

Literatura ACTA MEDICINAE 16/2020 Farmakologická léčba

- 2 **Filgotinib – nový JAK1 selektivní inhibitor v léčbě revmatoidní artritidy**
prof. MUDr. Karel Pavelka, DrSc. Revmatologický ústav, Praha
- 2 **Terapie psoriázy**
MUDr. Iva Obstová Pro Sanum, a. s., a 2. LF UK, Praha
- 2 **Biologická terapie inhibitory IL-17A v léčbě psoriázy dospělých a dětí**
doc. MUDr. Miloslav Salavec, CSc. Klinika nemocí kožních a pohlavních, FN Hradec Králové
- 2 **Hyperaktivní močový měchýř a moderní metody léčby**
MUDr. Lukáš Horčíčka GONA, s. r. o., Urogynekologická ambulance
- 3 **Hormonální léčba endometriózy**
MUDr. Peter Koliba Gynekologicko-porodnická klinika 1. LF UK a Nemocnice Na Bulovce, Praha
- 3 **Dexibuprofén**
PharmDr. Andrea Gažová PhD. Ústav farmakologie a klinické farmakologie, Lékařská fakulta Univerzity Komenského, Bratislava
MUDr. Marek Hák, Ph.D. Centrum léčby bolesti Medicinicare, s. r. o., Chirurgická klinika FN a LF MU, Brno
doc. MUDr. Igor Martuliak, PhD. Algeziologická klinika SZU FN sP, Banská Bystrica
prof. PharmDr. Ján Kyselovič, CSc. V. interná klinika, Lékařská fakulta Univerzity Komenského, Bratislava
- 3 **Hyruan ONE – one shot injekce (2% zesíťovaná kyselina hyaluronová)**
MUDr. Zdeněk Jícha Klinika ortopedie 1. LF UK a ÚVN, Praha
- 3 **Infekce HIV/AIDS, diagnostika, léčba a prevence**
doc. MUDr. Dalibor Sedláček, CSc. | MUDr. Sam Hofman Klinika infekčních nemocí a cestovní medicíny FN Plzeň
- 4 **Setkání špičkových odborníků v oblasti HIV**
- 4 **Covid-19: od diagnózy k terapii**
MUDr. Pavel Dlouhý | MUDr. Jana Pazderková | MUDr. Hynek Bartoš | MUDr. Štěpán Cimrman | Mgr. Lada Merunková Infekční oddělení Masarykovy nemocnice v Ústí nad Labem, Krajská zdravotní, a. s.
MUDr. Ing. Jan Beneš | MUDr. Josef Škola Klinika anesteziologie, perioperativní a intenzivní medicíny Masarykovy nemocnice v Ústí nad Labem, Krajská zdravotní, a. s.
Mgr. Dana Vaculíková Odbor hygieny, Krajská zdravotní, a. s.
- 5 **Mechanismy kardioprotektivních a nefroprotektivních účinků inhibitorů SGLT2 nejen u pacientů s diabetem 2. typu**
doc. MUDr. Josef Kořínek, Ph.D. II. interní klinika – klinika kardiologie a angiologie, II. chirurgická klinika – klinika kardiovaskulární chirurgie, Klinika anesteziologie, resuscitace a intenzivní medicíny 1. LF UK a VFN, Praha
prof. MUDr. Martin Haluzík, DrSc. Centrum diabetologie IKEM, Ústav lékařské biochemie a laboratorní diagnostiky 1. LF UK a VFN, Praha
- 5 **Inhibitory SGLT2 v primární prevenci diabetu a v léčbě srdečního selhání – zaměřeno na dapagliflozin**
MUDr. Jan Vachek | prof. MUDr. Vladimír Tesař, DrSc., MBA Klinika nefrologie 1. LF UK a VFN, Praha
- 5 **Terapeutický přínos aklidinium bromidu v monoterapii a v kombinaci s formoterolem u nemocných s chronickou obstrukční plicní nemocí**
MUDr. Jiří Slíva, Ph.D. Ústav farmakologie, 3. LF UK, Praha
- 6 **Inhalační kortikosteroidy v léčbě průduškového astmatu – principy léčby a význam výběru**
doc. MUDr. Jaromír Bystron, CSc. Oddělení alergologie a klinické imunologie FN Ostrava (OAKI), JB Alergo-Imuno, s. r. o., Havířov
- 6 **Imunoterapie karcinomu plic na virtuálním kongresu ESMO**
MUDr. Leona Koubková Pneumologická klinika UK 2 LF a FN Motol, Praha
- 6 **Phesgo: fixní kombinace Perjety a Herceptinu k subkutánnímu podání**
MUDr. Marta Krásenská Klinika komplexní onkologické péče, Masarykův onkologický ústav, Brno
- 6 **Základní informace důležité pro včasné stanovení diagnózy monoklonální gamapatie**
prof. MUDr. Zdeněk Adam, CSc. | doc. MUDr. Luděk Pour, Ph.D. | prof. MUDr. Marta Krejčí, Ph.D. | MUDr. Martin Krejčí | MUDr. Viera Sandecká, Ph.D. | MUDr. Zdeněk Král, CSc. Interní hematologická a onkologická klinika LF a MU Brno

