

ACTA MEDICINAE 8/2013 ONKOLOGIE

Kompletní literatura

- 2 **Současný a budoucí stav biologické léčby solidních nádorů trávicího traktu v ČR**
prof. MUDr. Miroslav Zavoral, Ph.D. | MUDr. Štěpán Suchánek | MUDr. Gabriela Vojtěchová
Interní klinika 1. LF UK a Ústřední vojenské nemocnice – Vojenské fakultní nemocnice Praha
- 2 **Novinky ve výživě onkologických pacientů**
MUDr. Milana Šachlová, Ph.D. Gastroenterologické oddělení a Nutriční tým, MOÚ v Brně
- 3 **Nové možnosti léčby karcinomu prsu**
MUDr. Martina Zimovjanová, Ph.D. | prof. MUDr. Luboš Petruželka, Csc. Onkologická klinika VFN a 1. LF UK Praha
- 4 **Další krok v léčbě HER2 pozitivního metastatického karcinomu prsu: pertuzumab**
MUDr. Denisa Vításková | prof. MUDr. Bohuslav Melichar, Ph.D. Onkologická klinika, LF UP a FN Olomouc
- 5 **Účinnost terapie bevacizumabu u nemocných s generalizovaným kolorektálním karcinomem bez prokázané mutace KRAS**
MUDr. Kateřina Kubáčková | MUDr. Zdeněk Linke | MUDr. Petra Pokorná | MUDr. Jana Krausová, Ph.D., MBA Onkologická klinika 2. LF UK, FN v Motole, Praha Mgr. Zdeněk Bortlíček | doc. RNDr. Ladislav Dušek, Ph.D. Institut biostatistiky a analýzy, Masarykova univerzita, Brno
- 6 **Současná indikace anti-EGFR cílené léčby metastatického kolorektálního karcinomu**
MUDr. Tomáš Svoboda, Ph.D. Onkologické a radioterapeutické oddělení, Komplexní onkologické centrum FN Plzeň
- 6 **Nové možnosti léčby maligního melanomu**
MUDr. Radek Lakomý, Ph.D. | MUDr. Alexandr Poprach | prof. MUDr. Rostislav Vyzula, CSc.
LF MU a Masarykův onkologický ústav, Klinika komplexní onkologické péče, Brno
- 7 **Hormonální terapie u karcinomu prostaty**
MUDr. Jana Katolická, Ph.D. Onkologicko-chirurgické oddělení, FN u svaté Anny, Brno
- 7 **Nový lék v protinádorové léčbě karcinomu prostaty: Enzalutamid**
MUDr. Hana Študentová | prof. MUDr. Bohuslav Melichar, Ph.D. Onkologická klinika, FN Olomouc
- 8 **Kabazitaxel**
MUDr. Jana Katolická, Ph.D. Onkologicko-chirurgické oddělení, FN u svaté Anny, Brno
- 8 **Karcinom ovaria**
MUDr. Mária Zvaríková Klinika komplexní onkologické péče MOÚ Brno
- 8 **Druhá linie léčby metastatického karcinomu ledviny**
doc. MUDr. Tomáš Büchler, Ph.D. Onkologická klinika 1. LF UK a Thomayerovy nemocnice, Praha
MUDr. Kateřina Kubáčková Onkologická klinika 2. LF UK a FN Motol, Praha
- 9 **Současné možnosti léčby nádorů měkkých tkání**
MUDr. Denisa Vításková | MUDr. Hana Švebišová, Ph.D. | prof. MUDr. Bohuslav Melichar, Ph.D.
Onkologická klinika, Lékařská fakulta Univerzity Palackého a Fakultní nemocnice Olomouc
- 9 **Podpůrná léčba pacientů s kostními metastázami**
doc. MUDr. Tomáš Büchler, Ph.D. Onkologická klinika 1. LF UK a Thomayerovy nemocnice, Praha
- 10 **Léčba zhoubných nádorů plic a novinky v roce 2013**
MUDr. Milada Zemanová, Ph.D. Onkologická klinika 1. LF UK a VFN, Praha
- 11 **Cílená terapie gefitinibem u pacienta s NSCLC a aktivační mutací genu EGFR**
MUDr. Monika Šatánková | prof. MUDr. Jana Skříčková, Csc. | MUDr. Jana Špeldová
Klinika nemocí plicních a tuberkulózy FN Brno, LF MU v Brně
- 12 **Možnosti léčby nádorové bolesti**
MUDr. Jan Lejčko Centrum pro léčbu bolesti, Anesteticko-resuscitační klinika FN Plzeň
- 12 **Effentora**
MUDr. Jan Lejčko Centrum pro léčbu bolesti, Anesteticko-resuscitační klinika FN Plzeň
- 12 **Afatinib byl v Evropě schválen k použití pro pacienty s plicním karcinomem s mutací EGFR**
- 13 **Problémy léčby ca hlavy a krku**
MUDr. Zdeněk Mechl, CSc. | MUDr. Dagmar Brančíková Interní hematologická a onkologická klinika FN LF Brno
- 13 **Hepatocelulární karcinom**
MUDr. Eugen Kubala Klinika onkologie a radioterapie FN Hradec Králové

Současný a budoucí stav biologické léčby solidních nádorů trávicího traktu v ČR

prof. MUDr. Miroslav Zavoral, Ph.D. | MUDr. Štěpán Suchánek | MUDr. Gabriela Vojtěchová
Interní klinika 1. LF UK a Ústřední vojenské nemocnice – Vojenské fakultní nemocnice Praha

- 1 **Petruželka, L.:** Cílená biologická léčba solidních nádorů. *Vnitř Léč*, 2011, 57, s. 740–744.
- 2 **Ferlay, J. – Shin, H. – Bray, F. – Forman, D. – Mathers, C. – Parkin, D.:** Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *International Journal of Cancer*, 2010, 127, s. 2893–2917.
- 3 **Kiss, I. – Tomášek, J.:** Novinky v léčbě pokročilého kolorektálního karcinomu. *Interní Med*, 2009, 11, s. 115–119.
- 4 **Vyzula, R., et al.:** *Modrá kniha České onkologické společnosti*, 16. vydání, Brno, Česká onkologická společnost ČLS JEP, 2013.
- 5 **Amado, R. G. – Wolf, M. – Peeters, M., et al.:** Wild-type KRAS is required for panitumumab efficacy in patients with metastatic colorectal cancer. *J Clin Oncol*, 2008, 26, s. 1626–1634.
- 6 **Van Cutsem, E. – Köhne, Ch. – Hitre, E. – Zaluski, J., et al.:** Cetuximab and chemotherapy as initial treatment for metastatic colorectal cancer. *N Engl J Med*, 2009, 360, s. 1408–1417.
- 7 **Di Nicolantonio, F. – Martini, M. – Molinari, F. – Sartore-Bianchi, A., et al.:** Wild-type BRAF is required for response to panitumumab or cetuximab in metastatic colorectal cancer. *J Clin Oncol*, 2008, 26, s. 5705–5712.
- 8 **Laurent-Puig, P. – Cayre, A. – Manceau, G. – Buc, E., et al.:** Analysis of PTEN, BRAF, and EGFR status in determining benefit from cetuximab therapy in wild-type KRAS metastatic colon cancer. *J Clin Oncol*, 2009, 27, s. 5924–5930.
- 9 **Etienne-Grimaldi, M. C. – Formento, J. L. – Francoual, M., et al.:** K-Ras mutations and treatment outcome in colorectal cancer patients receiving exclusive fluoropyrimidine therapy. *Clin Cancer Res*, 2008, 14, s. 4830–4835.
- 10 **Labianca, R. – Nordlinger, B. – Beretta, G., et al.:** Primary colon cancer: ESMO Clinical Practice Guidelines for diagnosis, adjuvant treatment and follow-up. *Annals of Oncology*, 2010, 21, s. 70–77.
- 11 **Melichar, B.:** Trastuzumab v léčbě metastatického karcinomu žaludku. *Farmakoterapie*, 2010, s. 58–61.

Novinky ve výživě onkologických pacientů

MUDr. Milana Šachlová, Ph.D. Gastroenterologické oddělení a Nutriční tým, MOÚ v Brně

- 1 **Amara, S.:** Oral glutamine for the prevention of chemotherapy – induced peripheral neuropathy. *Ann Pharmacother*, 2008, 42, s. 1481–1485.
- 2 **Bozzetti, F.:** Nutritional support in oncologic patients: where we are and where we are going. *Clin Nutr*, 2011, 30, s. 714–717.
- 3 **Braga, M. – Gianotti, L. – Vignali, A., et al.:** Preoperative oral arginine and n-3 fatty acid supplementation improves the immunometabolic host response and outcome after colorectal resection for cancer. *Surgery*, 2002, 132, s. 805–814.
- 4 **Braga, M. – Gianotti, L. – Nespoli, L., et al.:** Nutritional approach in malnourished surgical patients: a prospective randomized study. *Arch Surg*, 2002, 137, s. 174–180.
- 5 **DeWys, W. D. – Begg, C. – Lavin, P. T., et al.:** Prognostic effect of weight loss prior to chemotherapy in cancer patients. *Am J Med*, 1980, 69, s. 491–497.
- 6 **ESPEN guidelines on adult enteral nutrition.** *Clin Nutr*, 2006, 25, s. 177–360.
- 7 **Ganze, A.:** New perspective for nutritional support of cancer patients: Enteral/parenteral nutrition. *Experimental and therapeutic medicine*, 2011, 2, s. 675–684.
- 8 **Gianotti, L. – Braga, M. – Nespoli, L., et al.:** A randomized controlled trial of preoperative oral supplementation with a specialized diet in patients with gastrointestinal cancer. *Gastroenterology*, 2002, 122, s. 1763–1770.
- 9 **Van Halteren, H. – Jatoi, A.:** *Nutrition and cancer*, ESMO Press, 2011.
- 10 **Jensen, G. L. – Hsiao, P. Y. – Wheeler, D.:** Adult nutrition assessment tutorial. *J Parenter Enteral Nutr*, 2012, 36, s. 267–274.
- 11 **Miyata, H. – Yano, M. – Yasuda, T. – Hamano, R. – Yamasaki, M. – Hou, E. – Motoori, M. – Shiraiishi, O. – Tanaka, K. – Mori, M. – Doki, Y.:** Randomized study of clinical effect of enteral nutrition support during neoadjuvant chemotherapy on chemotherapy-related toxicity in patients with esophageal cancer. *Clin Nutr*, 2012, 31, s. 330–336.
- 12 **van der Meij, B. S. – Schoonbeek, C. P. – Smit, E. F. – Muscaritoli, M. – van Leeuwen, P. A. – Langius, J. A.:** Pre-cachexia and cachexia at diagnosis of stage III non-small-cell lung carcinoma: an exploratory study comparing two consensus-based frameworks. *Br J Nutr*, 2013, 109, s. 2231–2239.
- 13 **Muscaritoli, M. – Anker, S. D. – Argiles, J., et al.:** Consensus definition of sarcopenia, cachexia and pre-cachexia: joint document elaborated by Special Interest Groups (SIG) „cachexia – anorexia in chronic wasting diseases“ and nutrition in geriatrics“. *Clin Nutr*, 2010, 29, s. 154–159.
- 14 **Ravasco, P. – Monteiro-Grillo, I. – Vidal, P. M., et al.:** Dietary counseling improves patient outcomes: a prospective, randomized, controlled trial in colorectal cancer patients undergoing radiotherapy. *J Clin Oncol*, 2005, 23, s. 1431–1438.
- 15 **Savaresse, D. M. – Savy, G. – Vahdat, L., et al.:** Prevention of chemotherapy and radiation toxicity with glutamine. *Cancer Treat*, 2003, 29, s. 501–513.
- 16 **Tomáška, M.:** Výživa nemocných. In: Souček, M.: *Vnitřní lékařství*, 2. díl. Grada, Praha, 2011, s. 1533–1558.
- 17 **Vaughan, V. C. – Hassing, M. R. – Lewandowski, A.:** Marine polyunsaturated fatty acids and cancer therapy. *BJC*, 2013, 108, s. 486–492.
- 18 **Vollbracht, C. – Schneider, B. – Leendert, V., et al.:** Intravenous vitamin C administration improves quality of life in breast cancer patients during chemo/radiotherapy and aftercare: results of a retrospective, multicentre, epidemiological cohort study in Germany. *In Vivo*, 2011, 25, s. 983–990.
- 19 **Zadák, Z.:** Výživa v onkologii, Breviř 2012/2013. *Medical Tribune*, s. 42–54.
- 20 **Zadák, Z.:** *Výživa v intenzivní péči*, 2. rozšířené vydání. Grada, Praha, 2008, s. 449.
- 21 **Zadák, Z. – Hyšpler, R. – Tichá, A., et al.:** Antioxidants and vitamins in clinical conditions. *Physiol Res*, 2009, 58, s. 13–17.

Nové možnosti léčby karcinomu prsu

MUDr. Martina Zimovjanová, Ph.D. | prof. MUDr. Luboš Petruželka, Csc.

