ACTA MEDICINAE 9/2013 FARMAKOTERAPIE

Kompletní literatura

Terapeutické monitorování léčiv v běžné praxi

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Oddělení klinické farmakologie I. interní kliniky Thomayerovy nemocnice – IPVZ, Praha

1 **Touw, D. J. – Neef, C. – Thomson, A. H. – Vinks, A. A.**: *Cost-effectiveness of therapeutic drug monitoring*. Committee of the International Association for Therapeutic Drug Monitoring and Clinical Toxicology.
2 **Annette S. Gross.**: Best practice in therapeutic drug monitoring. *Br J Clin Pharmacol,* 2001, 52 (dopl. 1), s. 5S–10S.
3 **Barclay, M. – Begg, E.**:The practice of digoxin therapeutic drug monitoring. *N Z Med J*, 2003, 116 (1187), s. U704.
4 **Bauman, J. L. – DiDomenico, R. J. – Viana, M. – Fitch, M.**: A method of determining the dose of digoxin for heart failure in the modern era. *Arch Intern Med*, 2006, 166 (22), s. 2539–2545.
5 **Campbell, T. J. – Williams, K. M.**: Therapeutic drug monitoring: antiarrhythmic drugs. *Br J Clin Pharmacol*, 2001, 52, dopl. 1, s. 21S–34S.
6 **Jürgens, G. – Graudal, N. A. – Kampmann, J. P.**: Therapeutic drug monitoring of antiarrhythmic drugs. *Clin Pharmacokinet*, 2003, 42 (7), s. 647–663.
7 **Martin, J. H. – Norris, R. – Barras, M. – Roberts, J. – Morris, R. – Doogue, M. – Jones, G. R.**:Therapeutic monitoring of vancomycin in adult patients: a consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society Of Infectious Diseases Pharmacists. *Clin Biochem Rev*, 2010, 31 (1), s. 21–24.
8 *Drug facts and comparisons.* 10. vydání, St. Louis, Wolters Kluwer Health, 2006.
9 **Evans, E. W. – Oellerich, M. – Holt, W. D.**: *Therapeutic drug monitoring clinical guide*. 2. vydání, Německo, ABBOTT Laboratories, Diagnostic Division,1994.
10 *Theophylline Official FDA information*, side effects and uses. www.drugs.com› Drugs A to Z.
11 *Pulmonary – Aminophylline and Theophylline – GlobalRPh*, http://www.globalrph.com/pulmonary_theophylline.htm?, vyhledáno 4. 9. 2013.
12 **Schulz, M. – Iwersen-Bergmann, S. – Andresen, H. – Schmoldt, A.**: *Therapeutic and toxic blood concentrations of nearly 1000 drugs and other xenobiotics*.
13 **Hiemke, C. – Baumann, P. – Bergemann, N. – Conca, A. – Dietmaier, O. – Egberts, K., et al.**: AGNP Consensus Guidelines for Therapeutic Drug Monitoring in Psychiatry: Update 2011. *Pharmacopsychiatry,* 2011, 44, s. 195–235.
14 **Huffman, J. C. – Alpert, J. E.**: Anapproach to the psychopharmacologic care of patients: antidepressants, antipsychotics, anxiolytics, moodstabilizers, and natural remedies. *Med Clin North Am*, 2010, 94, s. 1141–1160.
15 **Haji, E. O. – Tadić, A. – Wagner, S. – Dragicevic, A. – Müller, M. J. – Boland, K. – Rao, M. L. – Fric, M. – Laux, G. – Hiemke, Ch.**: Association between citalopram serum levels and clinical improvement of patients with major depression. *J Clin Psychopharmacol*, 2011, 31, s. 281–286.
16 **Rasmussen, B. B. – Brsen, K.**: Is therapeutic drug monitoring a case for optimizing clinical outcome and avoiding interactions of the selective serotonin reuptake inhibitors? *Ther Drug Monit*, 2000, 22, s. 143–154.

Klinická farmacie v ČR

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1 Doporučení ČOSKF k zajištění služby klinického farmaceuta na lůžkových odděleních zdravotnických zařízení v ČR. ČOSKF, Praha, 2012.
2 Metodika práce na odděleních klinické farmacie. ČOSKF, Praha, 2013.
3 www.coskf.cz.

Využití farmakogenomiky v praxi

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1 **Roses, A. D.**: Pharmacogenetics and drug development: the path to safer and more effective drugs. *Nature reviews*, 2004, 5, s. 645–656.
2 **Riedlová, R. – Richterová, R.**: Farmakogenetika v laboratorní praxi. *FONS informační bulletin*, 2008, 18, s. 20–23.
3 **Šeda, O. – Šedová, L.**: Farmakogenomika a nutrigenomika: komplexní interakce genů s prostředím. *Klin Farmako Farm*, 2005, 19, s. 116–120.
4 **Slanař, O.**: Farmakogenetika v klinické praxi. *Farmakoterapie*, 2005, 3, s. 296–298.
5 **Phillips, K. A. – Veenstra, D. L. – Oren, E. – Lee, J. K. – Sadee, W.**: Potential role of pharmacogenomics in reducing adverse drug reactions: a systematic review. *JAMA*, 2001, 286, s. 2270–2279.
6 **Ingelman-Sundberg, M.**: Pharmacogenetics of cytochrome P450 abd its applications in drug therapy: the past, present and future. *Trends in Pharmacological Sciences*, 2004, 25, s. 194–200.
7 **Luxembourg, B. – Schneider, K. – Sittinger, K.**: Impact of pharmacokinetic (CYP2C9) and pharmacodynamic (VKORC1, F7, GGCX, CALU, EPHX1) gene variants on the initiation and maintenance phases of phenprocoumon therapy. *New technologies, Diagnostic Tools and Drugs*, 2011, 105, s. 169–179.
8 **Becker, M. L. – Visser, L. E. – van Schaik, R. H. N., et al.**: OCT1 polymorphism is associated with response and survival time in anti-Parkinsonian drug users. *Neurogenetics*, 2010, 12, s. 79–82.
9 **Pickar, D. – Rubinow, K.**: Pharmacogenomics of psychiatric disorders. *Trends Pharmacol Sci*, 2001, 22, s. 75–83.
10 **Plesnicar, B. K. – Dolzan, V. – Zalar, B.**: CYP 2D6 polymorphism and antipsychotic therapy. *Psychiatr Danub*, 2008, 20, s. 369–371.
11 **Reynolds, K. K. – Ramey-Hartung, B. – Jortani, S. A.**: The value of CYP2D6 and OPRM1 pharmacogenetic testing for opioid therapy. *Clin Lab Med*, 2008, 28, s. 581–598.
12 **Moyer, T. P. – O'Kane, D. J. – Baudhuin, L. M., et al.**: Warfarin sensitivity