Filgotinib – nový JAK1 selektivní inhibitor v léčbě revmatoidní artritidy

prof. MUDr. Karel Pavelka, DrSc. Revmatologický ústav, Praha

- Smolen, J.S. – Aletaha, D. – McInnes, I.B.: Rheumatoid arthritis. *Lancet*, 2016, 388, s. 2023–2038.
- Kersbaumer, A. – Sepriano, A. – Smolen, J.S., et al.: Efficacy of pharmacological treatment in rheumatoid arthritis: a systematic literature research informing the 2015 update of the EULAR recommendations for management of rheumatoid arthritis. *Ann Rheum Dis* 2020m 79, s. 744–759.
- O'Shea, J.J. – Holland, S.M. – Staudt, L.M., et al.: JAKs and STATs in immunity, immunodeficiency and cancer. *N Engl J Med*, 2013, 368, s. 161–170.
- Haan, C. – Rolvering, C. – Raulf, F., et al.: JAK 1 has a dominant role over JAK 3 in signal transduction through gamma c containing cytokine receptors. *Chem Biol*, 2011, 18, s. 314–323.
- You, H. – Xu, D. – Zhao, J., et al.: JAK inhibitors: prospects in connective tissue diseases. *Clin Rev Allergy Immunol*, 28, 3, 2020, doi: 10.1007/s12016-020-08786-6.
- Smolen, J. – Landewe, R.B.M. – Bijlsma, J.W.K., et al.: EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs. 2019 update. *Ann Rheum Dis*, 2020, 79, s. 685–699.
- Taylor, P.: Clinical efficacy of lunched JAK inhibitors in rheumatoid arthritis. *Rheumatology*, 2019, 58, s. i17–i26.
- Genovese, M.C. – Kremer, J. – Zamani, O., et al.: Baricitinib in patients with refractory rheumatoid arthritis. *N Engl J Med*, 2016, 374, s. 1243–1252.
- Smolen, J. – Pangan, A.L. – Emery, P., et al.: Upadacitinib as monotherapy in patients with active rheumatoid arthritis and inadequate response to MTX/SELECT MONOTHERAPY/a randomised, placebo-controlled, double blind phase 3 study. *Lancet*, 2019, 393, s. 2303–2311.
- Van Rompaey, L. – Galien, R. – van der Aar, E., et al.: Preclinical characterization of GLPG0634, a selective inhibitor JAK 1, for the treatment of inflammatory diseases. *J Immunol*, 2013, 191, s. 3568–3577.
- Vanhoutte, F. – Mazur, M. – Voloshyn, O., et al.: Efficacy, safety, pharmacokinetics and pharmacodynamics of filgotinib, a selective JAK-1 inhibitor, after short term treatment of rheumatoid arthritis: results of two randomized phase II a trials. *Arthritis Rheumatol*, 2017, 69, s. 1949–1959.
- Westhovens, R. – Raylor, P.C. – Altern, R., et al.: Filgotinib, an oral JAK 1 selective inhibitor is effective in combination with MTX in patients with active RA and insufficient response to MTX. Results from a randomised, dose finding study (DARWIN 1). *Ann Rheum Dis*, 2017, 76, s. 998–1008.
- Kavanaugh, A. – Kremer, J. – Ponce, L., et al.: Filgotinib, an oral selective JAK 1 inhibitor is effective as monotherapy in patients with active rheumatoid arthritis: results from a randomised, dose-finding study (DARWIN 2). *Ann Rheum Dis*, 2017, 76, s. 1009–1019.
- Genovese, M. – Westhovens, R. – Meuleners, L., et al.: Effect of filgotinib, a selective JAK 1 inhibitor, with and without methotrexate in patients with rheumatoid arthritis patient – reported outcomes. *Arthritis Res Ther*, 2018, 20, 57, <https://doi.org/10.1186/s13075-018-1541-z>.
- Combe, B. – Kivitz, A. – Tanaka, Y., et al.: Efficacy and safety of filgotinib for patients with rheumatoid arthritis with inadequate to methotrexate: FINCH 1 52-week results. *Ann Rheum Dis*, 2020, 79, suppl. 1, s. 316–317.
- Genovese, M.C. – Kenneth, K. – Gottenberg, J.E., et al.: Effect of filgotinib vs placebo on clinical response in patients with moderate to severe rheumatoid arthritis refractory to disease-modifying antirheumatic drug therapy: the FINCH 2 randomized clinical trial. *JAMA*, 2019, 322, s. 315–325.
- Westhovens, R. – Rigby, W. – van der Heijde, D., et al.: Efficacy and safety of filgotinib in methotrexate-naive patients with rheumatoid arthritis: finch 3 52-week results. *An Rheum Dis*, 2020, 79, suppl. 1, s. 1015–1016.
- Genovese, M.C. – Winthrop, K. – Tanaka, Y., et al.: Integrated safety analysis of filgotinib treatment for rheumatoid arthritis from 7 clinical trials. *Ann Rheum Dis*, 2020, 79, s. 324–325.
- Fleischmann, R. – Mysler, E. – Hall, S., et al.: Efficacy and safety of tofacitinib monotherapy, tofacitinib with methotrexate and adalimumab with methotrexate in patients with rheumatoid arthritis (ORAL STRATEGY) a phase 3b/4, double blind, head to head, randomized controlled trial. *Lancet*, 2017, 390, s. 457–468.
- Fleischmann, R. – Pangan, A.L. – Song, I.-H., et al.: Upadacitinib versus placebo or adalimumab in patients with rheumatoid arthritis and inadequate response to MTX: Results of phase III, double blind, randomized controlled trial. *Arthritis Rheumatol*, 2019, 71, s. 1788–1800.
- Keystone, E.C. – Taylor, P. – Tabaja, Y., et al.: Patient-reported outcomes from a phase 3 study of baricitinib versus placebo or adalimumab in rheumatoid arthritis secondary analysis from the RA-BEAM study. *Arthritis Rheumatol*, 2017, 76, s. 1853–1861.
- Genovese, M.C., et al.: EULAR 2020. Abstrakt THU0202; poster presentation.

Terapie psoriázy

MUDr. Iva Obstová Pro Sanum, a. s., a 2. LF UK, Praha

- Benáková, N.: Postavení fototerapie v ambulanci praxi. *Dermatol Praxi*, 2012, 6, s. 64–67.
- Benáková, N. – Ettler, K. – Štork, J., et al.: Psoriáza nejen pro praxi. Praha, Triton, 2007.
- Cetkovská, P. – Kojanová, M. – Arenberger, P. – Fabiánová, J.: Současný stav moderní léčby psoriázy – aktualizovaná doporučení ČDS JEP k cílené léčbě závažné chronické psoriázy. *Čes-slov Derm*, 2019, 4, s. 133–188.
- Ditrichová, D.: Návrat k dehtovým externům. *Dermatol Praxi*, 2014, 8, s. 138–139.
- Fadrhonicová, A.: *Farmakoterapie kožních onemocnění*, Praha, Grada Publishing, 1999, s. 255–256.
- Jensen, P. – Skov, L. – Zachariae, C.: Systemic combination treatment for psoriasis: a review. *Acta Derm Venereol*, 2010, 9, s. 341–349.
- Menter, A. – Korman, N.J. – Elmetz, C.A., et al.: Guidelines of care for management of psoriasis and psoriasis arthritis. Case-based presentations and evidence-based conclusions. *J Am Acad Dermatol*, 2011, 65, s. 134–174.
- Sklenář, Z., et al.: *Magistraliter receptura v dermatologii*. Praha, Galén, 2009, s. 369–383.
- Tidavár, S.: Psoriatická artritida očima dermatologa. *Psoriasis News*, 1, 2020, s. 5–13.
- Tichý, M.: Aktuální pohled na problematiku a terapeutické možnosti pustulózní psoriázy. *Čes-slov Derm*, 2019, 6, s. 229–272.
- Urbanček, S.: *Nové biologiká v léčbě psoriázy*. Referátový výběr, 2, 2018, s. 14–31.

Biologická terapie inhibitory IL-17A v léčbě psoriázy dospělých a dětí

doc. MUDr. Miloslav Salavec, CSc. Klinika nemocí kožních a pohlavních, FN Hradec Králové

- Augustin, M. – Glaeske, G. – Radtke, A., et al.: Epidemiology and comorbidity of psoriasis in children. *Br J Dermatol*, 2010, 162, s. 633–636.
- Blauvelt, A. – Reich, K. – Warren, R.B., et al.: Secukinumab re-initiation achieves regain of high response levels in patients who interrupt treatment for moderate to severe plaque psoriasis. *Br J Dermatol*, 2017, 177, s. 879–881.
- Blauvelt, A. – Chiricozzi, A.: The immunologic role of IL-17 in psoriasis and psoriatic arthritis pathogenesis. *Clin Rev Allergy Immunol*, 2018, 55, s. 379–390.
- Bodemer, C. – Kaszuba, A. – Kingo, K., et al.: Secukinumab demonstrates high efficacy and a favourable safety profile in paediatric patients with severe chronic plaque psoriasis: 52-week results from a Phase 3 double-blind randomised, controlled trial. Poster presentation, EADV Virtual Congress, říjen 2020, dostupné z: <https://doi.org/10.1111/jdv.17002>, vyhledáno 21. 11. 2020.
- Brembilla, N.C. – Senra, L. – Boehncke, W.H.: The IL-17 family of cytokines in psoriasis: IL-17A and beyond. *Front Immunol*, 2018, 9, s. 1682. Publikováno online 2. 8. 2018, doi: 10.3389/fimmu.2018.01682.
- Lebwohl, M., et al.: Long-term psoriasis control following Secukinumab discontinuation indicated disease modification of moderate to severe psoriasis. Poster presentation, 13th Annual Maui Derm for Dermatologists, 20–24. 3. 2017. *J Clin Aesthet Dermatol*, 2017, 10, suppl., s. 57–531.
- McGonagle, D.G. – McInnes, I.B. – Kirkham, B.W., et al.: The role of IL-17A in axial spondyloarthritis and psoriatic arthritis: recent advances and controversies. *Ann Rheum Dis*, 2019, 78, s. 1167–1178.
- Reich, K.: Direct IL-17A inhibition for the complete treatment of psoriatic disease. EADV Virtual Congress, 29. 10. 2020, dostupné z: <https://eadvvirtualcongress.org/>, vyhledáno 21. 11. 2020.