Onkologická klinika VFN a 1. LF UK Praha

- 1 **Hudis, C. A.**: Trastuzumab-mechanism of action and use in clinical practice. *N Engl J Med*, 2007, 357, s. 39–51.
- 2 **Cho, S. – Mason, K. – Raymar, K. X., et al.**: Structure of the extracellular region of HER-2 alone and in complex with the Herceptin Fab. *Nature*, 2003, 421, s. 756–760.
- 3 **Slamon, D. J. – Leyland-Jones, B. – Shak, S., et al.**: Use of chemotherapy plus a monoclonal antibody against HER-2 for metastatic breast cancer that overexpresses HER-2. *N Engl J Med*, 2001, 344, s. 783–792.
- 4 **Pegram, M. D. – Polez, A. – Konečný, G., et al.**: Trastuzumab and chemotherapeutics: drug interactions and synergies. *Semin Oncol*, 2000, 27, s. 21–25.
- 5 **Vogel, C. L. – Cobleigh, M. A. – Tripathy, D., et al.**: Efficacy and safety of trastuzumab as a single agent in first-line treatment of HER-2-overexpressing metastatic breast cancer. *J Clin Oncol*, 2002, 20, s. 719–726.
- 6 **Burstein, H. J. – Harris, L. N. – Marco, P. K., et al.**: Trastuzumab and vinorelbine as first-line therapy for HER-2-overexpressing metastatic breast cancer: multicenter phase II trial with clinical outcomes, analysis of serum tumor markers as predictive factors, and cardiac surveillance algorithm. *J Clin Oncol*, 2003, 21, s. 2889–2895.
- 7 **Xu, L. – Song, S. – Zhu, J., et al.**: Capecitabine (X) + trastuzumab (H) as first-line treatment in patients (pts) with HER-2-positive metastatic breast cancer (MBC): Phase II trial results. *Breast Cancer Res Treat*, 2006, 100, abstrakt 2065.
- 8 **Seidman, A. D. – Berry, D. – Cirincione, C., et al.**: Randomized phase III trial of weekly compared with every-3-weeks paclitaxel for metastatic breast cancer, with trastuzumab for all HER-2 overexpressors and random assignment to trastuzumab or not in HER-2 nonoverexpressors: final results of Cancer and Leukemia Group B protocol 9840. *J Clin Oncol*, 2008, 26, s. 1642–1649.
- 9 **Kaufman, B. – Mackey, J. R. – Clemens, M. R., et al.**: Trastuzumab plus anastrozole versus anastrozole alone for the treatment of postmenopausal women with human epidermal growth factor receptor 2 – positive, hormone receptor-positive metastatic breast cancer: Results from the randomized phase III TAnDEM study. *J Clin Oncol*, 2009, 27, s. 5529–5537.
- 10 **Von Minckwitz, G. – Schwedler, K. – Schmidt, M., et al.**: Trastuzumab beyond progression: Overall survival analysis of the GBG 26/BIG 3-05 phase III study in HER-2-positive breast cancer. *Eur J Cancer*, 2011, 47, s. 2273–2281.
- 11 **Romond, E. – Suman, V. J. – Jeong, J.-H., et al.**: Trastuzumab plus adjuvant chemotherapy for HER-2-positive breast cancer: Final planned joint analysis of overall survival (OS) from NSABP B-31 and NCCTG N9831. *San Antonio Breast Cancer Symposium*, 2012, abstrakt, s. 5–5.
- 12 **Slamon, D. J. – Eiermann, W. – Robert, N., et al.**: Adjuvant trastuzumab in HER-2-positive breast cancer. *N Engl J Med*, 2011, 365, s. 1273–1283.
- 13 **Spielmann, M. – Roche, H. – Humblet, Y., et al.**: 3 year follow-up of trastuzumab following adjuvant chemotherapy in node positive HER-2-positive breast cancer patients: results of the PACS-04 trial. *Breast Cancer Res Treat*, 2007, 106, s. 72.
- 14 **Perez, E. A. – Suman, V. J. – Davidson, N. E., et al.**: Sequential versus concurrent trastuzumab in adjuvant chemotherapy for breast cancer. *J Clin Oncol*, 2011, 29, s. 4491–4497.
- 15 **Pivot, X. – Romieu, G. – Bonnefoi, H., et al.**: PHARE trial results of subset analysis comparing 6 to 12 months of trastuzumab in adjuvant early breast cancer. *San Antonio Breast Cancer Symposium*, 2012, abstrakt s. 5–3.
- 16 **Dang, C. – Fournier, M. – Sugarman, S., et al.**: The safety of dose-dense doxorubicin and cyclophosphamide followed by paclitaxel with trastuzumab in HER-2/neu overexpressed/amplified breast cancer. *J Clin Oncol*, 2008, 26, s. 1216–1222.
- 17 **McArthur, H. L. – Mahoney, K. M. – Morris, P. G., et al.**: Adjuvant trastuzumab with chemotherapy is effective in women with small, node-negative, HER-2-positive breast cancer. *Cancer*, 2011, 117, s. 5461–5468.
- 18 **Kiess, A. P. – McArthur, H. L. – Mahoney, K., et al.**: Adjuvant trastuzumab reduces locoregional recurrence in women who receive breast-conservation therapy for lymph node-negative, human epidermal growth factor receptor 2-positive breast cancer. *Cancer*, 2012, 118, s. 1982–1988.
- 19 **Jones, S. – Collea, R. – Paul, D., et al.**: Phase II trial of adjuvant TC (docetaxel/cyclophosphamide) plus trastuzumab (HER TC) in HER-2-positive early stage breast cancer patients. *San Antonio Breast Cancer Symposium*, 2011.
- 20 **Dang, C. T. – Tolaney, S. – Najita, J., et al.**: Cardiac outcomes of patients on adjuvant weekly paclitaxel and trastuzumab for node negative, HER-2 positive breast cancer. *San Antonio Breast Cancer Symposium*, 2011.
- 21 **Gianni, L. – Eiermann, W. – Semiglazov, V., et al.**: Neoadjuvant chemotherapy with trastuzumab followed by adjuvant trastuzumab versus neoadjuvant chemotherapy alone, in patients with HER-2-positive locally advanced breast cancer (the NOAH trial): a randomized controlled superiority trial with parallel HER-2-negative cohort. *Lancet*, 2010, 375, s. 377–384.
- 22 **Buzdar, A. U. – Ibrahim, N. K. – Francis, D., et al.**: Significantly higher pathologic complete remission rate after neoadjuvant therapy with trastuzumab, paclitaxel, and epirubicin chemotherapy: results of a randomized trial in human epidermal growth factor receptor 2-positive operable breast cancer. *J Clin Oncol*, 2005, 23, s. 3676–3685.
- 23 **Du, X. L. – Xia, R. – Burau, K., et al.**: Cardiac risk associated with the receipt of anthracycline and trastuzumab in a large nationwide cohort of older women with breast cancer, 1998–2005. *Med Oncol*, 2011, 28, s. S80–S90.
- 24 **Chandarlapaty, S. – Sakir, R. A. – Giri, D., et al.**: Frequent mutational activation of the PI3K-AKT Pathway in trastuzumab-resistant breast cancer. *Clin Cancer Res*, 2012, 18, s. 6784–6791.
- 25 **Konecny, G. E. – Pegram, M. D. – Venkatesan, N., et al.**: Activity of dual kinase inhibitor lapatinib (GW572016) against HER-2-overexpressing and trastuzumab-treated breast cancer cells. *Cancer Res*, 2006, 66, s. 1630–1639.
- 26 **Cameron, D. – Casey, M. – Olivia, C., et al.**: Lapatinib plus capecitabine in women with HER-2-positive advanced breast cancer: Final survival analysis of a phase III randomized trial. *Oncologist*, 2010, 15, s. 924–934.
- 27 **Di Leo, A. – Gomez, H. L. – Aziz, Z., et al.**: Phase III, double-blind, randomized study comparing lapatinib plus paclitaxel with placebo plus paclitaxel as first-line treatment for metastatic breast cancer. *J Clin Oncol*, 2008, 26, s. 5544–5552.
- 28 **Blackwell, K. L. – Burstein, H. J. – Storniolo, A. M., et al.**: Overall survival benefit with lapatinib in combination with trastuzumab for patients with human epidermal growth factor receptor 2-positive metastatic breast cancer: final results from the EGF104900 Study. *J Clin Oncol*, 2012, 30, s. 2582–2592.
- 29 **Baselga, J. – Bradbury, I. – Eidtmann, H., et al.**: Lapatinib with trastuzumab for HER-2-positive early breast cancer (NeoALTTO): a randomised, open-label, multicentre, phase 3 trial. *Lancet*, 2012, 379, s. 633–640.
- 30 **Guarneri, V. – Frassoldati, A. – Bottini, A., et al.**: Preoperative chemotherapy plus trastuzumab, lapatinib, or both in human epidermal growth factor receptor 2-positive operable breast cancer: results of the randomized phase II CHER-LOB study. *J Clin Oncol*, 2012, 30, s. 1989–1995.

- 31 **Untch, M. – Loibl, S. – Bischoff, J., et al.:** Lapatinib versus trastuzumab in combination with neoadjuvant anthracycline-taxane-based chemotherapy (GeparQuinto, GBG 44): a randomised phase 3 trial. *Lancet Oncol*, 2012, 13, s. 135–144.
- 32 **Juntilla, T. T. – Akita, W. – Parsons, K., et al.:** Ligand-independent HER-2/HER-3/PI3K complex is disrupted by trastuzumab and is effectively inhibited by the PI3K inhibitor. *Cancer Cell*, 2009, 15, s. 429–440.
- 33 **Baselga, J. – Cortés, J. – Kim, S. B., et al.:** Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *N Engl J Med*, 2012, 366, s. 109–119.
- 34 **Gianni, L. – Pienkowski, T. – Im, Y.-H., et al.:** Efficacy and safety of neoadjuvant pertuzumab and trastuzumab in women with locally advanced, inflammatory, or early HER-2-positive breast cancer (Neosphere): a randomised multicentre, open-label, phase 2 trial. *Lancet Oncol*, 2012, 13, s. 25–32.
- 35 **Gail, D. L. P. – Guangmin, L., et al.:** Targeting HER-2-positive breast cancer with trastuzumab-DM1, an antibody-cytotoxic drug conjugate. *Cancer Res*, 2008, 68, s. 9280–9290.
- 36 **Burris, H. A. – Rugo, H. S. – Vukelja, S. J., et al.:** Phase II study of the antibody drug conjugate trastuzumab-DM1 for the treatment of human epidermal growth factor receptor 2 (HER-2)-positive breast cancer after prior HER-2-directed therapy. *J Clin Oncol*, 2011, 29, s. 398–405.
- 37 **Dang, C. T. – Gianni, L. – Romieu, G., et al.:** Cardiac safety in a phase II study of trastuzumab emtansine (T-DM1) following anthracycline-based chemotherapy as adjuvant or neoadjuvant therapy for early-stage HER-2-positive breast cancer. *Am Soc Clin Oncol*, 2012, abstrakt 532.
- 38 **Modi, S. – Stopeck, A. – Linden, H., et al.:** HSP90 inhibition is effective in breast cancer: a phase II trial of tanesimycin (17-AAG) plus trastuzumab in patients with HER-2-positive metastatic breast cancer progressing on trastuzumab. *Clin Cancer Res*, 2011, 17, s. 5132–5139.
- 39 **Awada, A. – Dirix, L. – Manso Sanchez, L., et al.:** Safety and efficacy of neratinib (HKI-272) plus vinorelbine in the treatment of patients with ErbB2-positive metastatic breast cancer pretreated with anti-HER-2 therapy. *Ann Oncol*, 2013, 24, s. 109–116.
- 40 **Nagata, Y. – Lan, K. H. – Zhou, X., et al.:** PTEN activation contributes to tumor inhibition by trastuzumab, and loss of PTEN predicts trastuzumab resistance in patients. *Cancer Cell*, 2004, 6, s. 117–127.
- 41 **Saal, L. H. – Holm, K. – Maurer, M., et al.:** PIK3CA mutations correlate with hormone receptors, node metastasis, and ERBB2, and are mutually exclusive with PTEN loss in human breast carcinoma. *Cancer Res*, 2005, 65, s. 2554–2559.
- 42 **Kalinsky, K. – Jacks, L. M. – Heguy, A., et al.:** PIK3CA mutation associates with improved outcome in breast cancer. *Clin Cancer Res*, 2009, 15, s. 5049–5059.
- 43 **Reinholz, M. M. – Dueck, A. C. – Chen, B., et al.:** Effect of IGF1R protein expression on benefit to adjuvant trastuzumab in early-stage HER-2+ breast cancer in NCCTG N9831 trial. *Am Soc Clin Oncol*, 2011, abstrakt 10503.
- 44 **Baselga, J. – Cortés, J. – Im, S.-A., et al.:** Biomarker analyses in CLEOPATRA: A phase III, placebo-controlled study of pertuzumab in HER-2-positive, first-line metastatic breast cancer (MBC). *San Antonio Breast Cancer Symposium*, 2012, abstrakt S5-1.
- 45 **Piccart-Gebhart, M. – Shinzaburo, M. – Pritchard, K., et al.:** Everolimus for postmenopausal women with advanced breast cancer: Updates results of the BOLERO-2 phase III trial. *J Clin Oncol*, 2012, 30, abstrakt 559.
- 46 **Cortes, J. – O'Shaughnessy, J. – Loesch, D., et al.:** Eribulin monotherapy versus treatment of physicians choice in patients with metastatic breast cancer (EMBRACE): a phase 3 open-label randomised study. *Lancet*, 2011, 377, s. 914–923.