genotyping: a review of the literature and summary of patient experience. *Mayo Clin Proc*, 2009, 84, s. 1079–1094.
13 **Wang, B. – Wang, J. – Huang, S. Q. – Su, H. H. – Zhou, S. F.**: Genetic polymorphism of the human cytochrome P450 2C9 gene and its clinical significance. *Curr Drug Metab*, 2009, 10, s. 781–834.
14 **Stehle, S. – Kirchheiner, J. – Lazar, A. – Fuhr, U.**: Pharmacogenetics of oral anticoagulants: a basis for dose individualization. *Clin Pharmacokinet*, 2008, 47, s. 565–594.
15 **Geisler, T. – Schaeffeler, E. – Dippon, J. – Winter, S., et al.**: CYP2C19 and nongenetic factors predict poor responsiveness to clopidogrel loading dose after coronary stent implantation. *Pharmacogenomics*, 2008, 9, s. 1251–1259.
16 **Geisler, T. – Langer, H. – Wydymus, M. – Gohring, K., et al.**: Low response to clopidogrel is associated with cardiovascular outcome after coronary stent implantation. *Eur Heart J*, 2006, 27, s. 2420–2425.
17 **Gearry, R. B. – Barclay, M. L.**: Azathioprine and 6-mercaptopurine pharmacogenetics and metabolite monitoring in inflammatory bowel disease. *J Gastroenterol Hepatol*, 2005, 20, s. 1149–1157.
18 **Tai, H. L. – Krynetski, E. Y. – Yates, C. R. – Loennechen, T., et al.**: Thiopurine S-methyltransferase deficiency: two nucleotide transitions define the most prevalent mutant allele associated with loss of catalytic activity in Caucasians. *Am J Hum Genet*, 1996, 58, s. 694–702.
19 **D'Andrea, G. – D'Ambrosio, R. L. – Di Perna, P. – Chetta, M., et al.**: A polymorphism in the VKORC1 gene is associated with an interindividual variability in the dose-anticoagulant effect of warfarin. *Blood*, 2005, 105, s. 645–649.
20 **Yuan, H. Y. – Chen, J. J. – Lee, M. T. – Wung, J. C., et al.**: A novel functional VKORC1 promoter polymorphism is associated with inter-individual and inter-ethnic differences in warfarin sensitivity. *Hum Mol Genet*, 2005, 14, s. 1745–1751.
21 **Gage, B. F. – Lesko, L. J.**: Pharmacogenetics of warfarin: regulatory, scientific, and clinical issues. *J Thromb Thrombolysis*, 2008, 25, s. 45–51.
22 **Slanar, O.**: Farmakogenetika protinádorové terapie. *Farmakoterapie*, 2005, 1, s. 29–33.
23 **Pechandová, K. – Buzková, H. – Slanař, O. – Perlík, F.**: Efluxní transmembránový protein – P-glykoprotein. *Klin Bioch Metab*, 2006, 35, s. 196–201.
24 **Drysdale, C. M. – McGraw, D. W. – Stack, C. B.**: Complex promoter and coding region beta2-adrenergic receptor haplotypes alter receptor expression and predict in vivo responsivness. *PNAS*, 2000, 97, s. 10483–10488.
25 **Vondráčková, H. – Staňková, M. – Machala, L. – Perlík F., et al.**: Our experience with maraviroc treatment in HIV positive patients. *Cas Lek Cesk*, 2011, 150, s. 447–450.
26 **Vallbohmer, D. – Lenz, H. J.**: Epidermal growth factor receptor as a target for chemotherapy. *Clin Colorectal Cancer*, 2005, 5, s. 19–27.
27 **Martínez-Navarro, E. M. – Rebollo, J. – González-Manzano, R. – Sureda, M., et al.**: Epidermal growth factor receptor (EGFR) mutations in a series of non-small-cell lung cancer (NSCLC) patients and response rate to EGFR-specific tyrosine kinase inhibitors (TKIs). *Clin Transl Oncol*, 2011, 13, s. 812–818.
28 **Kim, S. T. – Lee, J. – Kim, J. H. – Wohn, Y. W., et al.**: Comparison of gefitinib versus erlotinib in patients with nonsmall cell lung cancer who failed previous chemotherapy. *Cancer*, 2010, 116, s. 3025–3033.
29 **Prenen, H. – Vecchione, L. – Van Cutsem, E.**: Role of targeted agents in metastatic colorectal cancer. *Target Oncol*, 2013, 8, s. 83–96.
30 **Dorsey, K. – Agulnik, M.**: Promising new molecular targeted therapies in head and neck cancer. *Drugs*, 2013, 73, s. 315–325.
31 **Telli, M. L. – Carlson, R. W.**: First-line chemotherapy for metastatic breast cancer. *Clin Breast Cancer*, 2009, 9, s. 66–72.
32 **Melisko, M. E. – Glantz, M. – Rugo, H. S.**: New challenges and opportunities in the management of brain metastases in patients with Erb-B2-positive metastatic breast cancer. *Nat Clin Pract Oncol*, 2009, 6, s. 25–33.
33 **Frenel, J. S. – Bourbouloux, E. – Berton-Rigaud, D. – Sadot-Lebouvier, S., et al.**: Lapatinib in metastatic breast cancer. *Womens Health* (Lond Engl), 2009, 5, s. 603–612.
34 **Melo, J. V. – Hughes, T. P. – Apperley, J. F.**: Chronic myeloid leukemia. *Hematology Am Soc Hematol Educ Program*, 2003, s. 132–152.
35 **Ottmann, O. G. – Wassmann, B. – Hoelzer, D.**: Therapy of Philadelphia chromosome positive acute lymphatic leukemia (Ph+ ALL) with an inhibitor of abl-tyrosine kinase (Glivec). *Med Klin* (Munich), 2002, 97, s. 16–21.
36 **Piccaluga, P. P. – Malagola, M. – Rondoni, M. – Arpinati, M., et al.**: Imatinib mesylate in the treatment of newly diagnosed or refractory/resistant c-KIT positive acute myeloid leukemia. Results of an Italian Multicentric Phase II Study. *Haematologica*, 2007, 92, s. 1721–1722.
37 **Gervasini, G. – Benítez, J. – Carillo, J. A.**: Pharmacogenetic testing and therapeutic drug monitoring are complementary tools for optimal individualization of drug therapy. *Eur J Pharmacol*, 2010, 66, s. 755–774.
38 **Prows, C. A.**: Infusion of pharmacogenetics into cancer care. *Seminars in Oncology Nursing*, 2011, 27, s. 45–53.
39 **Slanar, O. – Chalupna, P. – Novotny, A. – Botlik, M., et al.**: Fatal myelotoxicity after azathioprine treatment. *Nucleosides, Nucleotides & Nucleic Acids*, 2008, 27, s. 661–665.
40 **Finkelman, B. S. – Gage, B. F. – Johnson, J. A.**: Genetic warfarin dosing. *Journal of the American College of Cardiology*, 2011, 57, s. 612–618.
41 **Oldfield, V. – Perry, C. M.**: Rasburicase: a review of its use in the management of anticancer therapy-induced hyperuricaemia. *Drugs*, 2006, 66, s. 529–545.
42 **Camorcia, M. – Capogna, G. – Stirparo, S. – Berritta, C.:** Effect of μ-opioid receptor A118G polymorphism on the ED50 of epidural sufentanil for labor analgesia. *Int J Obstet Anesth*, 2012, 21, s. 40–44.
43 **Sery, O. – Didden, W.**: Budoucí možnosti genové terapie bolesti. *Neurologie pro praxi*, 2006, 2, s. 90–93.
44 **Tan, E. – Lim, E. C. – Teo, Y.**: Molecular Pain. *BioMed Central*, 2009, 5, s. 32–40.
45 **Geofrey, S. G. – Huntington, F. W.**: Genomic and personalised medicine: foundations and applications. *Translational research*, 2009, 154, s. 277–287.
46 **Crews, K. R. – Cross, S. J. – McCormick, J. N. – Baker, D. K., et al.**: Development and implementation of a pharmacist-managed clinical pharmacogenetics service. *American Society of Health-System Pharmacist*, 2011, 68, s. 143–150.

Effentora

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1 SPC Effentora.
2 **Darwish, M. – Hamed, E. – Messina, J.**: Fentanyl buccal tablet for the treatment of breakthrough pain: Pharmacokinetics of buccal mucosa delivery and clinical efficacy. *Perspectivenes in Medicinal Chemistry*, 2010, 4, s. 11–21.
3 **Portenoy, R. K. – Tailor, D. – Messina, J., et al.**: A randomised, placebo-controlled study of fentanyl buccal tablet for breakthrough in opioid-treated patiens with cancer. *Clin J Pain*, 2006, 22, s. 805–811.
4 **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.
5 **Weinstein, S. – Messina, J. – Xie, F., et al.**: Long-term safety profile of fentanyl buccal talet for the treatment of breakthrough pain in opioid-tolerant patiens with cancer. *Cancer*, 2009, s. 2571–2579.

