U Muckenthaler, M., et al.: Iron deficiency. *Lancet*, 2021, 397, s. 233–248.
 - 17 Percy, L. – Mansour, D. – Fraser, I.: Iron deficiency and iron deficiency anaemia in women. *Best Pract Res Clin Obstet Gynaecol*, 2017, 40, s. 55–67.
 - 18 Liu, Z. – Doan, Q. V. – Blumenthal, P., et al.: A systematic review evaluating health-related quality of life, work impairment, and health-care costs and utilization in abnormal uterine bleeding. *Value Health*, 2007, 10, s. 183–194.
 - 19 Calje, E. – Marriott, J. – Oyston, Ch., et al.: Postpartum anaemia in three New Zealand district health board regions: An observational study of incidence and management. *Aust N Z J Obstet Gynaecol*, 18, 7. 2022.
 - 20 Næss-Andresen, M.-L. – Jenum, A. K. – Berg, J. P., et al.: Prevalence of postpartum anaemia and iron deficiency by serum ferritin, soluble transferrin receptor and total body iron, and associations with ethnicity and clinical factors: a Norwegian population-based cohort study. *J Nutr Sci*, 2022, 11, s. e46.
 - 21 Leiblum, S. R. – Koochaki, P. E. – Rodenberg, C. A., et al.: Hypoactive sexual desire disorder in postmenopausal women: US results from the Women's International Study of Health and Sexuality (WISHeS). *Menopause*, 2006, 13, s. 46–56.
 - 22 Nikzad, Z. – Iravani, M. – Abedi, P., et al.: The relationship between iron deficiency anemia and sexual function and satisfaction among reproductive-aged Iranian women. *PLOS ONE*, 2018, 13, s. e0208485.
 - 23 Erikson, K. M. – Jonec, B. C. – Beard, J. L.: Iron deficiency alters dopamine transporter functioning in rat striatum. *J Nutr*, 2000, 130, s. 2831–2837.
 - 24 Atis, G. – Dalklinic, A. – Altuntas, Y., et al.: Sexual dysfunction in women with clinical hypothyroidism and subclinical hypothyroidism. *J Sex Med*, 2010, 7, s. 2583–2590.
 - 25 Gulmez, H. – Akin, Y. – Savas, M., et al.: Impact of iron supplementation on sexual dysfunction of women with iron deficiency anemia in short term: a preliminary study. *J Sex Med*, 2014, 11, s. 1042–1046.