Hyperaktivní močový měchýř a moderní metody léčby

MUDr. Lukáš Horčíčka GONA, s. r. o., Urogynekologická ambulance

- Abrams, P. – Cardozo, L. – Fall, M., et al.: The standardisation of terminology of lower urinary tract function: report from the Standardisation Sub-committee of the International Continence Society. *Neurol Urologyn*, 2002, 21, s. 167–178.
- Milsom, I. – Abrams, P. – Cardozo, L., et al.: How widespread are these symptoms of an overactive bladder and how are they managed? A population-based prevalence study. *BJ Urol Int*, 2001, 87, s. 760–766.
- Chapple, C.R., et al.: Solifenacin – a new therapeutic option of OAB? Kongres České urologické společnosti, Praha, říjen 2005.
- Martan, A., et al.: *Inkontinence moči a ultrazvukové vyšetření dolního močového ústrojí u žen*. PanMed, Praha, 2001.
- Zmrhal, J., et al.: Místo a význam urologických metod v současnosti. *Moderní gynekologie a porodnictví*, 2003, 12, s. 56–70.
- Zmrhal, J.: Základy diagnostiky v urogynekologii. *Urologické listy*, 2004, 2, s. 5–13.
- Tomolová, Z. – Zmrhal, J. – Voženílek, J.: Nález závažných patologií urotelu u pacientek s OAB ve vlastním materiálu. Praktická urogynekologie XIV; celostátní konference Urogynekologické společnosti ČR, Mělník, prosinec 2005.
- Chmel, R.: Epidemiologické aspekty ženské močové inkontinence; *Časopis lékařů českých*, 2005, s. 95–97.
- Hegde, S.S.: Muscarinic receptors in the bladder: from basic research to therapeutics. *Br J Pharmacol*, 2006, 147, suppl. 2, s. 80–87.
- Riva, O. – Casolati, E.: Oxybutynin chloride in the treatment of female idiopathic bladder instability: results from double blind treatment. *Clin Exp Obstet Gynecol*, 1984, 11, s. 37–42.
- Rovner, E.S.: Trosipium chloride in the management of overactive bladder. *Drugs*, 2004, 64, s. 2433–2446.
- Nitti, V.W., et al.: Efficacy and tolerability of tolterodine extended-release in continent patients with overactive bladder and nocturia. *BJU Int*, 2006, 97, s. 1262–1266.
- Ohtake, A., et al.: In vitro and in vivo tissue selectivity profile of solifenacin succinate (YM905) for urinary bladder over solivary gland in rats. *Eur J Pharmacol*, 2004, 492, s. 243–250.
- Cardozo, L., et al.: Randomized, double-blind placebo controlled trial of the once daily antimuscarinic agent solifenacin succinate in patients with overactive bladder. *J Urol*, 2004, 172, s. 1919–1924.
- Chapple, C.R., et al.: The effects of antimuscarinic treatments in overactive bladder: an update of a systematic review and meta-analysis. *Eur Urol*, 2008, 54, s. 543–562.
- Madersbacher, H., et al.: Efficacy, tolerability and safety profile of propiverine in the treatment of the overactive bladder (non-neurogenic and neurogenic). *World J Urol*, 2001, 19, s. 324–335.
- Itoh, Y., et al.:EAU 2010, prezentace na EUREP 2012, Praha, Clarion Hotel.
- Chapple, C.R., et al.: Clinical proof of concept study (Blossom) shows novel B3 adrenoreceptor agonist YM178 is effective and well tolerated in the treatment of symptoms of overactive bladder. *Eur Urol*,

- 2008, 7, suppl. 3, abstrakt 674, s. 239.
- 19 **Fanti, J. A., et al.**: Estrogen therapy in the management of urinary incontinence in postmenopausal women: a meta-analysis. First report of the Hormones and Urogenital Therapy Committee. *Obstet Gynecol*, 1994, 83, s. 12–18.
- 20 **Rembratt, A., et al.**: What is nocturnal polyuria? *BJU Int*, 2002, 90, suppl. 3, s. 18–20.
- 21 **Robinson, D.**: Nocturia in women. *Int J Clin Pract*, 2007, 155, suppl. s. 23–31.
- 22 **Bae, J. H., et al.**: The effects of long-term administration of oral

- desmopressin on the baseline secretion of antidiuretic hormone and serum sodium concentration for the treatment of nocturia: a circadian study. *J Urol*, 2007, 178, s. 200–203.
- 23 **Zahariou, A., et al.**: Maximal bladder capacity is a positive predictor of response to desmopressin treatment in patients with MS and nocturia. *Int Urol Nephrol*, 2008, 40, s. 65–69.
- 24 **Giannantoni, A., et al.**: New therapeutic options for refractory neurogenic detrusor overactivity. *Minerva Urol Nefrol*, 2004, 56, s. 79–87.
- 25 **Sand, P. K. – Johnson, T. M. – Rovner, E. S., et al.**: Trosipium chloride once-daily extended release is efficacious and tolerated in elderly

- subjects (aged >= 75 years) with overactive bladder syndrome. *BJU Int*, 2011, 107, s. 612–620.
- 26 **Herschorn, S., et al.**: Efficacy and safety of combinations of mirabegron and solifenacin compared with monotherapy and placebo in patients with overactive bladder. *BJU Int*, 2017, 120, s. 562–575.
- 27 **Nardulli, R., et al.**: Combined antimuscarinics for treatment of neurogenic overactive bladder. *Int J Immunopathol Pharmacol*, 2012, s. 355–415.
- 28 **Leippold, T., et al.**: Botulinum toxin as a new therapy option for voiding disorders: current state of the art. *Eur Urol*, 2003, 44, s. 165–174.