Enzalutamid v léčbě kastračně rezistentního karcinomu prostaty

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

1 **Tran, C., et al.**: Development of a second-generation antiandrogen for treatment of advanced prostate cancer. *Science*, 2009, 324, s. 787–790.
2 **Hu, R., et al.**: Molecular processes leading to aberrant androgen receptor signaling and castration resistance in prostate cancer. *Expert Rev Endocrinol Metab*, 2010, 5, s. 753–764.
3 **Scher, H. I., et al.**: Increased survival with enzalutamide in prostate cancer after chemotherapy. *N Eng J Med*, 2012, 367, s. 1187–1197.

Farmakologická léčba roztroušené sklerózy

doc. MUDr. Jan Mareš, Ph.D. Neurologická klinika LF UP a FN Olomouc

1 **Polman, C. H. – Reingold, S. C. – Banwell, B. – Clanet, M. – Cohen, J. A. – Filippi, M. – Fujihara, K. – Havrdova, E. – Hutchinson, M. – Kappos, L. – Lublin, F. D. – Montalban, X. – O'Connor, P. – Sandberg-Wollheim, M. – Thompson, A. J. – Waubant, E. – Weinshenker, B. – Wolinsky, J. S.**: Diagnostic criteria for multiple sclerosis: 2010 revisions to the McDonald criteria. *Ann Neurol*, 2011, 69, s. 292–302.
2 **Barkhof, F. – Filippi, M. – Miller, D. H. – Scheltens, P. – Campi, A. – Polman, C. H. – Comi, G. – Adèr, H. J. – Losseff, N. – Valk, J.**: Comparison of MRI criteria at first presentation to predict conversion to clinically definite multiple sclerosis. *Brain*, 1997, 120, s. 2059–2069.
3 **Kol. autorů**: *Neurologie*. Triton, 2003, s. 185.
4 **Putzki, N. – Hartung, H.-P.**: *Treatment of Multiple Sclerosis*. Uni-Med Science, Bremen, 2009, s. 108.
5 **Gold, R. – Rieckmann, P.**: *Pathogenese und Therapie der Multiplen Sklerose*. Uni-Med Science, Bremen, 2004.
6 **Hutchinson, M. – Kappos, L. – Calabresi, P. A. – Confavreux, C. – Giovannoni, G. – Galetta, S. L. – Havrdova, E. – Lublin, F. D. – Miller, D. H. – O'Connor, P. W. – Phillips, J. T. – Polman, C. H. – Radue, E. W. – Rudick, R. A. – Stuart, W. H. – Wajgt, A. – Weinstock-Guttman, B. – Wynn, D. R. – Lynn, F. – Panzara, M. A. – AFFIRM and SENTINEL Investigators**: The efficacy of natalizumab in patients with relapsing multiple sclerosis: subgroup analyses of AFFIRM and SENTINEL. *J Neurol*, 2009, 256, s. 405–415.
7 **Goodman, A. D. – Rossman, H. – Bar-Or, A. – Miller, A. – Miller, D. H. – Schmierer, K. – Lublin, F. – Khan, O. – Bormann, N. M. – Yang, M. – Panzara, M. A. – Sandrock, A. W. – GLANCE Investigators**: GLANCE: results of a phase 2, randomized, double-blind, placebo-controlled study. *Neurology*, 2009, 72, s. 806–812.
8 **Havrdová, E.**: *Roztroušená skleróza. Farmakoterapie pro praxi*. Maxdorf, Praha, 2009, 96, s. 45.
9 **Havrdová, E. – Kappos, L. – Cohen, J. A. – Devonshire, V. – Zhang-Auberson, L. – Häring, D. A. – Eckert, B. – Francis, G.**: Clinical and magnetic resonance imaging outcomes in subgroups of patients with highly active relapsing–remitting multiple sclerosis treated with fingolimod (FTY720): results from the FREEDOMS and TRANSFORMS phase 3 studies. Poster. *5th Triennial Congress of the European and Americas Committees for Treatment and Research in Multiple Sclerosis*, Amsterdam, Nizozemsko, 19.–22. října 2011.
10 SPC SÚKL. *Fingolimod (Gilenya)*. Dostupné z: www.sukl.cz/file/69716_1_1/.

Biologická léčba psoriázy

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1 **Cetkovská, P. – Kojanová, M.**: Česká doporučení k biologické léčbě závažné chronické ložiskové psoriázy. *Čes-slov Derm*, 2012, 87, 1, s. 1–22.

Ustekinumab v terapii psoriatické artritidy – indikace, mechanismus a studie

MUDr. Hana Ciferská, Ph.D. | MUDr. Jiří Štolfa Revmatologický ústav, Praha

1 **Gladman, D.**: Current concepts in psoriatic arthritis. *Curr Opin Rheumatol*, 2002, 14, s. 361–366.
2 **Moll, J. M. – Wright, V.**: Psoriatic arthritis. *Semin Arthritis Rheum*, 1973, 3, s. 55–78.
3 **Schett, G. – Diates, L. C. – Ash, Z. R., et al.**: Structural damage in rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis: traditional views, novel insights gained from TNF blockade, and concepts for the future. *Arthritis Res Ther*, 2011, 25, dopl. 1, s. S4.
4 **Cargill, M. – Schrodi, S. – Chány, M. – Garcia, V. – Brandon, R. – Calais, K., et al.**: A large-scale genetic association study confirms IL12B and leads to the identification of IL23R as psoriasis-risk genes. *Am J Hum Genet*, 2007, 80, s. 273–290.
5 **Garcia-Valladares, I. – Cuchacovich, R. – Espinoza, L. R.**: Comparative assessment of biologics in treatment of psoriasis: drug design and clinical effectiveness of ustekinumab. *Drug Des Devel Ther*, 2011, 10, s. 41–49.
6 **Benson, J. M. – Petity, D. – Scallon, B. J., et al.**: Discovery and mechanism of ustekinumab: a human monoclonal antibody targeting interleukin-12 and interleukin-23 for treatment of immune-mediated disorders. *MAbs*, 2011, 3, s. 535–545.
7 *Stelara SPC*, EMA, dostupné z: http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000958/WC500058513.pdf, vyhledáno 3. 12. 2014.
8 **Leonardi, C. L. – Kimball, A. B. – Papp, K. A., et al.**: PHOENIX 1 study