Hyperemesis gravidarum – nové poznatky i nové naděje

MUDr. Petr Křepelka, Ph.D. Ústav pro péči o matku a dítě, Praha

- 1 ACOG Practice Bulletin No. 189: Nausea and Vomiting of Pregnancy. *Obstet Gynecol*, 2018.
- 2 Singh, D. – Asokan, V. – Gayathri Bhat, N. V., et al.: Effects of Bilwa-Lajadi syrup in emesis gravidarum – an exploratory single arm open labeled trial. *J Ayurveda Integr Med*, 2022, 13, 100522.
- 3 Hinkle, S. N. – Mumford, S. L. – Grantz, K. L., et al.: Association of nausea and vomiting during pregnancy with pregnancy loss: a secondary analysis of a randomized clinical trial. *JAMA Intern Med*, 2016, 176, s. 1621–1627.
- 4 Naeimi Rad, M. – Lamyian, M. – Heshmat, R., et al.: A randomized clinical trial of the efficacy of KID21 Point (Younem) acupressure on nausea and vomiting of pregnancy. *Iran Red Crescent Med J*, 2012, 14, s. 697–701.
- 5 Matthews, A. – Haas, D. M. – O'Mathúna, D. P., et al.: Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Syst Rev*, 2015, 2015, CD007575.
- 6 Thakur, M. – Gautam, J. – Dangal, G., et al.: Severity of hyperemesis gravidarum and associated maternal factors. *J Nepal Health Res Coun*, 2019, 17, s. 293–299.
- 7 Heinrichs, L.: Linking olfaction with nausea and vomiting of pregnancy, recurrent abortion, hyperemesis gravidarum, and migraine headache. *Am J Obstet Gynecol*, 2002, 186, s. S215–S219.
- 8 Bassi, O. – Olsen, J.: Sex ratio and twinning in women with hyperemesis or pre-eclampsia. *Epidemiology*, 2001, 12, s. 747–749.
- 9 Brandes, J. M.: First-trimester nausea and vomiting as related to outcome of pregnancy. *Obstet Gynecol*, 1967, 30, s. 427–431.
- 10 Hou, J. L. – Wan, X. R. – Xiang, Y., et al.: Changes of clinical features in hydatidiform mole: analysis of 113 cases. *J Reprod Med*, 2008, 53, s. 629–633.
- 11 Cardaropoli, S. – Rolfo, A. – Todros, T.: Helicobacter pylori and pregnancy-related disorders. *World J Gastroenterol*, 2014, 20, s. 654–664.
- 12 Kimura, M. – Amino, N. – Tamaki, H., et al.: Gestational thyrotoxicosis and hyperemesis gravidarum: possible role of hCG with higher stimulating activity. *Clin Endocrinol*, 1993, 98, s. 345–350.
- 13 Akdemir, N. – Biliç, C.: Thyroid dysfunction in hyperemesis gravidarum: a study in Turkish pregnant women. *J Turk Ger Gynecol Assoc*, 2011, 12, s. 140–143.
- 14 Shigemi, D. – Nakanishi, K. – Miyazaki, M., et al.: A case of maternal vitamin K deficiency associated with hyperemesis gravidarum: its potential impact on fetal blood coagulability. *J Nippon Med Sch*, 2015, 82, s. 54–58.
- 15 Goodwin, T. M.: Hyperemesis gravidarum. *Clin Obstet Gynecol*, 1998, 41, s. 597–605.
- 16 Jansen, L. A. W. – Koot, M. H. – Van't Hooft, J., et al.: The windsor definition for hyperemesis gravidarum: A multistakeholder international consensus definition. *Eur J Obstet Gynecol Reprod Biol*, 2021, 266, s. 15–22.
- 17 Newman, V. – Fullerton, J. T. – Anderson, P. O.: Clinical advances in the management of severe nausea and vomiting during pregnancy. *J Obstet Gynecol Neonatal Nurs*, 1993, 22, s. 483–490.
- 18 Boelig, R. C. – Barton, S. J. – Saccone, G., et al.: Interventions for treating hyperemesis gravidarum: a Cochrane systematic review and meta-analysis. *J Matern Fetal Neonatal Med*, 2018, 31, s. 2492–2505.
- 19 Koren, G. – Hankins, G. D. – Clark, S., et al.: Effectiveness of doxylamine-pyridoxine for morning sickness. *Am J Obstet Gynecol*, 2016, 214, s. 664–666.
- 20 Majumdar, S. – Dada, B.: Refeeding syndrome: a serious and potentially life-threatening complication of severe hyperemesis gravidarum. *J Obstet Gynecol*, 2010, 30, s. 416–417.
- 21 Nulman, I. – Rovet, J. – Barrera, M., et al.: Long-term neurodevelopment of children exposed to maternal nausea and vomiting of pregnancy and diclectin. *J Pediatr*, 2009, 155, s. 45–50.
- 22 Dodds, L. – Fell, D. B. – Joseph, K. S., et al.: Outcomes of pregnancies complicated by hyperemesis gravidarum. *Obstet Gynecol*, 2006, 107, s. 285–292.
- 23 Trogstad, L. I. – Stoltenberg, C. – Magnus, P., et al.: Recurrence risk in hyperemesis gravidarum. *BJOG*, 2005, 112, s. 1641–1645.
- 24 Feijo, M. S. – Macgibbon, K. W. – Romero, R., et al.: Recurrence risk of hyperemesis gravidarum. *J Midwifery Womens Health*, 2011, 56, s. 132–136.
- 25 Emelianova, S. – Mazzotta, P. – Einarsen, A., et al.: Prevalence and severity of nausea and vomiting of pregnancy and effect of vitamin supplementation. *Clin Invest Med*, 1999, 22, s. 106–110.
- 26 Gill, S. K. – Maltepe, C. – Koren, G.: The effect of heartburn and acid reflux on the severity of nausea and vomiting of pregnancy. *Can J Gastroenterol*, 2009, 23, s. 270–272.