Hormonální léčba endometriózy

MUDr. Peter Koliba Gynekologicko-porodnická klinika 1. LF UK a Nemocnice Na Bulovce, Praha

- 1 **Eisenberg, V. H. – Weil, C. – Chodick, G., et al.**: Epidemiology of endometriosis: a large population-based database study from a health care provider with 2 million members. *BJOG*, 2018, 125, s. 55–62.
- 2 **Meuleman, C. – Vandenabeele, B. – Fieuws, S., et al.**: High prevalence of endometriosis in infertile women with normal ovulation and normospermic partners. *Fertil Steril*, 2009, 92, s. 68–74.
- 3 **Nnoaham, K. E. – Hummelshoj, L. – Webster, P., et al.**: Impact of endometriosis on quality of life and work productivity: a multicenter study across ten countries. *Fertil Steril*, 2011, 96, s. 366–373.
- 4 **Fanta, M. – Koliba, P. – Hrušková, H.**: Endometrióza. *Česká gynekologie*, 2012, 77, s. 314–319.
- 5 **Grandi, G. – Barra, F. – Ferrero, S., et al.**: Hormonal contraception in women with endometriosis: a systematic review. *Eur J Contracept Reprod Health Care*, 2019, 24, s. 61–70.
- 6 **Hrušková, H.**: Konzervativní léčba genitálních forem endometriózy. *Aktuální gynekologie a porodnictví*, 2012, 4, s. 59–63.
- 7 **Brown, J. – Kives, S. – Akhtar, M.**: Progestagens and anti-progestagens for pain associated with endometriosis. *Cochrane Database Syst Rev*, 2012, CD002122.
- 8 **Crosignani, P. G. – Luciano, A. – Ray, A., et al.**: Subcutaneous depot medroxyprogesterone acetate versus leuprolide acetate in the treatment of endometriosis associated pain. *Hum Reprod*, 2006, 21, s. 248–256.
- 9 **Stekking, E. – van der Linden, P. J.**: A levonorgestrel containing IUD for the treatment of endometriosis. *Ned Tijdschr Geneesk*, 2007, 151, s. 2372–2376.
- 10 **Osuga, Y. – Fujimoto-Okabe, H. – Hagino, A.**: Evaluation of the efficacy and safety of dienogest in the treatment of painful symptoms in patients with adenomyosis: a randomized, double-blind, multicenter, placebo-controlled study. *Fertil Steril*, 2017, 108, s. 673–678.
- 11 **Foster, R. H. – Wilde, M. I.**: Dienogest. *Drugs*, 1998, 56, s. 825–833.
- 12 **Barra, F. – Scala, C. – Ferrero, S.**: Current understanding on pharmacokinetics, clinical efficacy and safety of progestins for treating pain associated to endometriosis. *Expert Opin Drug Metab Toxicol*, 2018, 14, s. 399–415.
- 13 **Strowitzki, T. – Faustmann, T. – Gerlinger, C., et al.**: Safety and tolerability of dienogest in endometriosis: pooled analysis from the European clinical study program. *Int J Womens Health*, 2015, 7, s. 393–401.
- 14 **Lee, S. R. – Yi, K. W. – Song, J. Y., et al.**: Efficacy and safety of long-term use of dienogest in women with ovarian endometrioma. *Reprod Sci*, 2018, 25, s. 341–346.
- 15 **Park, S. Y. – Kim, S. H. – Chae, H. D., et al.**: Efficacy and safety of dienogest in patients with endometriosis: a single-center observational study over 12 months. *Clin Exp Reprod Med*, 2016, 43, s. 215–220.
- 16 **Moghissi, K. S. – Schlaff, W. D. – Olive, D. L., et al.**: Goserelin acetate (Zoladex) with or without hormone replacement therapy for the treatment of endometriosis. *Fertil Steril*, 1998, 69, s. 1056–1062.
- 17 **ACOG.** Committee opinion: depot medroxyprogesterone acetate and bone effects (number 602). Committee on adolescent health care and committee on gynecologic practice; 2014.
- 18 **Römer, T.**: Long-term treatment of endometriosis with dienogest: retrospective analysis of efficacy and safety in clinical practice. *Arch Gynecol Obstet*, 2018, 298, s. 747–753.
- 19 **Ebert, A. D. – Dong, L. – Merz, M., et al.**: Dienogest 2 mg daily in the treatment of adolescents with clinically suspected endometriosis: The ViSanne Study to Assess Safety in ADOlescents. *J Pediatr Adolesc Gynecol*, 2017, 30, s. 560–567.
- 20 **Seo, J. W. – Lee, D. Y. – Yoon, B. K., et al.**: Effects of long-term post-operative dienogest use for treatment of endometriosis on bone mineral density. *Eur J Obstet Gynecol Reprod Biol*, 2017, 212, s. 9–12.
- 21 **Morch, L. S. – Skovlund, C. W. – Hannaford, P. C., et al.**: Contemporary hormonal contraception and the risk of breast cancer. *N Engl J Med*, 2017, 377, s. 2228–2239.
- 22 **Dostupné z:** <http://www.sukl.cz/modules/medication/download.php?file=SPC148217.pdf&type=spc&as=nometrum-spc>, vyhledáno 6. 10. 2020.
- 23 **Schindler, A. E. – Henkel, A. – Christensen, B., et al.**: Dienogest and the breast. *Gynecol Endocrinol*, 2009, 25, s. 472–474.
- 24 **Casper, R. F.**: Progestin-only pills maybe a better first-line treatment for endometriosis than combined estrogen-progestin contraceptive pills. *Fertil Steril*, 2017, 107, s. 533–536.

Dexibuprofén

PharmDr. Andrea Gažová PhD. Ústav farmakologie a klinické farmakologie, Lékárska fakulta Univerzity Komenského, Bratislava

MUDr. Marek Hakl, Ph.D. Centrum léčby bolesti Medicinecare, s. r. o., Chirurgická klinika FN a LF MU, Brno

doc. MUDr. Igor Martuliak, PhD. Algeziologická klinika SZU FNsP, Banská Bystrica

prof. PharmDr. Ján Kyselovič, CSc. V. interná klinika, Lékárska fakulta Univerzity Komenského, Bratislava

- 1 **Bonabello, A.**: Dexibuprofen (S(+)-isomer ibuprofen) reduces gastric damage and improved analgesic and anti-inflammatory effects in rodents. *Anesth Analg*, 2003, 97, s. 402–408.
- 2 **Phleps, W.**: Overview on clinical data of dexibuprofen. *Clinical Rheumatol*, 2001, 20, s. 15–21.
- 3 **Evans, A. M.**: Comparative pharmacology of S(+)-ibuprofen and (R,S)-ibuprofen. *Clin Rheumatol*, 2001, 20, s. 9–14.
- 4 **Hawel, R. – Klein, G. – Mitterhuber, J. – Brugger, A.**: A double-blind study to compare the efficacy and tolerance of dexibuprofen 900 mg with diclofenac sodium in patients with painful osteoarthritis of the knee. *Wien Klin Wochenschr*, 1997, 109, s. 53–59.
- 5 **Chhabra, N. – L. aseri, M. – Padmanabhan, D.**: A review of drug isomerism and its significance. *Int J Appl Basic Med Res*, 2013, 3, s. 16–18. Dostupné z: [doi:10.4103/2229-516X.112233](https://doi.org/10.4103/2229-516X.112233).
- 6 **Kähler, S. T. – Phleps, W. – Hesse, E.**: Dexibuprofen: pharmacology, therapeutic, uses and safety. *Inflammopharmacology*, 2003, 11, s. 371–383.
- 7 **Klein, G. – Neff, H. – Kullich, W., et al.**: S(+)- versus racemic ibuprofen. *Lancet*, 1992, 339, s. 681.
- 8 **Klein, G. – Hawel, R. – Wallner, H., et al.**: NSAR-Therapie: Schließt Wirk-samkeit Verträglichkeit aus? Klinische Erfahrungen mit dem neuen Antirheumatikum Dexibuprofen. *Der praktische Arzt*, 1994, 48, s. 3–7.
- 9 **Rahles, V. W.**: Reevaluation of some double-blind randomized studies of dexibuprofen (Seractil): a state-of-the-art overview. *J Clin Pharmacol*, 1996, 36, s. 533–40.
- 10 **Comparison of the bioavailability after a single-dose oral administration of tablets containing 400 mg S(+)-ibuprofen under fasting and non-fasting conditions. Internal report Gebro Pharma, I/24.3, 1999.**
- 11 **Study to compare the efficacy and tolerability of dexibuprofen (200/300 mg) versus ibuprofen racemate 400 mg in patients suffering from primary dysmenorrhea. Internal report Gebro Pharma, III/21.3, 1998.**
- 12 **Singer, F., et al.**: Evaluation of the efficacy and dose response relationship of dexibuprofen (S(+)-ibuprofen) in patients with osteoarthritis of the hip and comparison with racemic ibuprofen using the WOMAC osteoarthritis index. *Clin Pharmacol Ther*, 2000, 38, s. 15–24.