investigators. Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 76-week results from a randomised, double-blind, placebo-controlled trial (PHOENIX 1). *Lancet*, 2008, 371, s. 1665–1674.
9 **Papp, K. A. – Langley, R. G. – Lebwohl, M., et al.**: PHOENIX 2 study investigators. Efficacy and safety of ustekinumab, a human interleukin-12/23 monoclonal antibody, in patients with psoriasis: 52-week results from a randomised, double-blind, placebo-controlled trial (PHOENIX 2). *Lancet*, 2008, 371, s. 1675–1684.
10 **Young, M. S. – Horn, E. J. – Cather, J. C.**: The ACCEPT study: ustekinumab versus etanercept in moderate-to-severe psoriasis patients. *Expert Rev Clin Immunol*, 2011, 7, s. 9–13.
11 **Gottlieb, A. – Menter, A. – Mendelsohn, A. – Shen, Y. K. – Li, S. – Guzzo, C. – Fretzin, S. – Kunynetz, R. – Kavanaugh, A.**: Ustekinumab, a human interleukin 12/23 monoclonal antibody, for psoriatic arthritis: randomised, double-blind, placebo-controlled, crossover trial. *Lancet*, 2009, 373, s. 633–640.
12 **McInnes, I. – Kavanaugh, A. – Gottlieb, A. – Puky, L. – Rahman, P. – Ritchlin, C., et al.**: Efficacy and safety of ustekinumab in patients with active psoriatic arthritis: 1 year results of the phase 3, multicentre, double-blind, placebo-controlled PSUMMIT 1 trial. *Lancet*, 2013, 382, s. 780–789.
13 **Gottlieb, A. – Narang, K.**: Ustekinumab in the treatment of psoriatic arthritis: latest findings and clinical potential. *Ther Adv Musculoskelet Dis*, 2013, 5, s. 277–285.
14 **Ritchlin, C., et al.**: Maintainence of efficacy and safety of ustekinumab in patients with active psoriatic arthritis despite prior conventional nonbiologic and anti-TNF biologic therapy: 1 yr results of the PSUMMIT 2 trial [abstrakt]. *EULAR Annual European Congress of Rheumatology*, 2013, Madrid, Španělsko, abstrakt OP0001.
15 **Griffiths, C. E. – Strober, B. E. – van de Kerkhof, P., et al.**: ACCEPT Study Group. Comparison of ustekinumab and etanercept for moderate-to-severe psoriasis. *N Engl J Med*, 2010, 362, s. 118–128.

Nové možnosti ovlivnění kožních nežádoucích účinků při protinádorové léčbě

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1 **Ocvirk, J. – Reberšek, M.**: Topical application of vitamin K1 cream for cetuximb-related skin toxicities. *Ann Oncol*, 2009, 20 (dopl. 7), s. VII22–VII23.
2 **Petrelli, F. – Borgonovo, K. – Barni, S.**: The predictive role of skin rash with cetuximab and panitumumab in colorectal cancer patients: a systematic review and meta-analysis of published trials. *Target Oncol*, 2013, 8 (3), s. 173–181.
3 **Baas, J. M. – Krens, L. L. – Guchelaar, H. J. – Ouwerkerk, J. – de Jong, F. A. – Lavrijsen, A. P. – Gelderblom, H.**: Recommendations on management of EGFR inhibitor-induced skin toxicity: a systematic review. *Cancer Treat Rev*, 2012, 38 (5), s. 505–514.
4 **Ocvirk, J. – Heeger, S. – McCloud, P. – Hofheinz, R. D.**: A review of the treatment options for skin rash induced by EGFR-targeted therapies: Evidence from randomized clinical trials and a meta-analysis. *Radiol Oncol*, 2013, 47 (2), s. 166–175.
5 **Ocvirk, J.**: Management of cetuximab-induced skin toxicity with the prophylactic use of topical vitamin K1 cream. *Radiol Oncol*, 2010, 44 (4), s. 265–266.
6 **Pinto, C. – Barone, C. A. – Girolomoni, G. – Russi, E. G. – Merlano, M. C. – Ferrari, D. – Maiello, E.**: American Society of Clinical Oncology; European Society of Medical Oncology. Management of skin toxicity associated with cetuximab treatment in combination with chemotherapy or radiotherapy. *Oncologist*, 2011, 16 (2), s. 228–238.
7 **Tomková, H. – Kohoutek, M. – Zábojníková, M. – Podlísková, M. – Ostrízková, L. – Gharibyar, M.**: Cetuximab-induced cutaneous toxicity. *J Eur Acad Dermatol Venereol*, 2010, 24 (6), s. 692–696.

Postavení fixních kombinací v léčbě CHOPN

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1 *Global strategy for diagnosis, management and prevention of chronic obstructive pulmonary disease. GOLD Report, Revised 2011*. Dostupné z: www.goldcopd.org, vyhledáno 31. 10. 2013.
2 *Global strategy for diagnosis, management and prevention of chronic obstructive pulmonary disease. GOLD Report, Revised 2013*. Dostupné z: www.goldcopd.org, vyhledáno 31. 10. 2013.
3 *At-a -glance outpatient management reference for chronic obstructive pulmonary disease (COPD). GOLD Report, Revised 2013*. Dostupné z: www.goldcopd.org, vyhledáno 31. 10. 2013.
4 **Kašák, V.**: Nové farmakoterapeutické postupy v léčbě chronické obstrukční plicní nemoci. *Acta Medicinae*, 2012, 3, s. 56–58.
5 **Koblížek, V. – Chlumský, J. – Zindr, V. et al.**: *CHOPN. Doporučený postup ČPFS pro diagnostiku a léčbu chronické obstrukční plicní nemoci*. Maxdorf, Jessenius, 2013.
6 **Agusti, A. – Edvards, L. D. – Celli, B., et al.**: Characteristics, stability and outcomes of the 2011 GOLD COPD Gross in the ECLIPSE cohort. *Eur Respir J*, 2013, 42, s. 636–646.
7 **Louie, S. – Zeki, A. A. – Schivo, M., et al.**: The asthma-chronic obstructive pulmonary disease overlap syndrome: pharmacotherapeutic considerations. *Expert Rev Clin Pharmacol*, 2013, 6, s. 197–219.
8 **Miravitlles, M. – Soriano, J. B. – Ancochea, J., et al.**: Characterisation of the overlap COPD-asthma phenotype. Focus on physical activity and health status. *Respir Med*, 2013, 107, s. 1053–1060.
9 **Gonem, S. – Raj, V. – Wardlaw, A. J., et al.**: Phenotyping airways disease: an A to E approach. *Clin Experimental Allergy*, 2012, 42, s. 1664–1683.
10 **Fuso, L. – Mores, N. – Valente, S.**: Long-acting beta-agonists and their association with inhaled corticosteroids in COPD. *Current Medicinal Chemistry*, 2013, 20, s. 1477–1495.
11 **Larsson, K. – Janson, C. – Lisspes, K., et al.**: Combination of budesonide/formoterol more effective than fluticasone/salmeterol in preventing exacerbations in chronic obstructive pulmonary disease. The PATHOS study. *J Intern Med*, 2013, 273, s. 584–594.
12 **Nannini, L. J. – Lasserson, T. J. – Poole, P.**: Combined corticosteroid and long-acting beta2-agonist in one inhaler versus long-acting beta2-agonist for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev*, 2012, 9, CD006829.

Indikace a efektivita protizánětlivé léčby CHOPN roflumilastem

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1 **Sekce bronchiálních obstrukcí při ČPFS**: *Doporučený postup diagnostiky a léčby stabilní CHOPN*. www.pneumologie.cz.
2 **Antoniu, S. A.**: New therapeutic options in the management of COPD—focus on roflumilast. *Int J Chron Obstruct Pulmon Dis*, 2011, 6, s. 147–155.
3 **Grootendorst, D. C., et al.**: Reduction in sputum neutrophil and eosinophil numbers by the PDE4 inhibitor roflumilast in patients with COPD. *Torax*, 2007, 62, s. 1081–1087.
4 **Price, D., et al.**: The use of roflumilast in COPD: a primary care perspective. *Primary Care Respiratory Journal*, 2010, 19, s. 342–351.
5 **Calverley, P. M. – Sanchez-Toril, F. – McIvor, A. – Teichmann, P. – Bredenbroeker, D. – Fabbri, L. M.**: Effect of 1-year treatment with roflumilast in severe chronic obstructive pulmonary disease. *Am J Respir Crit Care Med*, 2007, 176, s. 154–161.
6 **Fabbri, L. M., et al.**: *Effects of roflumilast in highly symptomatic COPD patiens, P742*. European Respiratory Society Annual Congress – Vídeň, Rakousko, 1.–5. září 2012.
7 **Wedzicha, J. A., et al.**: Efficacy of roflumilast in the COPD frequent exacerbator phenotype. *Chest*, 2013, 143, s. 1302–1311.
8 **White, W. B., et al.**: Cardiovascular safety in patients receiving roflumilast for the treatment of chronic obstructive pulmonary disease. *Chest*, 2013, doi: 10.1378/chest.12-2332.
9 **Eriksson, B. – Lindberg, A., et al.**: Association of heart diseases with COPD and restrictive lung function—results from a population survey. *Respir Med*, 2013, 107, s. 98–106.
10 **Wouters, E. F. M., et al.**: Effect of the phosphodiesterase 4 inhibitor roflumilast on glucose metabolism in patients with treatment-naive, newly diagnosed type 2 diabetes mellitus. *J Clin Endocrinol Metab*, 2012, 97, s. E1720–E1725.
11 **UK Prospective Diabetes Study (UKPDS) Group**: Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). *Lancet*, 1998, 352, s. 837–853.
12 **Agusti, A. – MacNee, W.**: The COPD control panel: towards personalised medicine in COPD. *Thorax*, 2013, 68, s. 687–690.