Indukce porodu navozená misoprostolem

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

- 1 Tsakiridis, I. – Mamopoulos, A. – Athanasiadis, A., et al.: Induction of labor: an overview of guidelines. *Obstet Gynecol Surv*, 2020, 75, s. 61–72.
- 2 ACOG Practice Bulletin No. 107: Induction of labor. *Obstet Gynecol*, 2009, 114, s. 386–397.
- 3 Marconi, A. M.: Recent advances in the induction of labor. *F1000Res*, 2019, 8.
- 4 Alfirevic, Z. – Keeney, E. – Dowswell, T., et al.: Labour induction with prostaglandins: a systematic review and network meta-analysis. *BMJ*, 2015, 350, s. h217.
- 5 Pierce, S. – Bakker, R. – Myers, D. A., et al.: Clinical insights for cervical ripening and labor induction using prostaglandins. *AJP Rep*, 2018, 8, s. e307–e314.
- 6 Yount, S. M. – Lassiter, N.: The pharmacology of prostaglandins for induction of labor. *J Midwifery Womens Health*, 2013, 58, s. 133–144.
- 7 Khan, R. U. – El-Refaey, H. – Sharma, S., et al.: Oral, rectal, and vaginal pharmacokinetics of misoprostol. *Obstet Gynecol*, 2004, 103, s. 866–870.
- 8 Berard, V. – Fiala, C. – Cameron, S., et al.: Instability of misoprostol tablets stored outside the blister: a potential serious concern for clinical outcome in medical abortion. *PLoS One*, 2014, 9, e112401.
- 9 Kerr, R. S. – Kumar, N. – Williams, M. J. – Cuthbert, A., et al.: Low-dose oral misoprostol for induction of labour. *Cochrane Database Syst Rev*, 2021, 6, CD014484.
- 10 ANSM. Information relative à l'offre thérapeutique en gynécologie suite à l'arrêt de commercialisation de Cytotec (misoprostol). Dostupné z: <https://ansm.sante.fr/actualites/information-relative-a-loffre-therapeutique-en-gynecologie-suite-a-larret-de-commercialisation-de-cytotec-misoprostol>, vyhledáno 8. 2. 2024.
- 11 Casassus, B.: Misoprostol drug to be withdrawn from French market. *Lancet*, 2017, 390, s. e42.
- 12 BfArM Cytotec (Misoprostol): Risiken im Zusammenhang mit einer Anwendung zur Geburtseinleitung außerhalb der Zulassung („off-label-use“). 2020. Dostupné z: https://www.bfarm.de/SharedDocs/Risikoinformationen/Pharmakovigilanz/EN/RHB/2020/rhb-cytotec.pdf?__blob=publicationFile, vyhledáno 8. 2. 2024.
- 13 Pambet, M. – Delabaere, A. – Figuier, C., et al.: Factors of non-compliance with a protocol for oral administration of misoprostol (Angusta®) 25 micrograms to induce labor: an observational study. *J Clin Med*, 2023, 12, s. 1521.

Saturace kalciem a vitaminem D: doporučení pro prevenci a léčbu osteoporózy v klinické praxi

MUDr. Jiří Jenšovský, CSc. Interní klinika 1. LF UK a ÚVN – Vojenské fakultní nemocnice Praha

- 1 Palička V. – Rosa, J. – Píkner, R. – Býma, S.: Doporučené diagnostické a terapeutické postupy pro všeobecné praktické lékaře – Osteoporóza. Novelizek 2023. Centrum doporučených postupů pro praktické lékaře. Společnost všeobecného lékařství ČLS JEP, Praha, s. 3–20. Dostupné z: <https://www.svl.cz/doporucone-postupy/osteoporiza-100045>, vyhledáno 11. 3. 2024.
- 2 Píkner, R.: Optimální příjem vápníku a vitamINU D. In: Džupa, V. – Jenšovský, J. (ed.): *Diagnostika a léčba osteoporózy a dalších*
- 3 Heaney, R. P. – Recker, R. R. – Stegman, M. R., et al.: Calcium absorption in women. *J Bone Miner Res*, 1989, 4, s. 469–475.
- 4 Holick, M. F. – Matsuoaka, L. Y. – Wortsman, J.: Age, vitamin D and solar ultraviolet radiation. *Lancet*, 1989, 2, s. 1104–1105.
- 5 Holick, M. F.: Vitamin D: new horizons for 21st century. *Am J Clin Nutr*, 1994, 2, s. 619–630.
- 6 Malabán, A. – Veronikis, I. E. – Holick, M. F.: Redefining vitamin D deficiency. *Lancet*, 1998, 351, s. 805–806.
- 7 Selinger, E. – Neuenchwander, M. – Koller, A., et al.: Evidence of vegan diet for health benefits and risks – an umbrella review of meta-analyses of observational and clinical studies. *Critical Reviews in Food Science and Nutrition*, 2023, 63, s. 9926–9936.
- 8 Falchetti, A. – Cavati, G. – Valenti, R., et al.: The effects of vegetarian diets on bone health: A literature review. *Front Endocrinol*, 2022, 13, dostupné z: <https://doi.org/10.3389/fendo.2022.899375>, vyhledáno