Další krok v léčbě HER2 pozitivního metastatického karcinomu prsu: pertuzumab

MUDr. Denisa Vitásková | prof. MUDr. Bohuslav Melichar, Ph.D.

Onkologická klinika, LF UP a FN Olomouc

- 1 **Lohrisch, C. – Piccart, M.:** An overview of HER2. *Semin Oncol*, 2001, 6, s. 3–11.
- 2 **Von Minckwitz, G. – du Bois, A. – Schmidt, M., et al.:** Trastuzumab beyond progression in human epidermal growth factor receptor 2-positive advanced breast cancer: a German Breast Group 26/Breast International Group 03–05 study. *J Clin Oncol*, 2009, 27, s. 1999–2006.
- 3 **Baselga, J.:** Clinical trials of Herceptin (trastuzumab). *Eur J Cancer*, 2001, 37, s. 18–24.
- 4 **Cameron, D. – Casey, M. – Press, M., et al.:** A phase III randomized comparison of lapatinib plus capecitabine versus capecitabine alone in women with advanced breast cancer that progressed on trastuzumab: updated efficacy and biomarker analysis. *Breast Cancer Res Treat*, 2008, 112, s. 533–543.
- 5 **Nahta, R. – Takahashi, T. – Ueno, N. T., et al.:** P27 (kip1) down-regulation is associated with trastuzumab resistance in breast cancer cells. *Cancer Res*, 2004, 64, s. 3981–3986.
- 6 **Vogel, C. L. – Cobleigh, M. A. – Tripathy, D., et al.:** Efficacy and safety of trastuzumab as a single agent in first-line treatment of HER2-overexpressing metastatic breast cancer. *J Clin Oncol*, 2002, 20, s. 719–726.
- 7 **Nahta, R. – Esteva, F. J.:** Trastuzumab: triumphs and tribulations. *Oncogene*, 2007, 26, s. 3637–3643.
- 8 **Baselga, J. – Gelmon, K. A. – Verma, S., et al.:** Phase II trial of pertuzumab and trastuzumab in patients with human epidermal growth factor receptor 2-positive metastatic breast cancer that progressed during prior trastuzumab therapy. *J Clin Oncol*, 2010, 28, s. 1138–1144.
- 9 **Baselga, J. – Cortes, J. – Kim, S. B., et al.:** Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *N Engl J Med*, 2012, 366, s. 109–119.
- 10 **Swain, S. M. – Kim, S. B. – Cortés, J., et al.:** Pertuzumab, trastuzumab, and docetaxel for HER2-positive metastatic breast cancer (CLEOPATRA study): overall survival results from a randomised, double-blind, placebo-controlled, phase 3 study. *Lancet Oncol*, 2013, 14, s. 461–471.
- 11 **Cortés, J. – Baselga, J. – Im, Y. H.:** Health-related quality-of-life assessment in CLEOPATRA, a phase III study combining pertuzumab with trastuzumab and docetaxel in metastatic breast cancer. *Ann Oncol*, 2013, Epub před tiskem.
- 12 **Siegel, R. – Ward, E., et al.:** Cancer statistics, 2011: the impact of eliminating socioeconomic and racial disparities on premature cancer deaths. *CA Cancer J Clin*, 2011, 61, s. 212–236.
- 13 **American Cancer Society:** *Cancer Facts and Figures*. Atlanta, GA, 2011.
- 14 **Rugo, H. – Taylor, D. – Sanon, M., et al.:** *Survival in US women following an indication of metastatic breast cancer diagnosis and chemotherapy initiation*. A SEER-Medicare Analysis (P1-08-07). Poster Presentation. San Antonio Breast Cancer Symposium, San Antonio, Texas, 2012.
- 15 **Melichar, B.:** PrefHer: finally addressing the preferences of her, too. *Lancet Oncol*, 2013, 14, s. 914–915.

Účinnost terapie bevacizumabu u nemocných s generalizovaným kolorektálním karcinomem bez prokázané mutace KRAS

MUDr. Kateřina Kubáčková | MUDr. Zdeněk Linke | MUDr. Petra Pokorná | MUDr. Jana Krausová, Ph.D., MBA Onkologická klinika 2. LF UK, FN v Motole, Praha Mgr. Zdeněk Bortlíček | doc. RNDr. Ladislav Dušek, Ph.D. Institut biostatistiky a analýzy, Masarykova univerzita, Brno

- 1 <http://www.svod.cz/analyse.php?modul=regionprehled#>
- 2 **Bokemeyer, C. – Bondarenko, I. – Makhson, A., et al.:** Fluorouracil, leucovorin and oxaliplatin with and without cetuximab in the first-line treatment of metastatic colorectal cancer. *J Clin Oncol*, 2009, 27, s. 663–671.
- 3 **Douillard, J. Y. – Siena, S. – Cassidy, J., et al.:** Randomized, Phase III trial of panitumumab with infusional fluorouracil, leucovorin, and oxaliplatin (FOLFOX4) versus FOLFOX4 alone as first-line treatment in patients with previously untreated metastatic colorectal cancer: The PRIME study. *J Clin Oncol*, 2010, 28, s. 4697–4705.
- 4 **Hurwitz, H. I. – Yi, J. – Novotny, W., et al.:** The clinical benefit of bevacizumab in metastatic colorectal cancer is independent of K-ras mutation status: Analysis of a phase III study of bevacizumab with chemotherapy in previously untreated metastatic colorectal cancer. *Oncologist*, 2009, 14, s. 22–28.
- 5 **Eng, C.:** The evolving role of monoclonal antibodies in colorectal cancer: Early presumptions and impact on clinical trial development. *Oncologist*, 2010, 15, s. 73–84.
- 6 **Rak, J. – Yu, J. L. – Korbelt, R. S., et al.:** What do oncogenic mutations have to do with angiogenesis/vascular dependence of tumors? *Cancer Res*, 2002, 62, s. 1931–1934.
- 7 **Mizukami, Y. – Kohgo, Y. – Chung, D. C.:** Hypoxia inducible factor-1 independent pathways in tumor angiogenesis. *Clin Cancer Res*, 2007, 13, s. 5670–5674.
- 8 **Ahnen, D. J. – Feigl, P. – Juan, G., et al.:** Ki-ras mutation and p53 overexpression predict the clinical behavior of colorectal cancer: A south-west oncology group study. *Cancer Res*, 1998, 58, s. 1149–1158.
- 9 **Esteller, M. – González, S. – Risques, R. A., et al.:** K-ras and p16 aberrations confer poor prognosis in human colorectal cancer. *J Clin Oncol*, 2001, 19, s. 299–304.
- 10 **Hurwitz, H. I. – Fehrenbacher, L. – Hainsworth, J. D., et al.:** Bevacizumab in combination with fluorouracil and leucovorin: An active regimen for first-line metastatic colorectal cancer. *J Clin Oncol*, 2005, 23, s. 3502–3508.
- 11 **Saltz, L. B. – Clarke, S. – Diaz-Rubio, E., et al.:** Bevacizumab in combination with oxaliplatin-based chemotherapy as first-line therapy in metastatic colorectal cancer: a randomized phase III study. *J Clin Oncol*, 2008, 26, s. 2013–2019.
- 12 **Kabbinavar, F. F. – Schulz, J. – McCleod, M., et al.:** Addition of bevacizumab to bolus fluorouracil and leucovorin in first-line metastatic colorectal cancer: results of a randomized phase II trial. *J Clin Oncol*, 2005, 23, s. 3697–3704.
- 13 **Sander, A. – Gray, R. – Perry, M. C., et al.:** Paclitaxel-carboplatin alone or with bevacizumab for non-small-cell lung cancer. *N Engl J Med*, 2006, 355, s. 2542–2550.
- 14 **Robert, N. J. – Dieras, V. – Glaspy, J., et al.:** Ribbon-1: randomized, double-blind, placebo-controlled, phase III trial of chemotherapy with or without bevacizumab for first-line treatment of human epidermal growth factor receptor 2-negative, locally recurrent or metastatic breast cancer. *J Clin Oncol*, 2011, 29, s. 1252–1260.
- 15 **Kabbinavar, F. – Hurwitz, H. I. – Fehrenbacher, L., et al.:** Phase II, randomized trial comparing bevacizumab plus fluorouracil (FU)/leucovorin (LV) with FU/LV alone in patients with metastatic colorectal cancer. *J Clin Oncol*, 2003, 21, s. 60–65.
- 16 **Sobrero, A. – Ackland, S. – Clark, S., et al.:** AVIRI trial investigators. Phase IV study of bevacizumab in combination with infusional fluorouracil, leucovorin and irinotecan (FOLFIRI) in first-line metastatic colorectal cancer. *Oncology*, 2009, 77, s. 113–119.
- 17 **Kozloff, M. F. – Sugrue, M. M. – Purdie, D. M., et al.:** Safety and effectiveness of bevacizumab (BV) and chemotherapy (CT) in elderly patients (pts) with metastatic colorectal cancer (mCRC): results from the BriTE observational cohort study (abstract 4026). *J Clin Oncol*, 2008, 26, s. 184.
- 18 **Van Cutsem, E. – Berry, S. – Michael, M., et al.:** Safety and efficacy of bevacizumab plus standard first-line chemotherapy in patients with metastatic colorectal cancer First BEAT (abstract 357P). *Ann Oncol*, 2008, 19, s. viii25.
- 19 **Andreyev, H. J. – Norman, A. R. – Cunningham, D., et al.:** Kirsten ras mutations in patients with colorectal cancer: the RASCAL II study. *Br J Cancer*, 2001, 85, s. 692–696.
- 20 **Van Cutsem, E. V. – Köhne, C. H. – Hitre, E., et al.:** Cetuximab and chemotherapy as initial treatment for metastatic colorectal cancer. *N Engl J Med*, 2009, 360, s. 1408–1417.
- 21 **Stremtizer, S. – Stift, J. – Gruenberger, B., et al.:** KRAS status and outcome of liver resection after neoadjuvant chemotherapy including bevacizumab. *Br J Oncol*, 2012, 99, s. 1575–1583.
- 22 **Bruera, G. – Cannita, K. – Di Giacomo, D., et al.:** Prognostic value of KRAS genotype in metastatic colorectal cancer (MCR) patients treated with intensive triplet chemotherapy plus bevacizumab (Flr-B/Fox) according to extent of metastatic disease. *BMC MEDICINE*, 2012, 10, s. 135.
- 23 **Tebbutt, N. C. – Wilson, K. – Gebbs, V. J., et al.:** Capecitabine, bevacizumab and mitomycin in first-line treatment of metastatic colorectal cancer: Results of the Australasian Gastrointestinal Trials Group randomized phase III MAX study. *J Clin Oncol*, 2010, 28, s. 3191–3198.
- 24 **Price, T. J. – Hardingham, J. E. – Lee, C. K., et al.:** Impact of KRAS and BRAF gene mutation status on outcomes from the phase III AGITG MAX trial of capecitabine alone or in combination with bevacizumab and mitomycin in advanced colorectal cancer. *J Clin Oncol*, 2011, 29, s. 2675–2682.
- 25 **Heinemann, V. – Fischer von Weikersthal, L. – Decker, T., et al.:** Randomized comparison of FOLFIRI plus cetuximab versus FOLFIRI plus bevacizumab as first-line treatment of KRAS wild-type metastatic colorectal cancer: German AIO study KRK-0306 (FIRE-3). *JCO*, 2013, abstract LBA3506.
- 26 **Hurwitz, H. I. – Yi, J. – Novotny, W., et al.:** The clinical benefit of bevacizumab in metastatic colorectal cancer is independent of K-ras status: Analysis of a phase III study of bevacizumab with chemotherapy in previously untreated metastatic colorectal cancer. *Oncologist*, 2009, 14, s. 22–28.
- 27 **National cancer institute:** Phase III randomized study of cetuximab and/or bevacizumab in combination with either oxaliplatin, fluorouracil, and leucovorin calcium (FOLFOX) or irinotecan hydrochloride, fluorouracil and leucovorin calcium (FOLFIRI) in patients with previously untreated metastatic adenocarcinoma of the colon or rectum. Dostupné z: <http://www.cancer.gov/search/ResultsClinicalTrialsAdvanced.aspx?protocolsearchid=5463125>, vyhledáno 15. 7. 2013.

Současná indikace anti-EGFR cílené léčby metastatického kolorektálního karcinomu

MUDr. Tomáš Svoboda, Ph.D.