Cílená léčba HER2 pozitivního karcinomu prsu

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1 **Ústav zdravotnických informací a statistiky ČR**: *Novotvary 2010 ČR* (Cancer Incidence 2010 in the Czech Republic); vydáváno každoročně, poslední vydání: rok 2013, dostupné z: http://www.uzis.cz/system/files/novot2010.pdf, vyhledáno 7. 10. 2013.
2 **Dowsett, M. – Allred, C. – Knox, J., et al.**: Relationship between quantitative estrogen and progesterone receptor expression and human epidermal growth factor receptor 2 (HER-2) status with recurrence in the Arimidex, Tamoxifen, Alone or in Combination trial. *J Clin Oncol*, 2008, 26, s. 1059–1065.
3 **Di Leo, A. – Desmedt, C. – Bartlett, J. M., et al.**: HER2 and TOP2A as predictive markers for anthracycline-containing chemotherapy regimens as adjuvant treatment of breast cancer: a meta-analysis of individual patient data. *Lancet Oncol*, 2011, 12, s. 1134–1142.
4 **Dawood, S. – Broglio, K. – Buzdar, A. U., et al.**: Prognosis of women with metastatic breast cancer by HER2 status and trastuzumab treatment: an institutional-based review. *J Clin Oncol*, 2010, 28, s. 92–98.
5 **Gajria, D. – Chandarlapaty, S.**: HER2-amplified breast cancer: mechanisms of trastuzumab resistance and novel targeted therapies. *Expert Rev Anticancer Ther*, 2011, 11, s. 263–275.
6 **De Mattos-Arruda, L. – Cortes, J.**: Advances in first-line treatment for patients with HER2+ metastatic breast cancer. *Oncologist*, 2012, 17, s. 631–644.
7 **Überall, I. – Kolár, Z.**: Receptory pro epidermální růstové faktory a jejich význam pro maligní transformaci solidních nádorů. *Klin Farmakol Farm*, 2006, 20, s. 190–196.
8 **Eccles, S. A.**: The epidermal growth factor receptor/Erb-B/HER family in normal and malignant breast biology. *Int J Dev Biol*, 2011, 55, s. 685–696.
9 **Révillion, F. – Lhotellier, V. – Hornez, L., et al.**: ErbB/HER ligands in human breast cancer, and relationships with their receptors, the bio-pathological featuresand prognosis. *Ann Oncol*, 2008, 19, s. 73–80.
10 **Yarden, Y. – Sliwkowski, M. X.**: Untangling the ErbB signalling network. *Nat Rev Mol Cell Biol*, 2001, 2, s. 127–137.
11 **Pinkas-Kramarski, R. – Soussan, L. – Waterman, H., et al.**: Diversification of Neu differentiation factor and epidermal growth factor signaling by combinatorial receptor interactions. *EMBO J*, 1996, 15, s. 2452–2467.
12 **Soltoff, S. P. – Carraway, K. L. – Prigent, S. A., et al.**: ErbB3 is involved in activation of phosphatidylinositol 3-kinase by epidermal growth factor. *Molecular and Cellular Biology*, 1994, 14, s. 3550–3558.
13 **Sarah, N. – Glaoui, M. – Bensouda, Y., et al.**: A rare case of invasive breast lobular carcinoma overexpressing Her2. *Webmed Central CANCER*, 2011, 2, WMC002257.
14 **Marmor, M. D. – Skaria, B. K. – Yarden, Y.**: Signal transduction and oncogenesis by ErbB/HER receptors. *Int J Rad Oncol Biol Phys*, 2004, 58, s. 903–913.
15 **Yu, D. H. – Hung, M. C.**: Overexpression of ErbB2 in cancer and ErbB2-targeting strategies. *Oncogene*, 2000, 19, s. 6115–6121.
16 **National Comprehensive Cancer Network (NCCN)**: *NCCN Clinical Practice Guidelines in Oncology*. Breast cancer Version 3.2013. 2013, dostupné z: http://www.nccn.org/professionals/physician_gls/pdf/breast.pdf, vyhledáno 7. 10. 2013.
17 **Ryška, A.**: HER2 testování v algoritmu cílené léčby trastuzumabem u karcinomu prsu. *Postgraduální medicína*, 2012, 14, s. 384–387.
18 **Wolff, A. C. – Hammond, M. E. – Schwartz, J. N., et al.**: American society of clinical oncology/college of American pathologists guideline recommendations for human epidermal growth factor receptor 2 testing in breast cancer. *J Clin Oncol*, 2007, 25, s. 118–145.
19 **Cho, H. S. – Mason, K. – Ramyar, K. X.**: Structure of the extracellular region of HER2 alone and in complex with the Herceptin Fab. *Nature*, 2003, 421, s. 756–760.
20 **Vu, T. – Claret, F. X.**: Trastuzumab: updated mechanisms of action and resistance in breast cancer. *Front Oncol*, 2012, 2, s. 62.
21 **Slamon, D. J. – Leyland-Jones, B. – Shak, S., et al.**: Use of chemotherapy