Hyruan ONE – one shot injekce (2% zesíťovaná kyselina hyaluronová)

MUDr. Zdeněk Jícha Klinika ortopedie 1. LF UK a ÚVN, Praha

- 1 **Wooley, P. H. – Song, Z. – Harrison, A.**: Hyaluronic acid viscosupplements from avian and non-mammalian sources exhibit biocompatibility profiles with unique, source-specific, antigenic profiles. *J Biomed Mater Res B Appl Biomater*, 2012, 100, s. 808–816.
- 2 **LG Chem R&D center.** Hyruan ONE study report. RCH-SA-002.
- 3 **LG Chem.** Hyruan ONE PMS report. LG-HAPMS001, 14. 1. 2020.
- 4 **Morsy, G. M. – Hussein, R. H., et al.**: The chondroprotective role of pecans (*carya illinoensis*) and pistachio (*pistacia vera*) against experimentally induced animal model of knee osteoarthritis. *Eurasia J Biosci*, 2020, 14, s. 1221–1231.

Infekce HIV/AIDS, diagnostika, léčba a prevence

doc. MUDr. Dalibor Sedláček, CSc. | MUDr. Sam Hofman Klinika infekčních nemocí a cestovní medicíny FN Plzeň

- 1 **Barré-Sinoussi, F. – Chermann, J. C. – Rey, F., et al.**: Isolation of a T-lymphotropic retrovirus from a patient at risk for acquired immunodeficiency syndrome (AIDS). *Science*, 1983, 220, s. 868–871.
- 2 **Clavel, F. – Mansinho, K. – Chamaret, S., et al.**: Human immunodeficiency virus type 2 infection associated with AIDS in West Africa. *N Engl J Med*, 1987, 316, s. 1180–1185.
- 3 **Global HIV & AIDS statistics – 2020 factsheet.** UNAIDS 2020.
- 4 **Abecasis, A. B. – Wensing, A. M. – Paraskevis, D., et al.**: 4. HIV-1 subtype distribution and its demographic determinants in newly diagnosed patients in Europe suggest highly compartmentalized epidemics. *Retrovirology*, 2013, 10, 7, <https://doi.org/10.1186/1742-4690-10-7>.
- 5 **EACS HIV Treatment Guidelines.** Version 10.1; říjen 2020.
- 6 **Molina, J. M. – Charreau, I. – Spire, B., et al.**: Efficacy, safety, and effect on sexual behaviour of on-demand pre-exposure prophylaxis for HIV in men who have sex with men: an observational cohort study. *Lancet HIV*, 2017, 4, e402–410.
- 7 **Alexaki, A. – Liu, Y. – Wigdahl, B.**: Cellular reservoirs of HIV 1 and their role in viral persistence. *Curr HIV Res*, 2008, 6, s. 388–400.

Setkání špičkových odborníků v oblasti HIV

- 1 van Wyk, J. – Ajana, F. – Bisshop, F., et al.: Efficacy and safety of switching to dolutegravir/lamivudine fixed-dose 2-drug regimen vs continuing a tenofovir alafenamide–based 3- or 4-drug regimen for maintenance of virologic suppression in adults living with human immunodeficiency virus type 1: phase 3, randomized, noninferiority TANGO study. *Clin Infect Dis*, 2020, 71, s. 1920–1929.
- 2 van Wyk, J. – Ajana, F. – Bisshop, F., et al.: Switching to DTG/3TC fixed-dose combination (FDC) is non-inferior to continuing a TAF-based regimen (TBR) in maintaining virologic suppression through 96 weeks (TANGO study). *Emerging Topics in HIV and COVID-19*. HIV

- Glasgow – virtuálně, 5.–8. 10. 2020, slajdy 0441. Dostupné z: <https://onlinelibrary.wiley.com/doi/10.1002/jia2.25616>, vyhledáno 18. 11. 2020.
- 3 van Wyk, J. – Ait-Khaled, M. – Santos, J., et al.: Improved metabolic parameters after switching from TAF-BASED 3- or 4-drug regimen to the 2-drug regimen of DTG/3TC (dolutegravir/lamivudine): the TANGO study. 23rd International AIDS Conference; 6.–10. 7. 2020; virtuálně. AIDS 2020, slajdy OAB0606. Dostupné z: <https://www.hivandmore.de/kongresse/iac2020/002903-improved-metabolic-parameters-after-switching-from-taf-based-drug-regimen-to-dtg-3tc-tango>.

- pdf, vyhledáno 18. 11. 2020.
- 4 Cahn, P. – Sierra-Madero, J. – Arribas, J., et al.: Durable efficacy of dolutegravir (DTG) plus lamivudine (3TC) in antiretroviral treatment-naïve adults with HIV-1 infection: 3-year results from the GEMINI studies. HIV Glasgow – Virtual, 5.–8. 10. 2020. JIAS, poster 018, <https://doi.org/10.1002/jia2.25616>.
 - 5 Ait-Khaled, M., et al.: Impact of treatment adherence on efficacy of DTG + 3TC and DTG + TDF/FTC: pooled analysis of the GEMINI 1 and 2 clinical studies. Prezentováno na IDWeek 2020, 22.–25. 10. 2020, virtuálně, poster 1024.

Covid-19: od diagnózy k terapii

MUDr. Pavel Dlouhý | MUDr. Jana Pazderková | MUDr. Hynek Bartoš | MUDr. Štěpán Cimrman | Mgr. Lada Merunková

Infekční oddělení Masarykovy nemocnice v Ústí nad Labem, Krajská zdravotní, a. s.

MUDr. Ing. Jan Beneš | MUDr. Josef Škola Klinika anesteziologie, perioperativní a intenzivní medicíny Masarykovy nemocnice v Ústí nad Labem, Krajská zdravotní, a. s.

Mgr. Dana Vaculíková Odbor hygieny, Krajská zdravotní, a. s.