Onkologické a radioterapeutické oddělení, Komplexní onkologické centrum FN Plzeň

- 1 **Patterson, S. D. – Peters, M. – Siena, S. – Van Cutsem, E., et al.:** Comprehensive analysis of KRAS and NRAS mutations as predictive biomarkers for single agent panitumumab (Pmab) response in a randomized, phase 3 metastatic colorectal cancer (mCRC) study (20020408). *ASCO*, 2013.
- 2 **Douillard, J. Y. – Siena, S – Tabernero, J. – Burkes, R., et al.:** Overall survival (OS) analysis from PRIME: Randomized phase 3 study of panitumumab (pmab) with FOLFOX4 for 1st-line metastatic colorectal cancer (mCRC). *ASCO*, 2013.
- 3 **Kelly, S. – Oliner, J. – Douillard, Y. – Siena, S. – Tabernero, J., et al.:** Analysis of KRAS/NRAS and BRAF mutations in the phase 3 PRIME study of panitumumab (pmab) + FOLFOX vs FOLFOX as 1st-line treatment (tx) for metastatic colorectal cancer (mCRC). *ASCO*, 2013.
- 4 **Schwartzberg, L. – Rivera, F. – Karthaus, M. – Fasola, G., et al.:** Analysis of KRAS/NRAS mutations in PEAK: A randomized phase 2 study of FOLFOX6 + panitumumab or bevacizumab as 1st-Line treatment for wild type (WT) KRAS (exon 2) metastatic colorectal cancer (mCRC). *ASCO*, 2013.
- 5 **Le-chi, Y. – Yunshi, Z. – Tianshu, L. – Ye, W., et al.:** Impact of early tumor shrinkage on clinical outcome in KRAS wild-type colorectal liver-limited metastases treated with cetuximab plus chemotherapy: Lessons from a randomized controlled trial. *ASCO*, 2013, General Poster Session. *J Clin Oncol*, 31, 2013 (dopl.; abstrakt 3610).
- 6 **Fourrier-Réglat, A. – Rouyer, M. – Noize, P. – Bignon, E., et al.:** Cetuximab with irinotecan or oxaliplatin for first-line metastatic colorectal cancer: Effectiveness in the EREBUS cohort compared to pivotal trials. *ASCO*, 2013. *J Clin Oncol*, 31, 2013 (dopl.; abstrakt e14542).
- 7 **Folprecht, G. – Gruenberger, T. – Bechstein, W. – Raab, H. R., et al.:** Cetuximab and chemotherapy in the treatment of patients with initially "nonresectable" colorectal (CRC) liver metastases: Long-term follow-up of the CELIM trial. General Poster Session. *J Clin Oncol*, 2013, 31 (dopl.; abstrakt 3538).
- 8 **Heinemann, V. – Fischer von Weikersthal, L. – Decker, T. – Kiani, A., et al.:** Randomized comparison of FOLFIRI plus cetuximab versus FOLFIRI plus bevacizumab as first-line treatment of KRAS wild-type metastatic colorectal cancer: German AIO study KRK-0306 (FIRE-3). *ASCO*, 2013.
- 9 **Mansmann, U. R. – Sartorius, U. – Laubender, R. P., et al.:** Quantitative analysis of the impact of deepness of response on post-progression survival time following first-line treatment in patients with mCRC. *J Clin Oncol*, 2013, 31, dopl., abstrakt 3630.

Nové možnosti léčby maligního melanomu

MUDr. Radek Lakomý, Ph.D. | MUDr. Alexandr Poprach | prof. MUDr. Rostislav Vyzula, CSc.

LF MU a Masarykův onkologický ústav, Klinika komplexní onkologické péče, Brno

- 1 **Dušek, L. – Mužík, J. – Kubásek, M., et al.:** Epidemiology of malignant tumours in the Czech Republic [online]. Masaryk University, 2005. Dostupné z: <http://www.svod.cz>.
- 2 **Korn, E. L. – Liu, P. Y. – Lee, S. J., et al.:** Meta-analysis of phase II cooperative group trials in metastatic stage IV melanoma to determine progression-free and overall survival benchmarks for future phase II trials. *J Clin Oncol*, 2008, 26, s. 527–534.
- 3 **Serrone, L. – Zeuli, M. – Segal, F. M., et al.:** Dacarbazine-based chemotherapy for metastatic melanoma: thirty-year experience overview. *J Exp Clin Cancer Res*, 2000, 19, s. 21–34.
- 4 **Eggermont, A. M. – Kirkwood, J. M.:** Re-evaluating the role of dacarbazine in metastatic melanoma: what have learned in 30 years? *Eur J Cancer*, 2004, 40, s. 1825–1836.
- 5 **Atkins, M. B. – Lotze, M. T. – Dutcher, J. P., et al.:** High-dose recombinant interleukin 2 therapy for patients with metastatic melanoma: analysis of 270 patients treated between 1985 and 1993. *J Clin Oncol*, 1999, 17, s. 2105–2116.
- 6 **Kirkwood, J. M. – Tarhini, A. A. – Panelli, M. C., et al.:** Next generation of immunotherapy for melanoma. *J Clin Oncol*, 2008, 26, s. 3445–3455.
- 7 **O'Day, S. J. – Maio, M. – Chiarion-Sileni, V., et al.:** Efficacy and safety of ipilimumab monotherapy in patients with previously treated, advanced melanoma: a multicenter single-arm phase II study. *Ann Oncol*, 2010, 21, s. 1712–1717.
- 8 **Weber, J. – Thompson, J. A. – Hamid, O., et al.:** A randomized, double-blind, placebo controlled, phase II study comparing the tolerability and efficacy of ipilimumab administered with or without prophylactic budesonide in patients with unresectable stage III or IV melanoma. *Clin Cancer Res*, 2009, 15, s. 5591–5598.
- 9 **Hodi, F. S. – O'Day, S. J. – McDermott, D. F., et al.:** Improved survival with ipilimumab in patients with metastatic melanoma. *N Engl J Med*, 2010, 363, s. 711–723.
- 10 **Robert, C. – Thomas, L. – Bondarenko, I., et al.:** Ipilimumab plus dacarbazine for previously untreated metastatic melanoma. *N Engl J Med*, 2011, 364, s. 2517–2526.
- 11 **Lebbé, C. – Weber, J. S. – Maio, M., et al.:** Long-term survival in patients with metastatic melanoma who received ipilimumab in four phase II trials. *J Clin Oncol*, 2013, 31 (dopl., abstrakt 9053).
- 12 **Topalian, S. L. – Hodi, F. S. – Brahmer, J. R., et al.:** Safety, activity, and immune correlates of anti-PD-1 antibody in cancer. *N Engl J Med*, 2012, 366, s. 2443–2454.
- 13 **Wolchok, J. D. – Kluger, H. M. – Callahan, M. K., et al.:** Nivolumab plus ipilimumab in advanced melanoma. *N Engl J Med*, 2013, doi: 10.1056/NEJMoal302369.
- 14 **Wolchok, J. D. – Kluger, H. M. – Callahan, M. K., et al.:** Safety and clinical activity of nivolumab (anti-PD-1, BMS-936558, ONO-4538) in combination with ipilimumab in patients (pts) with advanced melanoma (MEL). *J Clin Oncol*, 2013, 31 (dopl., abstrakt 9012).
- 15 **Flaherty, K. T. – Puzanov, I. – Kim, K. B., et al.:** Inhibition of mutated, activated BRAF in metastatic melanoma. *N Engl J Med*, 2010, 363, s. 809–819.
- 16 **Ribas, A. – Kim, K. B. – Schuchter, L. M., et al.:** BRIM-2: An open-label, multicenter phase II study of vemurafenib in previously treated patients with BRAF V600E mutation-positive metastatic melanoma. *J Clin Oncol*, 2011, 29, abstrakt 8509.
- 17 **Chapman, P. B. – Hauschild, A. – Robert, C., et al.:** BRIM-3 Study Group. Improved survival with vemurafenib in melanoma with BRAF V600E mutation. *N Engl J Med*, 2011, 364, s. 2507–2516.

- 18 Larkin, J. M. G. – Del Vecchio, M. – Ascierto, P. A., et al.: Open-label, multicenter safety study of vemurafenib in patients with BRAFV600 mutation—positive metastatic melanoma. *J Clin Oncol*, 2013, 31 (dopl., abstrakt 9046).
- 19 Harding, J. J. – Catalanotti, F. – Yaqubie, A., et al.: Vemurafenib in patients with BRAF-mutant melanoma and brain metastases. *J Clin Oncol*, 2013, 31 (dopl., abstrakt 9060).
- 20 Heneberg, P.: Advances in clinical treatment of malignant melanoma: B-RAF kinase inhibition. *Klin Onkol*, 2011, 24, s. 256–264.
- 21 Hauschild, A. – Grob, J. J. – Demidov, L. V., et al.: Dabrafenib in BRAF-mutated metastatic melanoma: a multicentre, open-label, phase 3 randomised controlled trial. *Lancet*, 2012, 380, s. 358–365.
- 22 Long, G. V. – Trefzer, U. – Davies, M. A., et al.: Dabrafenib in patients with Val600Glu or Val600Lys BRAF-mutant melanoma metastatic to the brain (BREAK-MB): a multicentre, open-label, phase 2 study. *Lancet Oncol*, 2012, 13, s. 1087–1095.
- 23 Flaherty, K. T. – Robert, C. – Persey, P., et al.: METRIC Study Group. Improved survival with MEK inhibition in BRAF-mutated melanoma. *N Engl J Med*, 2012, 367, s. 107–114.
- 24 Flaherty, K. T. – Infante, J. R. – Daud, A., et al.: Combined BRAF and MEK inhibition in melanoma with BRAFV600 mutations. *N Engl J Med*, 2012, 367, s. 1694–1703.

Hormonální terapie u karcinomu prostaty

MUDr. Jana Katolická, Ph.D.

Onkologicko-chirurgické oddělení, FN u svaté Anny, Brno

- 1 D'Amico, A. V. – Whittington, R. – Malkowicz, S. B.: Biochemical outcome after radical prostatectomy, external beam radiation therapy, or interstitial radiation therapy for clinically localized prostate cancer. *JAMA*, 1998, 280, s. 969–974.
- 2 Jones, C. U. – Hunt, D. – McGowan, D. G., et al.: Radiotherapy and short-term androgen deprivation for localized prostate cancer. *N Engl J Med*, 2011, 365, s. 107–118.
- 3 D'Amico, A. V. – Chen, M. H. – Renshaw, A. A. – Loffredo, M. – Kantoff, P. W.: Androgen suppression and radiation vs radiation alone for prostate cancer, a randomized trial. *JAMA*, 2008, 299, s. 289–295.
- 4 Bolla, M. – Collette, L. – Blank, L., et al.: Long-term results with immediate androgen suppression and external irradiation in patients with locally advanced prostate cancer (an EORTC study): a phase III randomized trial. *Lancet*, 2002, 360, s. 103–106.
- 5 Bolla, M. – de Reijke, T. M., – Van Tienhoven, G., et al.: Duration of androgen suppression in the treatment of prostate cancer. *N Engl J Med*, 2009, 360, s. 2516–2527.
- 6 Messing, E. M. – Manola, J. – Yao, J., et al.: Eastern Cooperative Oncology Group study: immediate versus deferred androgen deprivation treatment in patients with node-positive prostate cancer after radical prostatectomy and pelvic lymphadenectomy. *Lancet Oncol*, 2006, 7, s. 472–479.
- 7 Prostate Cancer Trialist's Collaborative Group: Maximum androgen blockade in advanced prostate cancer; an overview of the randomized trials. *Lancet*, 2000, 339, s. 1491–1498.
- 8 Bubley, G. J.: Is the flare phenomenon clinically significant? *Urology*, 2001, 58, s. 5–9.
- 9 Potosky, A. L. – Knopf, K. – Clegg, L. X., et al.: Quality-of-life outcomes after primary androgen deprivation therapy: results from Prostate Cancer Outcomes Study. *J Clin Oncol*, 2001, 19, s. 3750–3757.
- 10 Klotz, L. – O'Callaghan, C. G. – Ding, K., et al.: A phase III randomized trial comparing intermittent versus continuous androgen suppression for patients with PSA progression after radical therapy; NCIC CTG PR.7/SWOG JPR.7/CTSUJPR.7/UK Intercontinental Trial CRUKE/01/013 [abstrakt 3]. *J Clin Oncol*, 2011, 29, s. 7.
- 11 Siddiqui, S. A. – Boorjian, S. A. – Inman, B. – Bagniewski, S. – Bergstrahl, E. J. – Blute, M. L.: Timing of androgen deprivation therapy and its impact on survival after radical prostatectomy: a matched cohort study. *J Urol*, 2008, 179, s. 1830–1837.
- 12 Moul, J. W. – Wu, H. – Sun, L., et al.: Early versus delayed hormonal therapy for prostate specific antigen only recurrence of prostate cancer after radical prostatectomy. *J Urol*, 2004, 171, s. 1141–1147.
- 13 Pagliarulo, V. – Bracarda, S. – Eisenberger, M. A. – Mottem, N. – Schröder, F. N. – Sternberg, C. N. – Studer, U. E.: Contemporary role of androgen deprivation therapy for prostate cancer. *European Urology*, 2012, 61, s. 11–25.