plus a monoclonal antibody against HER2 for metastatic breast cancer that overexpresses HER2. *N Engl J Med*, 2001, 344, s. 783–792.
22 **Baselga, J. – Perez, E. A. – Pienkowski, T. – Bell, R.**: Adjuvant trastuzumab: a milestone in the treatment of HER-2-positive early breast cancer. *Oncologist*, 2006, 11, s. 4–12.
23 **Chang, H. R.**:Trastuzumab-based neoadjuvant therapy in patients with HER2-positive breast cancer. *Cancer*, 2010, 116, s. 2856–2867.
24 **Gianni, L. – Eiermann, W. – Semiglazov, V., et al.**: Neoadjuvant trastuzumab in patients with HER2-positive locally advanced breast cancer: primary efficacy analysis of the NOAH trial. *Cancer Res*, 2009, 69, abstrakt 31.
25 **Sengupta, P. P. – Northfelt, D. W. – Gentile, F., et al.**: Trastuzumab-induced cardiotoxicity: heart failure at the crossroads. *Mayo Clin Proc*, 2008, 83, s. 197–203.
26 **Chien, A. J. – Rugo, H. S.**: Emerging treatment options for the management of brain metastases in patients with HER2-positive metastatic breast cancer. *Breast Cancer Res Treat*, 2013, 137, s. 1–12.
27 **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.
28 **Berns, K. – Horlings, H. M. – Hennessy, B. T., et. al.**: A functional genetic approach identifies the PI3K pathway as a major determinant of trastuzumab resistance in breast cancer. *Cancer Cell*, 12, 2007, s. 395–402.
29 **Lu, Y. – Yu, Q. – Liu, J. H., et al.**: Src family protein-tyrosine kinases alter the function of PTEN to regulate phosphatidylinositol 3 kinase/AKT-cascades. *J Biol Chem*, 2003, 278, s. 40057–40066.
30 **Keating, G. M.**: Pertuzumab: in the first-line treatment of HER2-positive metastatic breast cancer. *Drugs*, 2012, 72, s. 353–360.
31 **Swain, S. M. – Kim, S. B. – Cortes, 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.
32 **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.
33 **von Minckwitz, G. – Baselga, J. – Bradbury, I., et al.**: Adjuvant pertuzumab and Herceptin in initial therapy of breast cancer: APHINITY. *Cancer Res*, 2011, 71, s. 602S.
34 **Barginear, M. F. – John, V. – Budman, D. R.**: Trastuzumab-DM1: a clinical update of the novel antibody-drug conjugate for HER2-overexpressing breast cancer. *Mol Med*, 2013, 18, s. 1473–1479.
35 **Erickson, H. K. – Widdison, W. C. – Mayo, M. F.**: Tumor delivery and in vivo processing of disulfide-linked and thioether-linked antibody-maytansinoid conjugates. *Bioconjug Chem*, 2010, 21, s. 90384–90392.
36 **Erickson, H. K., et al.**: The effect of different linkers on target cell catabolism and pharmacokinetics/pharmacodynamics of trastuzumab maytansinoid conjugates. *Mol Cancer Ther*, 2012, 11, s. 1133–1142.
37 **Verma, S. – Miles, D. – Gianni, L., et al.**: Trastuzumab emtansine for HER2-positive advanced breast cancer. *N Engl J Med*, 2012, 367, s. 1783–1791.
38 **Spector, N. L. – Xia, W. – Bums, H., et al.**: Study of the biologic effects of lapatinib, a reversible inhibitor of ErbB1 and ErbB2 tyrosine kinases, on tumor growth and survival pathways in patients with advanced malignancies. *J C Fin Onco*, 2005, 23, s. 2502–2512.
39 **Burris, H. A.**: 3rd: Dual kinase inhibition in the treatment of breast cancer. Initial experience with the EGFR/ErbB-2 inhibitor lapatinib. *Oncologist*, 2004, 9, s. 10–15.
40 **Scaltriti, M. – Rojo, F. – Ocafia, A., et al.**: Expression of p95HER2, a truncated form of the HER2 receptor, andresponse to anti-HER2 therapies in breast cancer. *J Nail Cancer Inst*, 2007, 99, s. 628–638.
41 **Johnston, S. – Leary, A.**: Lapatinib: a novel EGFR/HER2 tyrosine kinase inhibitor for cancer. *Drugs Today*, 2006, 42, s. 441–453.
42 **Chien, A. J. – Rugo, H. S.**: Emerging treatment options for the management of brain metastases in patients with HER2-positive metastatic breast cancer. *Breast Cancer Res Treat*, 2013, 137, s. 1–12.
43 **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 has progressed on trastuzumab: updated efficacy and biomarker analyses. *Breast Cancer Res Treat*, 2008, 112, s. 533–534.
44 **Česká onkologická společnost ČLS JEP**: *Zhoubný novotvar prsu: Modrá kniha České onkologické společnosti*. In: linkos.cz [online], Brno, Masarykův onkologický ústav, 2013, s. 11–37, dostupné z: http://www.linkos.cz/files/modra-kniha/10.pdf, vyhledáno 7. 10. 2013.

Aktuální pohled na možnosti cílené léčby metastatického renálního karcinomu

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1 **Motzer, R.**: studie COMPARZ, *ESMO*, 2012.
2 **Escudier, B. – Eisen, T. – Stadler, W. M., et al.**: Sorafenib for treatment of renal cell carcinoma: final efficacy and safety results of the Phase III treatment approaches in renal cancer global evaluation trial. *J Clin Oncol*, 2009, 27, s. 3312–3318.
3 **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.
4 **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.
5 Modrá kniha, volně dostupná na stránkách ČOS: www.linkos.cz.
6 **Motzer, R. J. – Hutson, T. E. – Tomczak, P., et al.**: Sunitinib versus interferon alfa in metastatic renal-cell carcinoma. *N Engl J Med*, 2007, 356, s. 115–124.
7 **Sternberg, C. N. – Davis, I. D. – Mardiak, J., et al.**: Pazopanib in locally advanced or metastatic renal cell carcinoma: results of a randomized phase III trial. *J Clin Oncol*, 2010, 28, s. 1061–1068.
8 **Escudier, B. – Pluzanska, A. – Koralewski, P., et al.**: AVOREN Trial investigators. Bevacizumab plus interferon alfa-2a for treatment of metastatic renal cell carcinoma: a randomised, double-blind phase III trial. *Lancet*, 2007, 370, s. 2103–2111.
9 **Rini, B. I. – Halabi, S. – Rosenberg, J. E., et al.**: Phase III trial of bevacizumab plus interferon alfa versus interferon alfa monotherapy in patients with metastatic renal cell carcinoma: final results of CALGB 90206. *J Clin Oncol*, 2010, 28, s. 2137–2143.
10 **Hudes, G. – Carducci, M. – Tomczak, P., et al.**: Global ARCC Trial. Temsirolimus, interferon alfa, or both for advanced renal-cell carcinoma. *N Engl J Med*, 2007, 356, s. 2271–2281.
11 **Motzer, R. J., et al.**: ASCO GU, 2013, abstrakt 350.

Léčivé přípravky ovlivňující kostní postižení, denosumab v léčbě pacienta s kostním postižením u karcinomu prostaty

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1 **Babjuk, M.**: Denosumab v léčbě kostního postižení u karcinomu prostaty. *Farmakoterapie*, 2010, 6, s. 272–275.
2 **Coleman, R. E.**: Metastatic bone disease: Clinical features, pathophysiology and treatment strategies. *Cancer Treat Rev*, 2001, 27, s. 165–176.
3 **Fizazi, K. – Carducci, M. – Smith, M., et al.**: Denosumab versus zoledronic acid for treatment of bone metastases in men with castration-resistant prostate cancer: a randomised, double-blind study. *Lancet*, 2011, 377, s. 813–822.
4 **Henry, D. H. – Costa, L. – Goldwasser, F., et al.**: Randomized, double-blind study of denosumab versus zoledronic acid in the treatment of bone metastases in patients with advanced cancer (excluding breast and prostate cancer) or multiple myeloma. *J Clin Oncol*, 2011, 29, s. 1125–1132.
5 **Lipton, A. – Steger, G. G. – Figueroa, J., et al.**: Extended efficacy and safety of denosumab in breast cancer patients with bone metastases not receiving prior bisphosphonate therapy. *Clin Cancer Res*, 2008, 14, s. 6690–6696.
6 **Lipton, A. – Siena, S. – Rader, M., et al.**: Comparison of denosumab versus zoledronic acid (ZA) for treatment of bone metastases in advanced cancer patients: an integrated analysis of 3 pivotal trials (abstrakt 1249P). *Ann Oncol*, 2010, 21, dopl. 8, s. viii379. Poster prezentována na ESMO 35, Milán, Itálie, 8.–12. 10. 2010.
7 **Matoušková, M. – Hanuš, M.**: Bisfosfonáty v léčbě kostních metastáz v urologii. *Urol pro praxi*, 2009, 10, s. 282–286.
8 **Matoušková, M.**: Denosumab: nová možnost prevence a léčby kostní nádorové choroby. *Remedia*, 2011, 21, s. 72–78.
9 **Papapoulos, S. – Chapuriat, R. – Brandi, M. R., et al.**: Five-year denosumab treatment of postmenopausal women with osteoporosis: results from the first two years of the FREEDOM extension. Abstrakt 289 pro ECCEO 2011.
10 **Reid, I. R. – Miller, P. D. – Brown, J. R., et al.**: Effects of denosumab on bone histomorphometry: the FREEDOM and STAND studies. *J Bone Miner Res*, 2010, 25, s. 2256–2265.
11 **Skácelová, S.**: Denosumab. *Remedia*, 2011, 21, s. 230–237.
12 **Smith, M. R. – Egerdie, B. – Toriz, H. N., et al.**: Denosumab in men receiving androgen deprivation therapy for prostate cancer. *N Engl J Med*, 2009, 361, s. 745–755.
13 **Smith, M. R. – Saad, F. – Oudard, S., et al.**: Denosumab and bone metastasis-free survival in men with nonmetastatic castration-resistant prostate cancer: exploratory analyses by baseline prostate-specific antigen doubling time. *J Clin Oncol*, 2013, 31, s. 3800–3806, doi: 10.1200/JCO.2012.44.6716, Epub 16. 9. 2013.
14 **Stopeck, A. T. – Lipton, A. – Body, J. J., et al.**: Denosumab compared with zoledronic acid for the treatment of bone metastases in patients with advanced breast cancer: a randomized, double-blind study. *J Clin Oncol*, 2010, 28, s. 5132–5139.
15 **Tabrizi, M. A. – Tseng, C. L. – Roskos, L. K.**: Elimination mechanisms of therapeutic monoclonal antibodies. *Drug Discovery Today*, 2006, 11, s. 81–88.