- 1 Alhazzani, W. – Moller, M. H. – Arabi, Y. M., et al.: Surviving Sepsis Campaign: guidelines on the management of critically ill adults with Coronavirus Disease 2019 (COVID-19). *Intensive Care Med*, 2020, s. 1–34.
- 2 Bartlett, R. H. – Ogino, M. T. – Brodie, D., et al.: Initial ELSO guidance document: ECMO for COVID-19 patients with severe cardiopulmonary failure. *ASAIO Journal*, 2020, 66, s. 472–474.
- 3 Beigel, J. H. – Tomashek, K. M. – Dodd, L. E., et al.: Remdesivir for the treatment of Covid-19 – Final Report. *N Engl J Med*, 2020, 383, s. 1813–1826.
- 4 Cao, B. – Wang, Y. – Wen, D., et al.: A trial of lopinavir-ritonavir in adults hospitalized with severe COVID-19. *N Engl J Med*, online 18. 3. 2020, doi:10.1056/NEJMoa2001282.
- 5 Cimrman, S. – Mackova, L. – Kral, V., et al.: The duration of SARS-CoV-2 shedding in patients recovering from COVID-19. *Epidemiol Mikrobiol Immunol*, 2020, 69, s. 148–151.
- 6 Delang, L., et al.: Favipiravir as a potential countermeasure against neglected and emerging RNA viruses. *Antiviral Res*, 2018, 153, s. 85–94.
- 7 Dlouhý, P. – Beneš, J. – Pazderková, J., et al.: COVID-19: diagnóza, terapie a prevence. *Acta medicinae*, 2020, 8, s. 36–46.
- 8 Dong, Y. – Mo, X. – Hu, Y., et al.: Epidemiology of COVID-19 Among Children in China. *Pediatrics*, 2020, 145, e20200702, DOI: <https://doi.org/10.1542/peds.2020-0702>.
- 9 Chen, Z. – Hu, J. – Zhang, Z., et al.: Efficacy of hydrochloroquine in patients with COVID-19: Results of a randomised trial. Dostupné z: www.medrxiv.org/content/10.1101/2020.03.22.20040758v2, vyhledáno 24. 11. 2020.
- 10 Gattinoni, L. – Chiumello, D. – Caironi, P., et al.: COVID-19 pneumonia: different respiratory treatments for different phenotypes? *Intensive Care Med*, 2020, 46, s. 1099–1102.
- 11 Gautret, P. – Lagier, J. C. – Parola, P., et al.: Hydroxychloroquine and azithromycin as a treatment of COVID-19: results of an open-label non-randomized clinical trial. *Int J Antimicrob Agents*, 2020, 56, s. 105949.
- 12 Goldman, J. D. – Lye, D. C. B. – Hui, D. S., et al.: Remdesivir for 5 or 10 days in patients with severe COVID-19. *N Engl J Med*, 2020, 383, s. 1827–1837.
- 13 Guan, W. J. – Ni, Z.-y. – Hu, Y., et al.: Characteristics of coronavirus disease 2019 in China. *N Engl J Med*, 2020, 382, s. 1708–1720.
- 14 Guaraldi, G. – Meschiaro, M. – Cozzi-Lepri, A., et al.: Tocilizumab in patients with severe COVID-19: a retrospective cohort study. *Lancet Rheumatol*, 2020, 2, s. E474–E484.
- 15 Gurwitz, D.: Angiotensin receptor blockers as tentative SARS-CoV-2 therapeutics. *Drug Dev Res*, 2020, 81, s. 537–540.
- 16 He, X. – Lau, E. H. Y. – Wu, P., et al.: Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nat Med*, 2020, 26, s. 672–675.
- 17 Henry, B. M. – deOliveira, M. H. S. – Benoit, S., et al.: Hematologic, biochemical and immune biomarker abnormalities associated with severe illness and mortality in coronavirus disease 2019 (COVID-19): a meta-analysis. *Clin Chem Lab Med*, 2020, 58, s. 1021–1028.
- 18 Hoffmann, M. – Kleine-Weber, H. – Schroeder, S., et al.: SARS-CoV-2 cell entry depends on ACE2 and TMPRSS2 and is blocked by a clinically proven protease inhibitor. *Cell*, 2020, 181, s. 271–280.
- 19 Horby, P. – Landray, M.: Statement from the chief investigators of the randomised evaluation of COVID-19 therapy (RECOVERY) trial

- on hydroxychloroquine. Dostupné z: <https://recoverytrial.net/files/hcg-recovery-statement-050620-final-002.pdf>, vyhledáno 5. 6. 2020.
- 20 Chen, C. – Huang, J. – Cheng, Z., et al.: Favipiravir versus Arbidol for COVID-19: a randomized clinical trial. *medRxiv*, online 27. 3. 2020, doi:10.1101/2020.03.17.20037432.
 - 21 Chen, P. – Nirula, A. – Heller, B., et al.: SARS-CoV-2 neutralizing antibody Ly-CoV555 in outpatients with Covid-19. *N Engl J Med*, online 28. 10. 2020, DOI: 10.1056/NEJMoa2029849
 - 22 Chen, T. – Wu, D. – Chen, H., et al.: Clinical characteristics of 113 deceased patients with coronavirus disease 2019: retrospective study. *BMJ*, online 26. 3. 2020, doi: <https://doi.org/10.1136/bmj.m1091>.
 - 23 Chen, Y. – Liu, Q. – Guo, D.: Emerging coronaviruses: genome structure, replication, and pathogenesis. *J Med Virol*, 2020, 92, s. 418–423.
 - 24 Chin, A. W. H. – Chu, J. T. S. – Perera, M. R. A., et al.: Stability of SARS-CoV-2 in different environmental conditions. *Lancet Microbe*, online 2. 4. 2020, DOI: [https://doi.org/10.1016/S2666-5247\(20\)30003-3](https://doi.org/10.1016/S2666-5247(20)30003-3).
 - 25 Chivukula, R. R. – Maley, J. H. – Dudzinski, D. M., et al.: Evidence-based management of the critically ill adult with SARS-CoV-2 infection. *Intensive Care Med*, online 28. 10. 2020, doi: <https://doi.org/10.1177/0885066620969132>.
 - 26 Ivashchenko, A. A. – Dmitriev, K. A. – Vostokova, N. V., et al.: AVIFAVIR for treatment of patients with moderate COVID-19. Interim results of a phase II/III multicenter randomized clinical trial. *Clin Infect Dis*, online 9. 8. 2020, doi: <https://doi.org/10.1093/cid/ciaa1176>.
 - 27 Joyner, M. J. – Wright, R. S. – Fairweather, D., et al.: Early safety indicators of COVID-19 convalescent plasma in 5000 patients. *J Clin Invest*, 2020, 130, s. 4791–4797.
 - 28 Keller, M. J. – Kitsis, E. A. – Arora, S., et al.: Effect of systemic glucocorticoids on mortality or mechanical ventilation in patients with COVID-19. *J Hosp Med*, 2020, 15, s. 489–493.
 - 29 Monk, P. D. – Marsden, R. J. – Tear, V. J., et al.: Safety and efficacy of inhaled nebulised interferon beta-1a (SNG001) for treatment of SARS-CoV-2 infection: a randomised, double-blind, placebo-controlled, phase 2 trial. *Lancet Respir Med*, online 12. 11. 2020, doi: [https://doi.org/10.1016/S2213-2600\(20\)30511-7](https://doi.org/10.1016/S2213-2600(20)30511-7).
 - 30 NICE: COVID-19 rapid guideline: critical care in adults. *NICE guideline*. Dostupné z: <https://www.nice.org.uk/guidance/ng159>, vyhledáno 3. 9. 2020.
 - 31 Olender, S. A. – Perez, K. K. – Go, A. S., et al.: Remdesivir for severe COVID-19 versus a cohort receiving standard of care. *Clin Infect Dis*, online 24. 7. 2020, doi: <https://doi.org/10.1093/cid/ciaa1041>.
 - 32 Oran, D. P. – Topol, E. J.: Prevalence of asymptomatic SARS-CoV-2 infection: a narrative review. *Ann Intern Med*, 2020, 173, s. 362–367.
 - 33 Prescott, H. C. – Rice, T. W.: Corticosteroids in COVID-19 ARDS. Evidence a hope during the pandemic. *JAMA*, 2020, 324, s. 1292–1295.
 - 34 Rajter, J. C. – Sherman, M. – Fatteh, N., et al.: ICON (Ivermectin in covid nineteen) study: Use of ivermectin is associated with lower mortality in hospitalized patients with COVID-19. *medRxiv*, online 9. 6. 2020, doi: <https://doi.org/10.1101/2020.06.06.20124461>.
 - 35 The RECOVERY Collaborative Group: Dexamethasone in hospitalized patients with COVID-19 – preliminary report. *N Engl J Med*, online 17. 7. 2020, doi: <https://doi.org/10.1056/NEJMoa2021436>.
 - 36 Russell, C. D. – Millar, J. E. – Baillie, J. K.: Clinical evidence does not support corticosteroid treatment for 2019-nCoV lung injury. *Lancet*, 2020, 395, s. 473–475.