Nový lék v protinádorové léčbě karcinomu prostaty: Enzalutamid

MUDr. Hana Študentová | prof. MUDr. Bohuslav Melichar, Ph.D. Onkologická klinika, FN Olomouc

- 1 Chen, C. D. – Welsbie, D. S. – Tran, C., et al.: Molecular determinants of resistance to antiandrogen therapy. *Nat Med*, 2004, 10, s. 33–39.
- 2 Tran, C. – Ouk, S. – Clegg, N. J., et al.: Development of a second-generation antiandrogen for treatment of advanced prostate cancer. *Science*, 2009, 324, s. 787–790.
- 3 Scher, H. I. – Beer, T. M. – Higano, C. S., et al.: Antitumour activity of MDV3100 in castration-resistant prostate cancer: a phase 1–2 study. *Lancet*, 2010, 375, s. 1437–1446.
- 4 Scher, H. I. – Fizazi, K. – Saad, F., et al.: Increased survival with enzalutamide in prostate cancer after chemotherapy. *N Engl J Med*, 2012, 367, s. 1187–1197.
- 5 <http://clinicaltrials.gov/show/NCT01212991>, vyhledáno 5. 9. 2013.
- 6 SPC.

Kabazitaxel

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

- 1 **Jordan, M. A. – Wilson, L.:** Microtubules as a target for anticancer drugs. *Nature Rev Cancer*, 2004, 4, s. 253–265.
- 2 **Bissery, M.-C. – Bouchard, H. – Riou, J. – Vrignaud, P. – Combeau, C. – Bourzat, J. D.:** Preclinical evaluation of TXD258, a new taxoid. *Proceedings of the American Association for Cancer Research*, 2004, 41, abstrakt 1364.
- 3 **Vrignaud, P. – Lejeune, P. – Chaplin, D. – Lavelle, F. – Bissery, M.-C.:** In vivo efficacy of TXD258, a new taxoid, against human tumor xenografts. *Proceedings of the American Association for Cancer Research*, 2000, 41, abstrakt 1365.
- 4 **Alter, A. W.:** In vitro activity of TXD258 in chemotherapeutic resistant tumor xenografts. *Proc Am Assoc Cancer Res (AACR)*, 2000, 41, abstrakt 1923.
- 5 **Fumoleau, P.:** Phase I and pharmacokinetic studies of RPR116258A given as a weekly 1-h infusion at day 1, day 8, Day 15 and day 22 every 5 weeks in patients with advanced solid tumors. *AACR-NCI-EORTC Int Conf Mol Target Cancer Ther*, 2001, A282.
- 6 **Mita, A. C. – Denis, L. J. – Rowinsky, E. K., et al.:** Phase I and pharmacokinetic study of XRP6258 (RPR 116258A), a novel taxane, administered as a 1-hour infusion every 3 weeks in patients with advanced solid tumors. *Clin Cancr Res*, 2009, 15, s. 723–730.
- 7 **Pivot, X. – Koralewski, P. – Hidalgo, J., et al.:** A multicenter phase II study of XRP6258 administered as a 1-h i.v. infusion every 3 weeks in taxane-resistant metastatic breast cancer patients. *Ann Oncol*, 2008, 19, s. 1547–1552.
- 8 **De Bono, J. S. – Oudard, S. – Ozguroglu, M., et al.:** Cabazitaxel or mitoxantrone with prednisone in patients with metastatic castration-resistant prostate cancer (mCRPC) previously treated with docetaxel: Final results of multinational phase III trial (TROPC). *J Clin Oncol*, 2010, 28, abstrakt 4508.

Karcinom ovaria

MUDr. Mária Zvaríková Klinika komplexní onkologické péče MOÚ Brno

- 1 **Breckwoldt, M. – Martius, G. – Pfeleiderer, A., et al.:** *Gynekologie a porodnictví*. Osveda, Martin, 1997, 648, s. 2.
- 2 ÚZIS, ČR. NOR, ČR 2012. Novotvary, ČR 2009.
- 3 **Crum, C. H. – McKeon, – Xian, W.:** BRCA, the oviduct, and the space and time continuum of pelvic serous carcinogenesis. *Int J Gynecol Cancer*, 2012, 51, s. 29–34.
- 4 **Goff, B. – Mandel, L. S. – Melancon, C. H., et al.:** Development of an ovarian cancer symptom index: possibilities for earlier detection. *Cancer*, 2007, 109, s. 221–227.
- 5 **Ramirez, I. – Chon, H. S. – Apte, S. M.:** The role of surgery in the management of epithelial ovarian cancer. *Cancer Control*, 2011, 18, s. 22–30.
- 6 **Du Bois, A. – Reuss, A. – Pujade-Lauraine, E., et al.:** Role of surgical outcome as prognostic factor in advance epithelial ovarian cancer: a combined exploratory analysis of 3 prospectively randomized phase 3 multicenter trials. *Cancer*, 2009, 115, s. 1234–1244.
- 7 **Markman, M.:** Pharmaceutical management of ovarian cancer: current status. *Drug*, 2008, 68, s. 771–789.
- 8 **Modesitt, S. C. – Jazaeri, A. A.:** Recurrent epithelial ovarian cancer: pharmacotherapy and novel therapeutics. *Expt Opin Pharmacother*, 2007, 8, s. 2293–2305.
- 9 **Pujade-Lauraine, E. – Wagner, U. – Aavallundquist, E., et al.:** Pegylated liposomal doxorubicin and carboplatin compared with paclitaxel and carboplatin for patients with platinum-sensitive ovarian cancer in late relapse. *J Clin Oncol*, 2010, 28, s. 3323–3329.
- 10 **Rustin, G. J. – Van Der Burg, M. E. – Griffin, C. L., et al.:** Early versus delayed treatment of relapsed ovarian cancer (MRC OV 05/EORTC 55955): a randomised trial. *Lancet*, 2010, 376, s. 1155–1163.
- 11 **Sjoquist, K. M. – Martyn, J. – Edmondson, R. J., et al.:** The role of hormonal therapy in gynecological cancers current status and future directions. *Int J Gynecol Cancer*, 2011, 21, s. 1328–1333.
- 12 **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.
- 13 **Perren, T. J. – Swart, A. M. – Pfisterer, J. N., et al.:** A phase 3 trial of bevacizumab in ovarian cancer. *N Engl J Med*, 2011, 365, s. 2484–2496.
- 14 **Aghajanian, C. – Finkler, N. J. – Rutherford, T., et al.:** OCEANS: A randomized, double-blinded, placebo-controlled phase III trial of chemotherapy with or without bevacizumab (BEV) in patients with platinum-sensitive recurrent epithelial ovarian (EOC), primary peritoneal (PPC), or fallopian tube cancer (FTC). *J Clin Oncol*, 2011, 29, abstrakt.
- 15 **Pujade-Lauraine, E. – Hilpert, F. – Weber, B., et al.:** AURELIA: A randomized phase III trial evaluating bevacizumab (BEV) plus chemotherapy (CT) for platinum (PT)-resistant recurrent ovarian cancer (OC). *J Clin Oncol*, 2012, 30, abstrakt LBA5002.

Druhá linie léčby metastatického karcinomu ledviny

doc. MUDr. Tomáš Büchler, Ph.D. Onkologická klinika 1. LF UK a Thomayerovy nemocnice, Praha

MUDr. Kateřina Kubáčková Onkologická klinika 2. LF UK a FN Motol, Praha

- 1 **Rini, B. I. – Escudier, B. – Tomczak, P., et al.:** Comparative effectiveness of axitinib versus sorafenib in advanced renal cell carcinoma (AXIS): a randomised phase 3 trial. *Lancet*, 2011, 378, s. 1931–1939.
- 2 **Motzer, R. J. – Escudier, B. – Oudard, S., et al.:** Efficacy of everolimus in advanced renal cell carcinoma: a double-blind, randomised, placebo-controlled phase III trial. *Lancet*, 2008, 372, s. 449–456.
- 3 **Hutson, T. E. – Escudier, B. – Esteban, E., et al.:** Temsirolimus vs sorafenib as second line therapy in metastatic renal cell carcinoma: results from the INTORSECT trial. *Ann Oncol Suppl (Proc. ESMO)*, 2012, abstrakt LBA22.
- 4 **Iacovelli, R. – Carteni, G. – Sternberg, C. N., et al.:** Clinical outcomes in patients receiving three lines of targeted therapy for metastatic renal cell carcinoma: Results from a large patient cohort. *Eur J Cancor*, 2013, doi: pii: S0959-8049(13)00164-0. 10.1016/j.ejca.2013.02.032 (Epub před tiskem).
- 5 **Motzer, R. J. – Barrios, C. H. – Kim, T. M., et al.:** Record-3: Phase II randomized trial comparing sequential first-line everolimus (EVE) and second-line sunitinib (SUN) versus first-line SUN and second-line EVE in patients with metastatic renal cell carcinoma (mRCC). *J Clin Oncol*, 2013, 31, dopl., abstrakt 4504.

Současné možnosti léčby nádorů měkkých tkání

MUDr. Denisa Vitásková | MUDr. Hana Švébišová, Ph.D. | prof. MUDr. Bohuslav Melichar, Ph.D.

Onkologická klinika, Lékařská fakulta Univerzity Palackého a Fakultní nemocnice Olomouc

- 1 **Gatta, G. – van der Zwan, J. M. – Casali, P. G., et al.:** Rare cancers are not so rare: the rare cancer burden in Europe. *Eur J Cancer*, 2011, 47, s. 2493–2511.
- 2 www.uzis.cz.
- 3 **Bednář, B., et al.:** *Patologie I–III*. Avicenum, Praha, 1982.
- 4 **Slejfer, S. – Ray-Coquard, I. – Papai, Z., et al.:** Pazopanib, a multikinase angiogenesis inhibitor, in patients with relapsed or refractory advanced soft tissue sarcoma: a Phase II study from the European Organisation for Research and Treatment of Cancer – Soft Tissue and Bone Sarcoma Group (EORTC Study 62043). *J Clin Oncol*, 2009, 27, s. 3126–3132.
- 5 **O’Sullivan, B. – Wylie, J. – Catton, C.:** The local management of soft tissue sarcomas. *Semin Radiant Oncol*, 1999, 9, s. 328–348.
- 6 **The European Sarcoma Network Working Group.** Soft tissue and visceral sarcomas: ESMO Clinical Guidelines for diagnosis, treatment and follow-up. *Annals of Oncology*, 2012, 23 (dopl. 7), s. vii92–vii99.
- 7 **Grobmyer, S. R. – Maki, R. G. – Demetri, G. D., et al.:** Neo-adjuvant chemotherapy for primary high-grade extremity soft tissue sarcoma. *Ann Oncol*, 2004, 15, s. 1667–1672.
- 8 **Fayette, J. – Penel, N. – Chavreau, C., et al.:** Phase III trial of standard versus dose-intensified doxorubicin, ifosfamide and dacarbazine (MAID) in the first-line treatment of metastatic and locally advanced soft tissue sarcoma. *Invest New Drugs*, 2009, 27, s. 482–489.
- 9 **Kaper, B. – Thierry, G. – D’Hondt, V. – Gebhart, M. – Awada, A.:** Novel treatment strategies for soft tissue sarcoma. *Crit Rev Oncol Hematol*, 2007, 62, s. 9–15.
- 10 **Melichar, B. – Vobořil, Z. – Nozicka, J. – Cerman, J. jr. – Melicharova, K. – Mergancova, J. – Filip, S. – Krajina, A. – Vobořil, R. – Kandík, P.:** Hepatic arterial infusion chemotherapy in sarcoma liver metastases: a report of 6 cases. *Tumori*, 2005, 91 (1), s. 19–23.
- 11 **Slejfer, S. – Ouali, M. – van Glabbeke, M., et al.:** Prognostic and predictive factors for outcome to first-line ifosfamide-containing chemotherapy for adult patients with advanced soft tissue sarcomas: an exploratory, retrospective analysis on large series from the European Organization for Research and Treatment of Cancer–Soft Tissue and Bone Sarcoma Group (EORTC-STBSG). *Eur J Cancer*, 2010, 46, s. 72–83.
- 12 **Demetri, G. D. – Chabla, S. P. – von Mehren, M., et al.:** Efficacy and safety of trabectedin in patients with advanced or metastatic liposarcoma or leiomyosarcoma after failure of prior anthracyclines and ifosfamide: results of a randomized phase II study of two different schedules. *J Clin Oncol*, 2009, 27, s. 4188–4196.
- 13 **García-Del-Muro, X. – López-Pousa, A. – Maurel, J., et al.:** Randomized phase II study comparing gemcitabine plus dacarbazine versus dacarbazine alone in patients with previously treated soft tissue sarcoma: a Spanish Group for Research on Sarcomas study. *J Clin Oncol*, 2011, 29, s. 2528–2533.
- 14 **Maki, R. G.:** Gemcitabine and docetaxel in metastatic sarcoma: past, present and future. *Oncologist*, 2007, 12, s. 999–1006.
- 15 **Panel, N. – Bui, B. N. – Bay, J. Y., et al.:** Phase II trial of weekly paclitaxel for unresectable angiosarcoma: the ANGIOTAX Study. *J Clin Oncol*, 2008, 26, s. 5269–5274.
- 16 **Demetri, G. D. – von Mehren, M. – Blanke, C. D., et al.:** Efficacy and safety of imatinib mesylate in advanced gastrointestinal stromal tumors. *N Engl J Med*, 2002, 347, s. 472–480.
- 17 **Sternberg, C. N. – Davis, I. D. – Kardiak, 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.
- 18 **Van der Graf, W. T. A. – Blay, J. Y. – Chabla, S. P., et al.:** Pazopanib for metastatic soft-tissue sarcoma (PALETTE): a randomized, double-blind, placebo-controlled phase 3 trial. *Lancet*, 2012, 379, s. 1879–1886.
- 19 **Chabla, P. – Blay, J. – Ray-Coquard, I. L., et al.:** Results of the phase III, placebo-controlled trial (SUCCEED) evaluating the mTOR inhibitor ridaforolimus as maintenance therapy in advanced sarcoma patients following clinical benefit from prior standard cytotoxic chemotherapy (abstract). *J Clin Oncol*, 2011, 29, s. 10005.