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1 **International Association for the Study of Pain**: *Pain Definitions*, 1994.
2 **Gehling, M. – Tryba, M.**: Unterschiede zwischen akutem und chronischem Schmerz. In: Zenz, M. – Jurna, I.: *Lehrbuch der Schmerztherapie*. Stuttgart, Wissen-schaftliche Verlagsgesellschaft, 2001, s. 565–576.
3 **Chung, J. M.**: The role of reactive oxygen species (ROS) in persistent pain. *Mol Interv*, 2004, 4, s. 248–250.
4 **Song, X. J. – Vizcarra, C. – Xu, D. S., et al.**: Hyperalgesia and neural excitability following injuries to central and peripheral branches of axons and somata of dorsal root ganglion neurons. *J Neurophysiol*, 2003, 89, s. 2185–2193.
5 **Bove, G. M. – Ransil, B. J. – Lin, H., et al.**: Inflammation induces ectopic mechanical sensitivity in axons of nociceptors innervating deep tissues. *J Neurophysiol*, 2003, 90, s. 1949–1955.
6 **Andrew, D. – Greenspan, J. D.**: Mechanical and heat sensitization of cutaneous nociceptors after peripheral inflammation in the rat. *J Neurophysiol*, 1999, 82, s. 26, 49–56.
7 **Rokyta, R., et al.**: monografie *Bolest*. Tigris, 2006, s. 77–97.
8 *Declaration EFIC (European Federation of IASP Chapters) on chronic pain*, 2001.
9 **Melzack, R.**: The McGill Pain Questionnaire: Major properties and scoring methods. *Pain*, 1975, 1, s. 277–299.
10 **Stein, C. – Mendl, G.**: The German counterpart to McGill Pain Questionnaire. *Pain*, 1988, 32, s. 251–255.
11 WHO publishes *Cancer Pain Relief*, the first edition of the WHO method for the relief of cancer pain World Health Organization. *Cancer Pain Relief*. Ženeva, World Health Organization, 1986.
12 **Shorten, G. – Carr, D. B. – Harmon, D., et al.**: *Postoperative pain management: an evidence-based guide to practice*. Eds Browne, Saunders Elsevier, 2006, s.183–184.
13 **Brodner, G. – Van Aken, H. – Hertle, L., et al.**: Multimodal perioperative management—combining thoracic epidural analgesia, forced mobilization, and oral nutrition—reduces hormonal and metabolic stress and improves convalescence after major urologic surgery. *Anesth Analg*, 2001, 92, s. 1594–1600.
14 **Kršiak, M. – Doležal, T. – Lejčko, J.**: Neopioidní analgetika. In: *Bolest*. Tigis, 2006, s. 106–115.
15 www.medicine.ox.ac.uk/bandolier/analgesics/Acutepain, cit. 2007.
16 **Fricová, J.**: Intranazální fentanyl. *Bolest*, 2012, 15, s. 45–49.
17 **Rokyta, R. – Fricová, J.**: Současný pohled na léčbu bolesti u onkologických pacientů. *Pain News*, 2011, 1, s. 5–9.

Inzulinová analoga v těhotenství

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1 **Lambert, K. – Holt, R. I. G.**: The use of insulin analogues in pregnancy. *Diabetes, Obesity and Metabolism*, 15, 2013, s. 888–900.
2 **Hirsch, L. B.**: Insulin analogues. *N Engl J Med*, 2005, 352 (2), s. 174–183.
3 **Jensen, D. M. – Damm, P., et al.**: Outcomes in type 1 diabetic pregnancies: a nationwide population based study. *Diabetes Care*, 2004, 27, s. 2819–2823.
4 **Combs, C. A. – Gunderson, E. – Kitzmiller, J. L., et al**.: Relationship of fetal macrosomia to maternal postprandial glucose control during pregnancy. *Diabetes Care*, 1992, 15, s. 1251–1257.
5 **Singh, C. – Jovanovic, L.**: Insulin analogues in the treatment of diabetes in pregnancy. *Obstet Gynecol Clin North Am*, 2007, 34 (2), s. 257–291.
6 **Negrato, C. A. – Montenegro, R. M., et al.**: Insulin analogues in the treatment of diabetes in pregnancy. *Arq Bras Endocrinol Metabol*, 2012, 56, s. 7.
7 **Callensen, N. F. – Damm, J. – Mathiesen, E., et al.**: Treatment with the longacting insulin analogues detemir or glargine during pregnancy in women with type 1 diabetes. *J Maternal Fetal Neonatal Med*, 2011, 26 (6), s. 543–551.
8 **Mathiesen, E. – Damm, P. – Jovanovic, L., et al.**: Basal insulin analogues in diabetic pregnancy: a literature rewiev and baseline results of randomised control trial in type 1 diabetes. *Diab Metab Res Rev*, 2011, 27 (6), s. 543–551.