- 37 Sanders, J. M. – Monogue, M. L. – Jodkowski, T. Z., et al.: Pharmacologic treatment for Coronavirus disease 2019 (COVID-19). *JAMA*, 2020, 323, s. 1824–1836.
- 38 Sharma, O. – Sultan, A. A. – Ding, H., et al.: A review of the progress and challenges of developing a vaccine for COVID-19. *Front Immunol*, online 14. 10. 2020, <https://doi.org/10.3389/fimmu.2020.585354>.
- 39 Shiraki, K. – Daikoku, T.: Favipiravir, an anti-influenza drug against life-threatening RNA virus infections. *Pharmacol Ther*, online květen 2020, doi: <https://doi.org/10.1016/j.pharmthera.2020.107512>.
- 40 Soldati, S. – Smargiassi, A. – Inchingolo, E., et al.: Proposal for international standardization of the use of lung ultrasound for patients with COVID-19. A simple, quantitative, reproducible method. *J Ultrasound Med*, 2020, 9999, s. 1–7.
- 41 Spinner, C. D. – Gottlieb, R. L. – Criner, G. J., et al.: Effect of remdesivir vs standard care on clinical status at 11 days in patients with moderate COVID-19: A randomized clinical trial. *JAMA*, 2020, 324, s. 1048–1057.
- 42 Stokes, E. K. – Zambrano, L. D. – Anderson, K. N., et al.: Coronavirus Disease 2019 Case Surveillance United States, January 22–May 30, 2020. *Morb Mortal Wkly Rep*, 2020, 69, s. 759–765.
- 43 Wang, D. – Hu, B. – Hu, C., et al.: Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. *JAMA*, 2020, 323, s. 1061–1069.
- 44 Wang, W. – Xu, Y. – Gao, R., et al.: Detection of SARS-CoV-2 in different types of clinical specimens. *JAMA*, 2020, 323, s. 1843–1844.
- 45 Wang, Y. – Zhang, D. – Du, G., et al.: Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial. *Lancet*, 2020, 395, s. 1569–1578.
- 46 Wu, Z. – McGoogan, J. M.: Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary of a report of 72,314 cases from the Chinese Center for Disease Control and Prevention. *JAMA*, 2020, 323, s. 1239–1242.
- 47 WHO: Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance. Online 13. 3. 2020. WHO reference number: WHO/2019-nCoV/Clinical/2020.4
- 48 WHO Solidarity trial consortium. Repurposed antiviral drugs for COVID-19 – interim WHO Solidarity trial results. *medRxiv*, online 15. 10. 2020, doi: <https://doi.org/10.1101/2020.10.15.20209817>.
- 49 Zhou, F. – Yu, T. – Du, R., et al.: Clinical course and risk factors for mortality for adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet*, 2020, 395, s. 1054–1062.

Daší zdroje informací k onemocnění covid-19 (vyhledáno 24. 11. 2020):

- www.koronavirus.mzcr.cz
- www.infekce.cz
- www.csm.cz
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>
- www.nih.gov/health-information/coronavirus
- <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- <https://www.ifcc.org/>
- [ifcc-news/2020-03-26-ifcc-information-guide-on-covid-19/](https://www.ifcc-news/2020-03-26-ifcc-information-guide-on-covid-19/)
- www.covid19-druginteractions.org
- <https://www.upToDate.com/contents/coronavirus-disease-2019-covid-19-critical-care-and-airway-management-issues#H1807967429>

Mechanismy kardioprotektivních a nefroprotektivních účinků inhibitorů SGLT2 nejen u pacientů s diabetem 2. typu

doc. MUDr. Josef Kořínek, Ph.D. II. interní klinika – klinika kardiologie a angiologie, II. chirurgická klinika – klinika kardiovaskulární chirurgie, Klinika anesteziologie, resuscitace a intenzivní medicíny 1. LF UK a VFN, Praha

prof. MUDr. Martin Haluzík, DrSc. Centrum diabetologie IKEM, Ústav lékařské biochemie a laboratorní diagnostiky 1. LF UK a VFN, Praha