11. 3. 2024.
- 9 Li, S. – Mao, Y. – Zhou, F., et al.: Gut microbiome and osteoporosis. *Bone Joint Res*, 2020, 9, s. 524–530.
 - 10 Retterdal, E. – Ilesanmi-Oyelere, B. L. – Roy, N. C., et al.: The gut microbiome is altered in postmenopausal women with osteoporosis and osteopenia. *JBMR Plus*, 2021, 5, e10452.
 - 11 Orwoll, E. S. – Parimi, N. – Wiedrick, J., et al.: Analysis of associations between the human fecal microbiome and bone density, structure and strength. *JBM*, 2022, 37, s. 597–607.
 - 12 Xu, Z. – Xie, Z. – Sun, J., et al.: Gut microbiome reveals specific dysbiosis in primary osteoporosis. *Frontiers in cellular and infection microbiology*, 2020, 10, s. 1–11.
 - 13 Bischoff-Ferrari, H. A. – Dawson-Hughes, B. – Staehelin, H. B., et al.: Fall prevention with supplemental and active form of vitamin D. *BMJ*, 2009, 339, b3692.
 - 14 Bischoff-Ferrari, H. A. – Dawson-Hughes, B. – Wallet, W. C., et al.: Effect of vitamin D on falls. *JAMA*, 2004, s. 1999–2006.
 - 15 Jenšovský, J.: Suplementace vitamínom D a kalcium – význam v gynekologii. *Česká gynekologie*, 2020, 5, s. 357–361.

Nehormonální přístupy v managementu genitourinárního menopauzálního syndromu

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

- 1 Nappi, R. E. – Kokot-Kierepa, M.: Women's voices in the menopause: results from an international survey on vaginal atrophy. *Maturitas*, 2010, 67, s. 233–238.
- 2 Bachmann, G. A. – Nevadunsky, N. S.: Diagnosis and treatment of atrophic vaginitis. *Am Fam Physician*, 2000, 61, s. 3090–3096.
- 3 The NAMS 2020 GSM Position Statement Editorial Panel: The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society. *Menopause*, 2020, 27, s. 976–992.
- 4 Da Silva, A. S. – Baines, G. – Araklitis, G., et al.: Modern management of genitourinary syndrome of menopause. *Fac Rev*, 2021, 10, s. 25.
- 5 Newsom, L. – Kirby, M. – Stillwell, S., et al.: Position Statement for Management of Genitourinary Syndrome of the Menopause (GSM). BSSM. Dostupné z: <https://bssm.org.uk/wp-content/uploads/2023/02/GSM-BSSM.pdf>, vyhledáno 8. 5. 2024.
- 6 Stute, P. – May, T. W. – Masur, C., et al.: Efficacy and safety of non-hormonal remedies for vaginal dryness: open, prospective, randomized trial. *Climacteric*, 2015, 18, s. 582–589.
- 7 García de Arriba, S. – Grünkemeier, L., et al.: Vaginal hormone-free moisturising cream is not inferior to an estriol cream for treating symptoms of vulvovaginal atrophy: Prospective, randomised study. *PLoS One*, 2022, 17, e0266633.
- 8 Chatsiproios, D. – Schmidts-Winkler, I. M. – König, L., et al.: Topical treatment of vaginal dryness with a non-hormonal cream in women undergoing breast cancer treatment – an open prospective multicenter study. *PLoS One*, 2019, 14, e0210967.
- 9 Eichler, S. – Panz, M. – Harder, A., et al.: An effective non-hormonal option with high tolerability for mild to moderate symptoms of vaginal dryness associated with menopause. *Maturitas*, 2024, 185, 107978.