Biologická léčba dny

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1 **Schlesinger, N.**: Diagnosis of gout. *Minerva Med*, 2007, 98, s. 759–767.
2 **Mikuls, T. R. – Farrar, J. T. – Bilker, W. B., et al.**: Gout epidemiology: results from the UK General Practise Research Database 1990-1999. *Ann Rheum Dis*, 2005, 64, s. 267–272.
3 **Hanova, P. – Pavelka, K. – Dostal, C. – Holcatova, I. – Pikhart, H.**: Epidemiology of rheumatoid arthritis, juvenile idiopathic arthritis and gout in two regions of the Czech Republic in a descriptive population-based survey in 2002–2003. *Clin Exp Rheumatol*, 2006, 24, s. 499–507.
4 **Neogi, T.**: Clinical practice. Gout. *N Engl J Med*, 2011, 364, s. 443–452.
5 **Perez-Ruiz, F.**: Treating to target: a strategy to cure gout. *Rheumatology* (Oxford), 2009, 48, s. ii9–ii14.
6 **Zhang, W. – Doherty, M. – Pascual, E., et al.**: EULAR evidence based recommendations for gout. Part I: Diagnosis. Report of task force of the standing committee for international clinical studies including therapeutics. *Ann Rheum Dis*, 2006, 65, s. 1301–1311.
7 **Perez-Ruiz, F. – Herrero-Beites, A. M.**: Evaluation and treatment of gout as a chronic disease. *Adv Ther*, 2012, 29, s. 935–946.
8 **Emmerson, B. T.**: The management of gout. *N Engl J Med*, 1996, 334, s. 445–451.
9 **Martinon, F. – Petrili, V. – Mayor, A., et al.**: Gout-associated uric acid crystals activate the NALP 3 inflammasone. *Nature*, 2006, 440, s. 237–241.
10 **Keenan, R. T. – O'Brien, W. R. – Lee, K. H, et al.**: Prevalence of contraindications and prescription of pharmacologic therapies for gout. *Am J Med*, 2011, 124, s. 155–163.
11 **So, A.**: Developments in the scientific and clinical understanding of gout. *Arthritis Res Ther*, 2008, 10, s. 221.
12 **Schlesinger, N. – Mysler, E. – Hsiao-Yi, L., et al.**: Canakinumab reduces the risk of acute gouty arthritis flares during initiation of allopurinol treatment: results of a double-blind, randomised study. *Ann Rheum Dis*, 2011, 70, s. 1264–1271.
13 **Burger, D. – Dayer, J. M. – Palmer, G., et al.**: Is IL-1 a good therapeutic target in the treatment of arthritis? *Best Pract Res Clin Rheumatol*, 2006, 20, s. 879–896.
14 **Schlesinger, N. – Thiele, R. G.**: The pathogenesis of bone erosions in gouty arthritis. *Ann Rheum Dis*, 2010, 69, s. 1907–1912.
15 **So, A. – De Smedt, T. – Revaz, S., et al.**: A pilot study of IL-1 inhibition by anakinra in acute gout. *Arthritis Res Ther*, 2007, 9, s. 28.
16 **Kapur, S. – Bonk, M. E.**: Rilonacept (arcalyst), an interleukin-1 trap for the treatment of cryopyrin-associated periodic syndromes. *P T*, 2009, 34, s. 138–141.
17 **Schlesinger, N. – Meulemeester, M. – Pikhlak, A., et al.**: Canakinumab relieves symptoms of acute flares and improves health-related quality of life in patients with difficult-to-treat Gouty Arthritis by suppressing inflammation: results of a randomized, dose-ranging study. *Arthritis Res Ther*, 2011, 13, s. 53.
18 **Schlesinger, N.**: Canakinumab in gout. *Expert Opin Biol Ther*, 2012, 12, s. 1265–1275.
19 **Alten, R. – Gram, H. – Joosten, L. A., et al.**: The human anti-IL-1 beta monoclonal antibody ACZ885 is effective in joint inflammation models in mice and in a proof-of-concept study in patients with rheumatoid arthritis. *Arthritis Res Ther*, 2008, 10, s. 67.
20 **Ghosh, P. – Cho, M. – Rawat, G., et al.**: The treatment of acute gouty arthritis in complex hospitalized patients with anakinra. *Arthritis Care Res* (Hoboken), 2013, 6, epub.
21 **Terkeltaub, R. – Sundy, J. S. – Schumacher, H. R., et al.**: The interleukin 1 inhibitor rilonacept in treatment of chronic gouty arthritis: results of a placebo-controlled, monosequence crossover, non-randomised, single-blind pilot study. *Ann Rheum Dis*, 2009, 68, s. 1613–1617.
22 **Schumacher, H. R. Jr. – Sundy, J. S. – Terkeltaub, R., et al.**: Rilonacept (interleukin-1 trap) in the prevention of acute gout flares during initiation of urate-lowering therapy: results of a phase II randomized, double-blind, placebo-controlled trial. *Arthritis Rheum*, 2012, 64, s. 876–884.
23 **So, A. – De Meulemeester, M. – Pikhlak, A., et al.**: Canakinumab for the treatment of acute flares in difficult-to-treat gouty arthritis: Results of a multicenter, phase II, dose-ranging study. *Arthritis Rheum*, 2010, 62, s. 3064–3076.
24 **Schlesinger, N. – Alten, R. E. – Bardin, T., et al.**: Canakinumab for acute gouty arthritis in patients with limited treatment options: results from two randomised, multicentre, active-controlled, double-blind trials and their initial extensions. *Ann Rheum Dis*, 2012, 71, s. 1839–1848.

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1 **Čáp, P. – Brezina, M.**: *Neinvazivní vyšetřování zánětu u astmatu dětí a dospělých*. Praha, Mladá fronta, 2009.
2 **Čáp, P. – Vondra, V., et al.**: *Akutní a chronický kašel. Teorie a praxe*. Praha, Mladá fronta, 2013.
3 **Čáp, P.**: Některé diagnostické aspekty astmatu dospělých. *Postgraduální medicína*, 2012, 14, s. 2, www.postgradmed.cz.
4 **Zeleník, K. – Komínek, P. – Stárek, I., et al.**: Extraezofageální reflux. Epidemiologie, patofyziologie a diagnostika. *Otorinolaryngologie a Foniatrie*, 2008, 57, s. 143–150.
5 **Zeleník, K., et al.**: *Mimojícnové projevy refluxni nemoci jícnu*. 2013, v tisku.

Respirační choroby v ordinaci všeobecného praktického lékaře

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1 **Salajka, F. – Kašák, V. – Krčmová, I. – Konštacký, S.**: *Asthma bronchiale. Doporučený diagnostický a léčebný postup pro praktické lékaře*. Centrum doporučených postupů pro praktické lékaře, Praha, 2008.
2 **Salajka, F. – Kašák, V. – Konštacký, S.**: Asthma bronchiale. *Doporučený diagnostický a léčebný postup pro praktické lékaře – novelizace*. Centrum doporučených postupů pro praktické lékaře, Praha, 2013.
3 **Teřl, M. – Pohunek, P. (ed.).**: Strategie diagnostiky, prevence a léčby astmatu. *Uvedení globální strategie do praxe v ČR*. Jalna, Praha, 2012.
4 **Kašák, V.**: Asthma bronchiale. In: Kolek, V. – Kašák, V. – Vašáková, M., et al.: *Pneumologie*. Maxdorf, 2011, s. 145–167.
5 **Musil, J. – Vondra V. –Konštacký S.**: Chronická obstrukční choroba plicní. *Doporučený postup pro praktické lékaře.* Centrum doporučených postupů pro praktické lékaře, Praha, 2008.
6 **Musil, J. – Kašák, V. – Konštacký S.**: Chronická obstrukční choroba plicní – novelizace. *Doporučený postup pro praktické lékaře*. Centrum doporučených postupů pro praktické lékaře, Praha 2013.

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2 **Gibson, G. J. – Geddes, D. M. – Costabel, U. – Sterk, P. J. – Dorčin, B.**: *Respiratory medicine, 3rd edition*. Saunders, Elsevier Science Limited. London, 2003, s. 890–896.
3 **Kolek, V.**: Standard diagnostiky a léčby komunitní pneumonie dospělých. www.pneumologie.cz.
4 **Kolek, V.**: Jak v ČR léčíme pneumonie v ambulanci a v nemocnici? *Kazuistiky v alergologii, pneumologii a ORL*. Mimořádná příloha časopisu, 2008, s. 4–5.
5 **Kolek, V. – Kašák, V. – Vašáková, M.**: *Pneumologie*. Maxdorf, 2011, s. 182–190.
6 **Niederman, M. S.**: Recent advances in community-acquired pneumonia. *CHEST*, 2007, 131, s. 1205–1215.
7 **Skřičková, J.**: Záněty plic – úvod do problematiky. *Stud Pneumol Phtiseol*, 2006, 1, s. 3–9.
8 **Woodhead, M. – Blasi, F. – Ewig, S.**: Giudelines for the management of adult lower respiratory tract infections. *Clinical Microbiology and Infection, European Society of Clinical Mikrobiology and Infectious Diseases*, 2011, 17, dopl. 6.
9 **Vašáková, M., et al.**: Účinná a bezpečná preskribce v respirační medicíně. In: *Moderní farmakoterapie v pneumologii*. Maxdorf, Praha, 2013, s. 147–167.