Podpůrná léčba pacientů s kostními metastázami

doc. MUDr. Tomáš Büchler, Ph.D. Onkologická klinika 1. LF UK a Thomayerovy nemocnice, Praha

- 1 **Abrahámová, J.:** Zlepšení kvality života pacientů s kostními metastázami léčených klodronátem. *Praktický lékař*, 2007, 87, s. 648–654.
- 2 **Kinnane, N.:** Burden of bone disease. *Eur J Oncol Nurs*, 2007, 11, s. S28–S31.
- 3 **Gainford, M. C. – Dranitsaris, G. – Clemons, M.:** Recent developments in bisphosphonates for patients with metastatic breast cancer. *BMJ*, 2005, 330, s. 769–773.
- 4 **Brown, J. E. – Coleman, R. E.:** Denosumab in patients with cancer—a surgical strike against the osteoclast. *Nat Rev Clin Oncol*, 2012, 9, s. 110–8.
- 5 **Harvey, H. A. – Cream, L. R.:** Biology of bone metastases: causes and consequences. *Clin Breast Cancer*, 2007, 7, s. S7–S13.
- 6 **Lutz, S. T. – Lo, S. S. – Chang, E. L., et al.:** ACR Appropriateness Criteria® non-spine bone metastases. *J Palliat Med*, 2012, 15, s. 521–526.
- 7 **Patchell, R. A. – Tibbs, P. A. – Regine, W. F., et al.:** Direct decompressive surgical resection in the treatment of spinal cord compression caused by metastatic cancer: a randomised trial. *Lancet*, 2005, 366, s. 643–648.
- 8 **Chow, E. – Harris, K. – Fan, G., et al.:** Palliative radiotherapy trials for bone metastases: a systematic review. *J Clin Oncol*, 2007, 25, s. 1423–1436.
- 9 **Townsend, P. W. – Rosenthal, H. G. – Smalley, S. R., et al.:** Impact of postoperative radiation therapy and other perioperative factors on outcome after orthopedic stabilization of impending or pathologic fractures due to metastatic disease. *J Clin Oncol*, 1994, 12, s. 2345–2350.
- 10 **Ryznarová, Z. – Büchler, T. – Votrubová, J.:** Využití fokusovaného ultrazvuku naváděného magnetickou rezonancí (MRgFUS) v léčbě kostních metastáz. *Postgraduální medicína*, 2013, 3, s. 54–59.
- 11 **Aapro, M. – Abrahamsson, P. A. – Body, J. J., et al.:** Guidance on the use of bisphosphonates in solid tumors: recommendation of an international expert panel. *Ann Oncol*, 2008, 19, s. 420–432.
- 12 **Rogers, M. J. – Gordon, S. – Benford, H. L., et al.:** Cellular and molecular mechanisms of action of bisphosphonates. *Cancer*, 2000, 88, s. 2961–2978.
- 13 **Slíva, J. – Büchler, T.:** Klodronát: bisfosfonát s nízkou nefrotoxicitou. *Farmakoterapie*, 2011, 7, s. 547–550.
- 14 **Van den Wyngaert, T. – Huizing, M. T. – Vermorken, J. B.:** Bisphosphonates and osteonecrosis of the jaw: cause and effect or a post hoc fallacy? *Ann Oncol*, 2006, 17, s. 1197–1204.
- 15 **Diel, I. J. – Berger, M. D. – Grotz, K. A.:** Adverse effects of bisphosphonates: current issues. *J Support Oncol*, 2007, 5, s. 475–482.

16 XGEVA – souhrn údajů o přípravku. Dostupné z: http://www.ema.europa.eu/docs/cs_CZ/document_library/EPAR_-_Product_Information/human/002173/WC500110381.pdf, vyhledáno 16. 6. 2013.

17 Watts, N. B. – Roux, C. – Modlin, J. F., et al.: Infections in postmenopausal women with osteoporosis treated with denosumab or placebo: coincidence or causal association? *Osteoporos Int*, 2012, 23, s. 327–337.

Léčba zhoubných nádorů plic a novinky v roce 2013

MUDr. Milada Zemanová, Ph.D. Onkologická klinika 1. LF UK a VFN, Praha

- UZIS ČR, NOR ČR 2001: *Novotvary 2008*, Cancer Incidence 2008 in the Czech Republic.
- Skříčková, J. – Čoupek, P. – Babičková, L., et al.: Léčba nemalobuněčného plicního nádoru. *Klin Onkol*, 2008, 21, s. 317–329.
- Marel, M. – Krejch, F. – Stránská, P. – Mericka, O. – Homolka, J. – Skácel, Z. – Zemanová, M.: Analýza anamnestických dat a výsledků vyšetření v souboru 353 nemocných s plicním karcinomem z let 2004–2007. *Cas Lek Cesk*, 2009, 148, s. 416–423.
- Shirvani, S. M. – Jiang, J. – Chang, J. Y., et al.: Comparative effectiveness of 5 treatment strategies for early-stage non-small cell lung cancer in the elderly. *Int J Radiat Oncol Biol Phys*, 2012, 84, s. 1060–1070, doi: 10.1016/j.ijrobp.2012.07.2354, Epub: 11. 9. 2012.
- Auperin, A. – le Péchoux, C. – Rolland, E., et al.: Meta-analysis of concomitant versus sequential radiochemotherapy in locally advanced non-small cell lung cancer. *J Clin Oncol*, 2010, 28, s. 2181–2190.
- Rusch, V. W. – Giroux, D. J. – Kraut, M. J., et al.: Induction chemoradiation and surgical resection for superior sulcus non-small-cell lung carcinomas: long-term results of Southwest Oncology Group Trial 9416 (Intergroup Trial 0160). *J Clin Oncol*, 2007, 25, s. 313–318.
- Albain, K. S. – Swann, R. S. – Rusch, V. W., et al.: Radiotherapy plus chemotherapy with or without surgical resection for stage III non-small-cell lung cancer: a phase III randomised controlled trial. *Lancet*, 2009, 374, s. 379–386, doi: 10.1016/S0140-6736(09)60737-6, Epub: 24. 7. 2009.
- PORT Meta-analysis Trialists Group: Postoperative radiotherapy in non-small-cell lung cancer: systematic review and meta-analysis of individual patient data from nine randomised controlled trials. *Lancet*, 1998, 352, s. 257–263.
- Lally, B. E. – Zelterman, D. – Colasanto, J. M., et al.: Postoperative radiotherapy for stage II or III non-small-cell lung cancer using the surveillance, epidemiology, and end results database. *J Clin Oncol*, 2006, 24, s. 2998–3006. Epub: 12. 6. 2006.
- Früh, M. – Rolland, E. – Pignon, J. P., et al.: Pooled analysis of the effect of age on adjuvant cisplatin-based chemotherapy for completely resected non-small-cell lung cancer. *J Clin Oncol*, 2008, 26, s. 3573–3581, doi: 10.1200/JCO.2008.16.2727.
- Bradley, J. D. – Paulu, R. – Komaki, R., et al.: Radiation Therapy Oncology Group: A randomized phase III comparison of standard-dose (60 Gy) versus high-dose (74 Gy) conformal chemoradiotherapy with or without cetuximab for stage III non-small cell lung cancer: Results on radiation dose in RTOG 0617. *J Clin Oncol*, 2013, 31, abstrakt 7501.
- Hirsch, F. R. – Bunn, P. A., Jr.: EGFR testing in lung cancer is ready for prime time. *Lancet Oncol*, 2009, 10, s. 432–433, doi: 10.1016/S1470-2045(09)70110-X.
- Rosell, R. – Carcereny, E. – Gervais, R., et al.: Erlotinib versus standard chemotherapy as first-line treatment for European patients with advanced EGFR mutation-positive non-small-cell lung cancer (EUR-TAC): a multicentre, open-label, randomised phase 3 trial. *Lancet Oncol*, 2012, 13, s. 239–246, doi: 10.1016/S1470-2045(11)70393-X, Epub: 26. 1. 2012.
- Mitsudomi, T. – Morita, S. – Yatabe, Y., et al.: Gefitinib versus cisplatin plus docetaxel in patients with non-small-cell lung cancer harbouring mutations of the epidermal growth factor receptor (WJTOG3405): an open label, randomised phase 3 trial. *Lancet Oncol*, 2010, 11, s. 121–128, doi: 10.1016/S1470-2045(09)70364-X, Epub: 18. 12. 2009.
- Pirker, R. – Pereira, J. R. – von Pawel, J., et al.: EGFR expression as a predictor of survival for first-line chemotherapy plus cetuximab in patients with advanced non-small-cell lung cancer: analysis of data from the phase 3 FLEX study. *Lancet Oncol*, 2012, 13, s. 33–42, doi: 10.1016/S1470-2045(11)70318-7, Epub: 4. 11. 2011.
- Rothschild, S. I. – Gautschi, O.: Crizotinib in the treatment of non-small-cell lung cancer. *Clin Lung Cancor*, 2013, doi: pii: S1525-7304(13)00073-9. 10.1016/j.clcc.2013.04.006 (Epub před tiskem).
- Shaw, A. T. – Kim, D. W. – Nakagawa, K., et al.: Crizotinib versus chemotherapy in advanced ALK-positive lung cancer. *N Engl J Med*, 2013, 368, s. 2385–2394, doi: 10.1056/NEJMoa1214886, Epub 1. 6. 2013.
- Sandler, A. – Gray, R. – Perry, M. C., et al.: Paclitaxel-carboplatin alone or with bevacizumab for non-small-cell lung cancer. *N Engl J Med*, 2006, 355, s. 2542–2550.
- Zhu, J. – Sharma, D. B. – Gray, S. W., et al.: Carboplatin and paclitaxel with vs without bevacizumab in older patients with advanced non-small-cell lung cancer. *JAMA*, 2012, 307, s. 1593–1601, doi: 10.1001/jama.2012.454.
- Schiller, J. H. – Harrington, D. – Belani, C. P., et al.: Eastern Cooperative Oncology Group. Comparison of four chemotherapy regimens for advanced non-small-cell lung cancer. *N Engl J Med*, 2002, 346, s. 92–98.
- Kelly, K. – Crowley, J. – Bunn, P. A., Jr., et al.: Randomized phase III trial of paclitaxel plus carboplatin versus vinorelbine plus cisplatin in the treatment of patients with advanced non-small-cell lung cancer: a Southwest Oncology Group trial. *J Clin Oncol*, 2001, 19, s. 3210–3218.
- Delbaldo, C. – Michiels, S. – Rolland, E., et al.: WITHDRAWN: Second or third additional chemotherapy drug for non-small-cell lung cancer in patients with advanced disease. *Cochrane Database Syst Rev*, 2012, 4, CD004569, doi: 10.1002/14651858.CD004569.pub3.
- Scagliotti, G. V. – Parikh, P. – von Pawel, J., et al.: Phase III study comparing cisplatin plus gemcitabine with cisplatin plus pemetrexed in chemotherapy-naïve patients with advanced-stage non-small-cell lung cancer. *J Clin Oncol*, 2008, 26, s. 3543–3551.
- Aggarwal, C. – Langer, C. J.: Older age, poor performance status and major comorbidities: how to treat high-risk patients with advanced non-small-cell lung cancer. *Curr Opin Oncol*, 2012, 24, s. 130–136, doi: 10.1097/CCO.0b013e32834ea6ea.
- Quoix, E.: Therapeutic options in older patients with metastatic non-small-cell lung cancer. *Ther Adv Med Oncol*, 2012, 4, s. 247–254, doi: 10.1177/1758834012455838.
- Pesta, M. – Kulda, V. – Fiala, O., et al.: Prognostic significance of ERCC1, RRM1 and BRCA1 in surgically-treated patients with non-small-cell lung cancer. *Anticancer Res*, 2012, 32, s. 5003–5010.
- Gachechiladze, M. – Uberall, I. – Kolek, V. – Klein, J. – Krejci, V. – Štastná, J. – Radova, L. – Fridman, E. – Skarda, J.: Correlation between BRCA1 expression and clinicopathological factors including brain metastases in patients with non-small-cell lung cancer. *Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub*, 2012, doi: 10.5507/bp.2012.099.
- Tsao, M. S. – Aviel-Ronen, S. – Ding, K., et al.: Prognostic and predictive importance of p53 and RAS for adjuvant chemotherapy in non-small-cell lung cancer. *J Clin Oncol*, 2007, 25, s. 5240–5247.
- Olaussen, K. A. – Dunant, A. – Fouret, P., et al.: IALT Bio Investigators. DNA repair by ERCC1 in non-small-cell lung cancer and cisplatin-based adjuvant chemotherapy. *N Engl J Med*, 2006, 355, s. 983–991.