Výživa a nutriční příprava jako podstatný faktor pooperační morbidity

MUDr. Tomáš Brtnický, Ph.D. | MUDr. Markéta Malecová Gynekologicko-porodnická klinika 1. LF UK a Fakultní nemocnice Bulovka, Praha

- 1 Bruun, L. I. – Bosaeus, I. – Bergstad, I., et al.: Prevalence of malnutrition in surgical patients: evaluation of nutritional support and documentation. *Clin Nutr*, 1999, 18, s. 141–147.
- 2 Williams, D. G. A. – Molinger, J. – Wischmeyer, P. E.: The malnourished surgery patient: a silent epidemic in perioperative outcomes? *Curr Opin Anaesthesiol*, 2019, 32, s. 405–411.
- 3 Lighart-Melis, G. C. – Luiking, Y. C. – Kakkouros, A., et al.: Frailty, sarcopenia, and malnutrition frequently (co-)occur in hospitalized older adults: a systematic review and meta-analysis. *J Am Med Dir Assoc*, 2020, 21, s. 1216–1228.
- 4 McWhirter, J. P. – Pennington, C. R.: Incidence and recognition of malnutrition in hospital. *BMJ*, 1994, 308, s. 945–948.
- 5 Correia, M. I. – Waitzberg, D. L.: The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. *Clin Nutr*, 2003, 22, s. 235–239.
- 6 Vaid, S. – Bell, T. – Grim, R., et al.: Predicting risk of death in general surgery patients on the basis of preoperative variables using American College of Surgeons National Surgical Quality Improvement Program data. *Perm J*, 2012, 16, s. 10–17.
- 7 Weiss, A. J. – Finger, K. R. – Barrett, M. L., et al.: Characteristics of hospital stays involving malnutrition, 2013–2016. In: Healthcare Cost and Utilization Project (HUCUP) Statistical Briefs. Rockville (MD): Agency for Healthcare Research and Quality (US), 2006, Statistical Brief #210. PMID: 27854406.
- 8 van Bokhorst-de van der Schueren, M. A. – Guaitoli, P. R. – Jansma, E. P. – de Vet, H. C.: Nutrition screening tools: does one size fit all? A systematic review of screening tools for the hospital setting. *Clin Nutr*, 2014, 33, s. 39–58.
- 9 Kondrup, J. – Rasmussen, H. H. – Hamberg, O., et al.; Ad Hoc ESPEN Working Group: Nutritional risk screening (NRS 2002): a new method based on an analysis of controlled clinical trials. *Clin Nutr*, 2003, 22, s. 321–336.
- 10 Bouillanne, O. – Morineau, G. – Dupont, C., et al.: Geriatric Nutritional Risk Index: a new index for evaluating at-risk elderly medical patients.
- 11 Elia, M. (ed.): The 'MUST' report. Nutritional screening of adults: a multidisciplinary responsibility 2003. Pp 1–138. Dostupné z: <https://www.bapen.org.uk/pdfs/must-report.pdf>, vyhledáno 10. 4. 2024.
- 12 Skipper, A. – Ferguson, M. – Thompson, K., et al.: Nutrition screening tools: an analysis of the evidence. *JPN J Parenter Enteral Nutr*, 2012, 36, s. 292–298.
- 13 Williams, D. G. – Aronson, S. – Murray, S., et al.: Validation of the perioperative nutrition screen for prediction of postoperative outcomes. *JPN J Parenter Enteral Nutr*, 2022, 46, s. 1307–1315.
- 14 Cheung, H. H. T. – Joynt, G. M. – Lee, A.: Diagnostic test accuracy of preoperative nutritional screening tools in adults for malnutrition: a systematic review and network meta-analysis. *Int J Surg*, 2024, 110, s. 1090–1098.
- 15 Jain, S. R. – Kandarpa, V. L. – Yaow, C. Y. L., et al.: The role and effect of multimodal prehabilitation before major abdominal surgery: a systematic review and meta-analysis. *World J Surg*, 2023, 47, 1, s. 86–102.
- 16 Chocenská, E., et al.: Doplnky stravy při léčbě onkologických onemocnění. *Interní Med*, 2012, 14, s. 85–86.
- 17 Nelson, G. – Bakkum-Gamez, J. – Kalogeris, E., et al.: Guidelines for perioperative care in gynecologic/oncology: Enhanced Recovery After Surgery (ERAS) Society recommendations – 2019 update. *Int J Gynecol Cancer*, 2019, 29, s. 651–668.
- 18 Cutillo, G. – Maneschi, F. – Franchi, M., et al.: Early feeding compared with nasogastric decompression after major oncologic gynecologic surgery: a randomized study. *Obstet Gynecol*, 1999, 93, s. 41–45.
- 19 Charoenkwan, K. – Matovinovic, E.: Early versus delayed oral fluids and food for reducing complications after major abdominal gynaecological surgery. *Cochrane Database Syst Rev*, 2014, 2014, CD004508.
- 20 Minig, L. – Biffi, R. – Zanagnolo, V., et al.: Early oral versus "traditional" postoperative feeding in gynecologic oncology patients undergoing intestinal resection: a randomized controlled trial. *Ann Surg Oncol*, 2009, 16, s. 1660–1668.
- 21 Minig, L. – Biffi, R. – Zanagnolo, V., et al.: Reduction of postoperative complication rate with the use of early oral feeding in gynecologic oncologic patients undergoing a major surgery: a randomized controlled trial. *Ann Surg Oncol*, 2009, 16, s. 3101–3110.
- 22 Pearl, M. L. – Valea, F. A. – Fischer, M., et al.: A randomized controlled trial of early postoperative feeding in gynecologic oncology patients undergoing intra-abdominal surgery. *Obstet Gynecol*, 1998, 92, s. 94–97.
- 23 Schilder, J. M. – Hurteau, J. A. – Look, K. Y., et al.: A prospective controlled trial of early postoperative oral intake following major abdominal gynecologic surgery. *Gynecol Oncol*, 1997, 67, s. 235–240.
- 24 Wischmeyer, P. E. – Carli, F. – Evans, D. C., et al.: American Society for enhanced recovery and perioperative quality initiative joint consensus statement on nutrition screening and therapy within a surgical enhanced recovery pathway. *Anesth Analg*, 2018, 126, s. 1883–1895.
- 25 Nelson, G. – Altman, A. D. – Nick, A.: Guidelines for pre- and intra-operative care in gynecologic/oncology surgery: Enhanced Recovery After Surgery (ERAS®) Society recommendations – Part I. *Gynecol Oncol*, 2016, 140, s. 313–322.
- 26 Kohout, P., et al.: *Klinická výživa*. Praha, Galén, 2021, s. 865–871.
- 27 Weimann, A. – Braga, M. – Carli, F., et al.: ESPEN guideline: Clinical nutrition in surgery. *Clin Nutr*, 2017, 36, s. 623–650.
- 28 Yeung, S. E. – Hilkewich, L. – Gillis, C., et al.: Protein intakes are associated with reduced length of stay: a comparison between Enhanced Recovery After Surgery (ERAS) and conventional care after elective colorectal surgery. *Am J Clin Nutr*, 2017, 106, s. 44–51.
- 29 McClave, S. A. – Taylor, B. E. – Martindale, R. G., et al.; Society of Critical Care Medicine; American Society for Parenteral and Enteral Nutrition: Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). *J Parenter Enteral Nutr*, 2016, 40, s. 159–211.
- 30 Stechmiller, J. K.: Understanding the role of nutrition and wound healing. *Nutr Clin Pract*, 2010, 25, s. 61–68.