- 30 Reynolds, C. – Obasaju, C. – Schell, M. J., et al.: Randomized phase III trial of gemcitabine-based chemotherapy with in situ RRM1 and ERCC1 protein levels for chemoprediction in non-small-cell lung cancer. *J Clin Oncol*, 2009, 27, s. 5808–5815, doi: 10.1200/JCO.2009.21.9766, Epub: 2. 11. 2009.
- 31 Bepler, G. – Williams, C. C. – Schell, M. J., et al.: Molecular analysis-directed, international, phase III trial in patients with advanced non-small-cell lung cancer. *J Clin Oncol*, 2013, 31, abstrakt 8001.
- 32 Moran, T. – Cobo, M. – Domine, M., et al.: Interim analysis of The Spanish Lung Cancer Group (SLCG) BRCA1-RAP80 Expression Customization (BREC) randomized phase III trial of customized therapy in advanced non-small-cell lung cancer (NSCLC) patients (p) (NCT00617656/GCEPBREC). *J Clin Oncol*, 2013, 31, abstrakt 8002.
- 33 Hashemi-Sadraei, N. – Pennell, N. A.: Advanced non-small-cell lung cancer (NSCLC): maintenance therapy for all? *Curr Treat Options Oncol*, 2012, 13, s. 478–490, doi: 10.1007/s11864-012-0209-1.
- 34 Gridelli, C. – Maione, P. – Rossi, A.: The PARAMOUNT trial: a phase III randomized study of maintenance pemetrexed versus placebo immediately following induction first-line treatment with pemetrexed plus cisplatin for advanced nonsquamous non-small-cell lung cancer. *Rev Recent Clin Trials*, 2013, 8, s. 23–28.
- 35 Fiala, O. – Pešek, M. – Fínek, J. – Krejčí, J. – Bortlíček, Z. – Benešová, L. – Minařík, M.: Second line treatment in advanced non-small-cell lung cancer (NSCLC): Comparison of efficacy of erlotinib and chemotherapy. *Neoplasma*, 2012, 25, doi: 10.4149/neo_2013_017 (Epub před tiskem).
- 36 Shepherd, F. A. – Perira, J. R. – Ciuleanu, T., et al.: Erlotinib in previously treated non-small-cell lung cancer. *N Engl J Med*, 2005, 353, s. 123–132.
- 37 Okano, Y. – Ando, M. – Asami, K., et al.: Randomized phase III trial of erlotinib (E) versus docetaxel (D) as second- or third-line therapy in patients with advanced non-small cell lung cancer (NSCLC) who have wild-type or mutant epidermal growth factor receptor (EGFR): Docetaxel and Erlotinib Lung Cancer Trial (DELTA). *J Clin Oncol*, 2013, 31, abstrakt 8006.
- 38 Lazzari, C. – Novello, S. – Barni, S., et al.: Randomized proteomic stratified phase III study of second-line erlotinib (E) versus chemotherapy (CT) in patients with inoperable non-small cell lung cancer (PROSE). *J Clin Oncol*, 2013, 31, abstrakt LBA8005.
- 39 Rizvi, N. A. – Antonia, S. J. – Quan Man Chow, L., et al.: A phase I study of nivolumab (anti-PD-1; BMS-936558, ONO-4538) plus platinum-based doublet chemotherapy (PT-doublet) in chemotherapy-naive non-small cell lung cancer (NSCLC) patients (pts). *J Clin Oncol*, 2013, 31, abstrakt 8072.
- 40 Butts, C. A. – Socinski, M. A. – Mitchell, P., et al.: START: A phase III study of L-BLP25 cancer immunotherapy for unresectable stage III non-small-cell lung cancer. *J Clin Oncol*, 2013, 31, abstrakt 7500.
- 41 Pignon, J. P. – Arriagada, R. – Ihde, D. C., et al.: A meta-analysis of thoracic radiotherapy for small-cell lung cancer. *N Engl J Med*, 1992, 327, s. 1618–1624.
- 42 Pijls-Johannesma, M. – De Ruyscher, D. – Vansteenkiste, J., et al.: Timing of chest radiotherapy in patients with limited stage small cell lung cancer: A systematic review and meta-analysis of randomised controlled trials. *Cancer Treat Rev*, 2007, 33, s. 461–473.
- 43 Sun, J. M. – Ahn, Y. C. – Choi, E. K., et al.: Phase III trial of concurrent thoracic radiotherapy with either first- or third-cycle chemotherapy for limited-disease small-cell lung cancer. *Ann Oncol*, 2013 (Epub před tiskem).
- 44 Sundstrøm, S. – Bremnes, R. M. – Kaasa, S., et al.: Norwegian Lung Cancer Study Group. Cisplatin and etoposide regimen is superior to cyclophosphamide, epirubicin, and vincristine regimen in small-cell lung cancer: results from a randomized phase III trial with 5 years' follow-up. *J Clin Oncol*, 2002, 20, s. 4665–4672.
- 45 Turrisi, A. T. – Kim, K. – Blum, R., et al.: Twice-daily compared with once-daily thoracic radiotherapy in limited small-cell lung cancer treated concurrently with cisplatin and etoposide. *N Engl J Med*, 1999, 340, s. 265–271.
- 46 <http://www.cancer.gov/clinicaltrials/search/view>, vyhledáno 8. 7. 2013.
- 47 Bogart, J. A. – Herndon, J. E. – Lyss, A. P., et al.: 70 Gy thoracic radiotherapy is feasible concurrent with chemotherapy for limited-stage small cell lung cancer: analysis of Cancer and Leukemia Group B study 39808. *Int J Radiat Oncol Biol Phys*, 2004, 59, s. 460–468.
- 48 Patel, S. – MacDonald, O. K. – Suntharalingam, M.: Evaluation of the use of prophylactic cranial irradiation in small cell lung cancer. *Cancer*, 2009, 115, s. 842–850.
- 49 Hanna, N. – Bunn, P. A., Jr. – Langer, C., et al.: Randomized phase III trial comparing irinotecan/cisplatin with etoposide/cisplatin in patients with previously untreated extensive-stage disease small-cell lung cancer. *J Clin Oncol*, 2006, 24, s. 2038–2043.
- 50 Eckardt, J. R. – von Pawel, J. – Papai, Z., et al.: Open-label, multicenter, randomized, phase III study comparing oral topotecan/cisplatin versus etoposide/cisplatin as treatment for chemotherapy-naive patients with extensive-disease small-cell lung cancer. *J Clin Oncol*, 2006, 24, s. 2044–2051.
- 51 Okamoto, H. – Watanabe, K. – Kunikane, H., et al.: Randomised phase III trial of carboplatin plus etoposide vs split doses of cisplatin plus etoposide in elderly or poor-risk patients with extensive disease small-cell lung cancer: JCOG 9702. *Br J Cancer*, 2007, 97, s. 162–169, Epub 19. 6. 2007.
- 52 Zhu, H. – Zhou, Z. – Wang, Y., et al.: Thoracic radiation therapy improves the overall survival of patients with extensive-stage small cell lung cancer with distant metastasis. *Cancer*, 2011, 117, s. 5423–5431, doi: 10.1002/cncr.26206, Epub 11. 5. 2011.
- 53 von Pawel, J. – Schiller, J. H. – Shepherd, F. A., et al.: Topotecan versus cyclophosphamide, doxorubicin, and vincristine for the treatment of recurrent small-cell lung cancer. *J Clin Oncol*, 1999, 17, s. 658–667.

Cílená terapie gefitinibem u pacienta s NSCLC a aktivační mutací genu EGFR

MUDr. Monika Šatánková | prof. MUDr. Jana Skříčková, Csc. | MUDr. Jana Špeldová

Klinika nemocí plicních a tuberkulózy FN Brno, LF MU v Brně

- 1 Robešová, B.: Molekulárně-genetické vyšetření v diagnostice karcinomu plic. In: Skříčková, J. – Kolek, V.: *Základy moderní pneumologie*. Praha, Maxdorf, 2012, s. 87–93.
- 2 Koubková, L.: Bronchogenní karcinom – personalizovaná léčba se stává realitou. *Studia pneumologica et phthiseologica*, 2012, 72 (3), s. 123–124.
- 3 SÚKL: *Detail léčivého přípravku – Iressa 250 mg*. Dostupné z: www.sukl.cz/modules/medication/detail.php?code=0167602&tab=info, vyhledáno 30. 9. 2013.
- 4 Skříčková, J.: Karcinom plic v roce 2013 – úvodník. *Studia pneumologica et phthiseologica*, 2013, 73 (3), s. 87–93.

- 5 **Kolektiv autorů Roche:** *Tarceva nearly doubled the time people with a genetically distinct type of lung cancer lived without their disease getting worse.* Media Release. Dostupné z: www-origin2.roche.com/media/media_releases/med-cor-2011-06-03.htm, vyhledáno 3. 6. 2011.
- 6 **Dundr, P. – Hornychová, H. – Matěj, R., et al.:** Molekulární genetika plicních nádorů. In: *Doporučený postup pro histologické vyšetření karcinomu plic*, Společnost českých patologů ČLS JEP, 2013, s. 20.
- 7 **Kaneda, H. – Yoshida, T. – Okamoto, I.:** *Molecularly targeted approaches herald a new era of non-small-cell lung cancer treatment.* Pubmed, dostupné z: www.ncbi.nlm.nih.gov/pmc/articles/PMC3682814/, vyhledáno 7. 7. 2013.
- 8 **Fiala, O. – Pešek, M. – Fínek, J., et al.:** Mutace genu EGFR u pacientů s pokročilým NSCLC. *Klinická onkologie*, 2012, 25 (4), s. 267–273.
- 9 **Aranda, E. – Manzani, J. L. – Rivera, F.:** *Phase II open-label study of erlotinib in combination with gemcitabine in unresectable and/or metastatic adenocarcinoma of the pancreas: relationship between skin rash and survival (Pantar study).* Pubmed, dostupné z: www.ncbi.nlm.nih.gov/pubmed/22156621, vyhledáno 7/2012.
- 10 **Luping, L. – Trever, G. B.:** Mechanisms of resistance to epidermal growth factor receptor inhibitors and novel therapeutic strategies to overcome resistance in NSCLC patients. Pubmed, dostupné z: www.ncbi.nlm.nih.gov/pmc/articles/PMC3437267/, vyhledáno 29. 8. 2012.
- 11 **Kolektiv autorů Astra Zeneca:** *Iressa v léčbě nemalobuněčného karcinomu plic (NSCLC).* eOnkologie, dostupné z: www.eonkologie.cz/cs/2010-2011/2011-iressa, vyhledáno 2009.

Možnosti léčby nádorové bolesti

MUDr. Jan Lejčko Centrum pro léčbu bolesti, Anesteticko-resuscitační klinika FN Plzeň

- 1 **WHO:** *Cancer pain relief: report of a WHO expert committee.* 2nd edition, WHO, 1996.
- 2 **Kolektiv autorů:** Metodické pokyny pro farmakoterapii bolesti. *Bolest*, 2009, dopl. 2.
- 3 **Rokyta, R. – Kršíak, M. – Kozák, J.:** *Bolest.* Tigis, Praha, 2012.
- 4 **Higginson, I. J. – Hearn, J. – Addington-Hall, J.:** In: Sykes, N. – Falkon, M. T. – Patt, R. B.: *Clinical Pain Management—Cancer Pain.* Arnold, Londýn, 2003, s. 21–32.
- 5 **Watson, C. P. – Moulin, D. – Watt-Watson, J., et al.:** Controlled-release oxycodone relieves neuropathic pain: a randomised controlled trial in painful diabetic neuropathy. *Pain*, 2003, 105, s. 71–78.
- 6 **Ahmedzai, S. – Brooks, D.:** Transdermal fentanyl versus sustained-release oral morphine in cancer pain: preference, efficacy, and quality of life. *J Pain Symptom Manage*, 1997, 13, s. 254–261.
- 7 **Portenoy, R. K., et al.:** Oral transmucosal fentanyl (OTFC) for the treatment of breakthrough pain in cancer patients. *Pain*, 1999, 79, s. 303–312.

Effentora

MUDr. Jan Lejčko Centrum pro léčbu bolesti, Anesteticko-resuscitační klinika FN Plzeň

- 1 **Portenoy, R. K. – Taylor, D. – Messina, J., et al.:** A randomised, placebo-controlled study of fentanyl buccal tablet for breakthrough in opioid-treated patients with cancer. *Clin J Pain*, 2006, 22, s. 805–811.
- 2 **Slatkin, N. E. – Xie, F. – Messina, J., et al.:** Fentanyl buccal tablet for relief of breakthrough pain in opioid-tolerant patients with cancer-related chronic pain. *J Support Oncol*, 2007, 5, s. 327–334.
- 3 **Weinstein, S. – Messina, J. – Xie, F., et al.:** Long-term safety profile of fentanyl buccal tablet for the treatment of breakthrough pain in opioid-tolerant patients with cancer. *Cancer*, 2009, s. 2571–2579.

Afatinib byl v Evropě schválen k použití pro pacienty s plicním karcinomem s mutací EGFR

- 1 **Sequist, L. – Yang, J. – Yamamoto, N., et al.:** Phase III study of afatinib or cisplatin plus pemetrexed in patients with metastatic lung adenocarcinoma with epidermal growth factor receptor mutations. *J Clin Oncol*, 2013, doi: 10.1200/JCO.2012.44.2806.
- 2 **Ferlay, J., et al.:** Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *International Journal of Cancer*, 2010, 127, s. 2893–2917.
- 3 **American Cancer Society.** *What are the key statistics about lung cancer.* Dostupné z: <http://www.cancer.org/cancer/lungcancer-non-smallcell/detailedguide/non-small-cell-lung-cancer-key-statistics>, vyhledáno 9/2013.
- 4 **Malvezzi, M., et al.:** European cancer mortality predictions for the year 2013. *Annals of Oncology*, 2013.
- 5 **Jang, T. W., et al.:** EGFR and KRAS mutations in patients with adenocarcinoma of the lung. *The Korean Journal of Internal Medicine*, 2009, 24 (1), s. 48–54.
- 6 **Yang, J. – Hirsh, V. – Schuler, M., et al.:** Symptom control and quality of life in LUX-Lung 3: A phase III study of afatinib or cisplatin/pemetrexed in patients with advanced lung adenocarcinoma with epidermal growth factor receptor mutations. *J Clin Oncol*, 2013, doi: 10.1200/JCO.2012.46.1764.
- 7 U. S. GILOTRIF™ Prescribing Information.
- 8 **Solca, F. – Dahl, G. – Zoepfel, A., et al.:** Target binding properties and cellular activity of afatinib (BIBW 2992), an irreversible ErbB family blocker. *J Pharmacol Exp Ther*, 2012, 343, s. 342–350.
- 9 **Reid, A. – Vidal, L. – Shaw, H. – do Bono, J.:** Dual inhibition of ErbB1 (EGFR/HER1) and ErbB2 (HER2/neu). *Eur J Cancer*, 2007, 43, s. 481–489.

Problémy léčby ca hlavy a krku

MUDr. Zdeněk Mechl, CSc. | MUDr. Dagmar Brančíková
Interní hematologická a onkologická klinika FN LF Brno

- 1 **Gatta, G.:** New insights into the epidemiology of head and neck cancers. *Internat. Conference on Innovative Approaches in Head and Neck Oncology*. Barcelona, 2013, SP 001.
- 2 **Gillison, M. – Broutian, T. – Pickard, R. R., et al.:** Prevalence of Oral HPV Infection in The United States, 2009–2010. Presentation, *NHI Congress*, 2012.
- 3 **NCCN Clinical Practice Guidelines in Oncology. Head and Neck Cancers.** Version 1.2012.
- 4 **Pignon, J. P. – le Maitre, A. – Maillard, E., et al.:** Metaanalysis of chemotherapy in head and neck cancer. *Radiother Oncol*, 2009, 92, s. 4–14.
- 5 **Ma, J. – Liu, Y. – Yang, X., et al.:** Induction chemotherapy in patients with resectable head and neck squamous cell carcinoma: a metaanalysis. *Surg Oncology*, 2013, 11, s. 67–71.
- 6 **Hanna, G. J. – Haddad, R. I. – Lorch, J. H.:** Induction chemotherapy for locoregionally advanced head and neck cancer: past, present and future. *The Oncologist*, 2013, 18, s. 288–293.
- 7 **Vermorken, J. N. – Specenier, P.:** New management approaches. *Internat. Conference on Innovative Approaches in Head and Neck Oncology*. Barcelona, 2013, SP 007.
- 8 **Forastiere, A. A.:** Larynx preservation randomised trial RTOG 91-11. *Internat. Conference on Innovative Approaches in Head and Neck Oncology*. Barcelona 2013, SP 004.
- 9 **Hanna, G. J. – Haddad, R. I. – Lorch, J. H.:** Induction chemotherapy for locoregionally advanced head and neck cancer: past, present, future. *The Oncologist*, 2013, 13, s. 288–293.
- 10 **O'Sullivan, S. H. – Huang, L. L. – Siu, L. L., et al.:** De-intensifications candidate subgroups in HPV(+) oropharyngeal cancer based on minimal risk of distant metastasis. *Internat. Conference on Innovative Approaches in Head and Neck Oncology*. Barcelona, 2013, OC 018.
- 11 **Brizel, D.:** Management of human papillomavirus induced oropharynx cancer. *ASCO Educational Book*, 2012, s. 368–370.
- 12 **Ang, J. K. – Zhang, O. E. – Rosenthal, S. I., et al.:** A randomized phase III trial (RTOG 0522) of concurrent accelerated radiation plus cisplatin with or without cetuximab for stage III–IV head and neck squamous cell carcinomas. *ASCO Abstracts*. 2011, 29, abstrakt 5500.
- 13 **Merlano, M. – Russi, E. – Benasso, M., et al.:** Cisplatin-based chemoradiation plus cetuximab in locally advanced head and neck cancer: a phase II clinical study: a phase II study. *Ann Oncol*, 2011, 22, s. 712–717.
- 14 **Psyrrri, A. – Lee, J. – Vasilakopoulou, M., et al.:** Predictive biomarkers in a phase II trial of weekly carboplatin, paclitaxel and cetuximab induction and chemotherapy in patients with resectable stage III/IVa,b head and neck sq. cell carcinoma. *ECIG E2303, ASCO 2013*, abstrakt 6081.
- 15 **Hariri, P.:** Biotherapy can replace chemotherapy in locally advanced H1N cancer, against the motion. *Internat. Conference on Innovative Approaches in Head and Neck Oncology*, Barcelona, 2013, SP 052.

Hepatocelulární karcinom

MUDr. Eugen Kubala Klinika onkologie a radioterapie FN Hradec Králové

- 1 **Parkin, D. M. – Bray, F. – Ferlay, J., et al.:** Global cancer statistics, 2002. *CA Cancer J Clin*, 2005, 55, s. 74–108.
- 2 **El-Serag, H. B. – Richardson, P. A. – Everhart, J. E.:** The role of diabetes in hepatocellular carcinoma: a case-control study among United States Veterans. *Am J Gastroenterol*, 2001, 96, s. 2462–2467.
- 3 **Johnson, P. J.:** How do mechanisms of hepatocarcinogenesis (HBV, HCV, and NASH) affect our understanding and approach to HCC? e132, 2013, *ASCO EDUCATIONAL BOOK*, asco.org/edbook.
- 4 **Lang, H. – Sotiropoulos, G. C. – Dömland, M., et al.:** Liver resection for hepatocellular carcinoma in non-cirrhotic liver without underlying viral hepatitis. *Br J Surg*, 2005, 92, s. 198–202.
- 5 **Belghiti, J. – Hiramatsu, K. – Benoist, S., et al.:** Seven hundred forty-seven hepatectomies in the 1990s: an update to evaluate the actual risk of liver resection. *J Am Coll Surg*, 2000, 191, s. 38–46.
- 6 **Llovest, J. M. – Schwartz, M. – Mazzaferro, V.:** Resection and liver transplantation for hepatocellular carcinoma. *Semin Liver Dis*, 2005, 25, s. 181–200.
- 7 **Livraghi, T. – Meloni, F. – Di Stasi, M., et al.:** Sustained complete response and complications rates after radiofrequency ablation of very early hepatocellular carcinoma in cirrhosis: is resection still the treatment of choice? *Hematology*, 2008, 47, s. 82–89.
- 8 **Samuel, M. – Chow, P. K. – Chan Shih-Yen, E., et al.:** Neoadjuvant and adjuvant therapy for surgical resection of hepatocellular carcinoma. *Cochrane Database Syst Rev*, 2009, 21, s. CD001199.
- 9 **Mazzaferro, V. – Bhoori, S. – Sposito, C., et al.:** Milan Criteria in Liver Transplantation for HCC: an evidence-based analysis on 15 years of experience. *Liver Transplant*, 2011, 17, s. S44–S57.
- 10 **Llovest, J. M. – Bruix, J.:** Novel advancements in the management of hepatocellular carcinoma in 2008. *J Hepatol*, 2008, 48, s. 520–537.
- 11 **Sandhu, D. S. – Tharayii, V. S. – Lai, J.-P. – Roberts, L. R.:** Treatment options for hepatocellular carcinoma. *Expert Rev Gastroenterol Hepatol*, 2008, 2, s. 81–92.
- 12 **Bruix, J. – Sherman, M.:** Management of hepatocellular carcinoma. *Hematology*, 2005, 42, s. 1208–1236.
- 13 **Llovest, J. M. – Fuster, J. – Bruix, J.:** Barcelona approach diagnosis, staging and treatment of hepatocellular carcinoma. *Liver transplantation*, 2004, 10, s. 115–120.
- 14 **Llovest, J. M. – Bruix, J.:** Systematic review of randomized trials for unresectable hepatocellular carcinoma, chemoembolization improves survival. *Hematology*, 2003, 37, s. 429–442.
- 15 **Lo, C. M. – Ngan, H. – Tso, W. K., et al.:** Randomized controlled trial of transarterial lipiodol chemoembolization for unresectable hepatocellular carcinoma. *Hematology*, 2002, 35, s. 1164–1171.
- 16 **Llovest, J. M. – Real, M. I. – Montaña, X., et al.:** Arterial embolisation or chemoembolisation versus symptomatic treatment in patients with unresectable hepatocellular carcinoma: a randomised controlled trial. *Lancet*, 2002, 359, s. 1734–1739.
- 17 **Ji, S. K. – Cho, Y. K. – Ahn, Y. S., et al.:** Multivariate analysis of the predictors of survival for patients with hepatocellular carcinoma undergoing transarterial chemoembolization. Focusing on superselective chemoembolization. *Korean J Radiol*, 2008, 9, s. 534–540.
- 18 **Worns, M. A. – Galle, P. R.:** Future perspectives in hepatocellular carcinoma. *Digestive and Liver*, 2010, 425, s. 302–309.
- 19 **Llovest, J. M. – Ricci, S. – Mazzaferro, V., et al.:** Sorafenib in advanced hepatocellular carcinoma. *N Engl J Med*, 2008, 359, s. 378–390.
- 20 **Llovest, J. M. – Raoul, J.-L. T. D. – Boucher, E., et al.:** Brivanib versus placebo in patients with advanced hepatocellular carcinoma (HCC) who failed or were intolerant to sorafenib: results from the phase 3 BRISK-PS

- study. 2012, *International Liver Congress*, European Association for the Study of the Liver; Barcelona, Španělsko.
- 21 **Zhu, A. X. – Rosmorduc, O. – Evans, J., et al.:** SEARCH: a phase III randomized, double-blind, placebo-controlled trial of sorafenib plus erlotinib in patients with hepatocellular carcinoma (HCC). 2012, 37th *ESMO Congress*; Vienna, Austria. European Society of Medical Oncology.
- 22 **Cheng, A. L. – Kang, Y. K. – Chen, Z., et al.:** Efficacy and safety of sorafenib in patients in the Asia-Pacific region with advanced hepatocellular carcinoma: a phase III randomised, double-blind, placebo-controlled trial. *Lancet Oncol*, 2009, 10, s. 25–34.
- 23 **Villanueva, A. – Newel, P. – Chiang, D. Y., et al.:** Genomic and signal pathways in hepatocellular carcinoma. *Semin Liver Dis*, 2007, 27, s. 55–76.
- 24 **Rimassa, L. – Porta, C. – Borbath, I., et al.:** Tivantinib (ARQ 197) versus placebo in patients (Pts) with hepatocellular carcinoma (HCC) who failed one systemic therapy: Results of a randomized controlled phase II trial (RCT). *J Clin Oncol*, 2012, 30, abstr. 4006.
- 25 **Zhu, A. X. – Gold, P. J. – El-Khoueiry, A. B., et al.:** First-in-man phase I study of GC33, a novel recombinant humanized antibody against glypican-3, in patients with advanced hepatocellular carcinoma. *Clin Cancer Res*, 2013, 19, s. 920–928.
- 26 **Rothwell, P. M. – Price, J. F. – Fowkes, F. G., et al.:** Short-term effects of daily aspirin on cancer incidence, mortality, and non-vascular death: analysis of the time course of risks and benefits in 51 randomised controlled trials. *Lancet*, 2012, 379, s. 1602–1612.
- 27 **Llovest, J. M., et al.:** Česká onkologická společnost ČLS JEP. Zásady cytostatické léčby maligních onkologických onemocnění. Česká onkologická společnost ČLS JEP. *Lancet*, 2003, 362, s. 1907–1917.
- 28 **Verslype, C. – Rosmorduc, O. – Rougier, P.:** Hepatocellular carcinoma: ESMO–ESDO Clinical Practice Guidelines for diagnosis, treatment and follow-up. On behalf of the ESMO Guidelines Working Group. *Annals of Oncology*, 2012, 23, s. vii41–vii48.
- 29 **Kelley, K. R. – Venook, A.:** Novel therapeutics in hepatocellular carcinoma: How can we make progress? e137, 2013, *ASCO EDUCATIONAL BOOK*, asco.org/edbook.