První studie mapující život pacientů s chronickým únavovým syndromem v České republice

- 1 Centers for Disease Control and Prevention. Presentation and Clinical Course of ME/CFS. Dostupné z: <https://www.cdc.gov/me-cfs/health-care-providers/presentation-clinical-course/epidemiology.html>, vyhledáno 10. 5. 2024.
- 2 Myalgic encephalomyelitis and Chronic Fatigue Syndrome (ME/CFS): A systematic review. Stockholm: Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU); 2018 Dec 20. (SBU Policy support, No. 295.) Dostupné z: <https://www.ncbi.nlm.nih.gov/books/NBK570660/>, vyhledáno 10. 5. 2024.
- 3 National Institute for Health and Care Excellence: NICE outlines steps needed to put ME/CFS guideline into practice. 2022. Dostupné z: <https://www.nice.org.uk/news/article/nice-outlines-steps-needed-to-put-me-cfs-guideline-into-practice>, vyhledáno 10. 5. 2024.
- 4 Twisk, F.: Dutch Health Council Advisory Report on myalgic encephalomyelitis and chronic fatigue syndrome: Taking the wrong turn. *Diagnostics*, 2018, 8, s. 34. Dostupné z: <https://doi.org/10.3390/diagnostics8020034>, vyhledáno 10. 5. 2024.
- 5 What is ME/CFS? Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a life-altering multi-system chronic, complex disease (msCDD). Open Medicine Foundation. Dostupné z: <https://www.omf.ngo/what-is-mecfs/>, vyhledáno 10. 5. 2024.
- 6 Request for funding for biomedical research on Myalgic Encephalomyelitis. European Parliament resolution of 18 June 2020 on additional funding for biomedical research on Myalgic Encephalomyelitis (2020/2580(RSP)). Dostupné z: https://www.europarl.europa.eu/doceo/document/TA-9-2020-0140_EN.pdf, vyhledáno 10. 5. 2024.