- Mahaffey, K. W. – Neal, B. – Perkovic, V., et al.: Canagliflozin for primary and secondary prevention of cardiovascular events: results from the CANVAS program (Canagliflozin Cardiovascular Assessment Study). *Circulation*, 2018, 137, s. 323–334.
- Neal, B. – Perkovic, V. – Mahaffey, K. W., et al.: Canagliflozin and cardiovascular and renal events in type 2 diabetes. *N Engl J Med*, 2017, 377, s. 644–657.
- Wiviott, S. D. – Raz, I. – Bonaca, M. P., et al.: Dapagliflozin and cardiovascular outcomes in type 2 diabetes. *N Engl J Med*, 2019, 380, s. 347–357.
- McMurray, J. J. V. – Solomon, S. D. – Inzucchi, S. E., et al.: Dapagliflozin in patients with heart failure and reduced ejection fraction. *N Engl J Med*, 2019, 381, s. 1995–2008.
- Packer, M. – Anker, S. D. – Butler, J., et al.: Cardiovascular and renal outcomes with empagliflozin in heart failure. *N Engl J Med*, 2020, 383, s. 1413–1424.
- Heerspink, H. J. L. – Stefansson, B. V. – Correa-Rotter, R., et al.: Dapagliflozin in patients with chronic kidney disease. *N Engl J Med*, 2020, 383, s. 1436–1446.
- Perkovic, V. – Jardine, M. J. – Neal, B., et al.: Canagliflozin and renal outcomes in type 2 diabetes and nephropathy. *N Engl J Med*, 2019, 380, s. 2295–2306.
- Barrett, E. J. – Liu, Z. – Khamaisi, M., et al.: Diabetic microvascular disease: an endocrine society scientific statement. *J Clin Endocrinol Metab*, 2017, 102, s. 4343–4410.
- Lovshin, J. A. – Bjornstad, P. – Lovblom, L. E., et al.: Atherosclerosis and microvascular complications: results from the Canadian Study of longevity in type 1 diabetes. *Diabetes Care*, 2018, 41, s. 2570–2578.
- Vallon, V.: Glucose transporters in the kidney in health and disease. *Pflugers Arch*, 2020, 472, s. 1345–1370.
- Vallon, V. – Platt, K. A. – Cunard, R., et al.: SGLT2 mediates glucose reabsorption in the early proximal tubule. *J Am Soc Nephrol*, 2011, 22, s. 104–112.
- Rahmoune, H. – Thompson, P. W. – Ward, J. M., et al.: Glucose transporters in human renal proximal tubular cells isolated from the urine of patients with non-insulin-dependent diabetes. *Diabetes*, 2005, 54, s. 3427–3434.
- Vallon, V. – Thomson, S. C.: The tubular hypothesis of nephron filtration and diabetic kidney disease. *Nat Rev Nephrol*, 2020, 16, s. 317–336.
- Thomson, S. C. – Rieg, T. – Miracle, C., et al.: Acute and chronic effects of SGLT2 blockade on glomerular and tubular function in the early diabetic rat. *Am J Physiol Regul Integr Comp Physiol*, 2012, 302, s. R75–R83.
- Verma, S. – McMurray, J. J. V.: SGLT2 inhibitors and mechanisms of cardiovascular benefit: a state-of-the-art review. *Diabetologia*, 2018, 61, s. 2108–2117.
- Vallon, V. – Verma, S.: Effects of SGLT2 inhibitors on kidney and cardiovascular function. *Annu Rev Physiol*, 6. 11. 2020, doi: 10.1146/annurev-physiol-031620-095920.
- Ferrannini, E. – Muscelli, E. – Frascerra, S., et al.: Metabolic response to sodium-glucose cotransporter 2 inhibition in type 2 diabetic patients. *J Clin Invest*, 2014, 124, s. 499–508.
- Ponikowski, P. – Voors, A. A. – Anker, S. D., et al.: 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur Heart J*, 2016, 37, s. 2129–2200.
- Hallow, K. M. – Helmlinger, G. – Greasley, P. J., et al.: Why do SGLT2 inhibitors reduce heart failure hospitalization? A differential volume regulation hypothesis. *Diabetes Obes Metab*, 2018, 20, s. 479–487.
- Lambers Heerspink, H. J. – de Zeeuw, D. – Wie, L., et al.: Dapagliflozin a glucose-regulating drug with diuretic properties in subjects with type 2 diabetes. *Diabetes Obes Metab*, 2013, 15, s. 853–862.
- Zinman, B. – Wanner, C. – Lachin, J. M., et al.: Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. *N Engl J Med*, 2015, 373, s. 2117–2128.
- Ghanim, H. – Abuaysheh, S. – Hejna, J., et al.: Dapagliflozin suppresses hepcidin and increases erythropoiesis. *J Clin Endocrinol Metab*, 2020, 105, 4.
- Mazer, C. D. – Hare, G. M. T. – Connelly, P. W., et al.: Effect of empagliflozin on erythropoietin levels, iron stores, and red blood cell morphology in patients with type 2 diabetes mellitus and coronary artery disease. *Circulation*, 2020, 141, s. 704–707.
- Verma, S. – Rawat, S. – Ho, K. L., et al.: Empagliflozin increases cardiac energy production in diabetes: novel translational insights into the heart failure benefits of SGLT2 inhibitors. *JACC Basic Transl Sci*, 2018, 3, s. 575–587.
- Santos-Gallego, C. G. – Requena-Ibanez, J. A. – San Antonio, R., et al.: Empagliflozin ameliorates adverse left ventricular remodeling in nondiabetic heart failure by enhancing myocardial energetics. *J Am Coll Cardiol*, 2019, 73, s. 1931–1944.
- Buse, J. B. – Wexler, D. J. – Tsapas, A., et al.: 2019 update to: Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetologia*, 2020, 63, s. 221–228.
- Ansary, T. M. – Nakano, D. – Nishiyama, A.: Diuretic effects of sodium glucose cotransporter 2 inhibitors and their influence on the renin-angiotensin system. *Int J Mol Sci*, 2019, 20, 3.
- Shin, S. J. – Chung, S. – Kim, S. J., et al.: Effect of sodium-glucose co-transporter 2 inhibitor, dapagliflozin, on renal renin-angiotensin system in an animal model of type 2 diabetes. *PLoS One*, 2016, 11, e0165703.
- Verma, S.: Are the cardiorenal benefits of SGLT2 inhibitors due to inhibition of the sympathetic nervous system? *JACC Basic Transl Sci*, 2020, 5, s. 180–182.
- Heart, L. Y. – Magno, A. L. – Rudnicka, C., et al.: SGLT2 inhibitor-induced sympathoinhibition: a novel mechanism for cardiorenal protection. *JACC Basic Transl Sci*, 2020, 5, s. 169–179.
- Byrne, N. J. – Soni, S. – Takahara, S., et al.: Chronically elevating circulating ketones can reduce cardiac inflammation and blunt the development of heart failure. *Circ Heart Fail*, 2020, 13, e006573.
- Kang, S. – Verma, S. – Hassanabad, A. F., et al.: Direct effects of empagliflozin on extracellular matrix remodelling in human cardiac myofibroblasts: novel translational clues to explain EMPA-REG OUTCOME results. *Can J Cardiol*, 2020, 36, s. 543–553.
- Uthman, L. – Baartscheer, A. – Bleijlevens, B., et al.: Class effects of SGLT2 inhibitors in mouse cardiomyocytes and hearts: inhibition of Na⁺/H⁺ exchanger, lowering of cytosolic Na⁺ and vasodilation. *Diabetologia*, 2018, 61, s. 722–726.
- Verma, S. – Mazer, C. D. – Yan, A. T., et al.: Effect of empagliflozin on left ventricular mass in patients with type 2 diabetes mellitus and coronary artery disease: The EMPA-HEART CardioLink-6 randomized clinical trial. *Circulation*, 2019, 140, s. 1693–1702.

Inhibitory SGLT2 v primární prevenci diabetu a v léčbě srdečního selhání – zaměřeno na dapagliflozin

MUDr. Jan Vachek | prof. MUDr. Vladimír Tesař, DrSc., MBA Klinika nefrologie 1. LF UK a VFN, Praha

- Ponikowski, P. – Voors, A. A. – Anker, S. D., et al.: 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) Developed with the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur Heart J*, 2016, 37, s. 2129–2200.
- Mamas, M. A. – Sperrin, M. – Watson, M. C., et al.: Do patients have worse outcomes in heart failure than in cancer? A primary care-based cohort study with 10-year follow-up in Scotland. *Eur J Heart Fail*, 2017, 19, s. 1095–1104.
- McMurray, J. J. – Packer, M. – Desai, A. S., G., et al.: Angiotensin-neprilysin inhibition versus enalapril in heart failure. *New Engl J Med*, 2014, 371, s. 993–1004.
- McMurray, J. J. V. – Solomon, S. D. – Inzucchi, S. E., et al.: Dapagliflozin in patients with heart failure and reduced ejection fraction. *New Engl J Med*, 2019, 381, s. 1995–2008.
- Wiviott, S. D. – Raz, I. – Bonaca, M. P., et al.: Dapagliflozin and cardiovascular outcomes in type 2 diabetes. *New Engl J Med*, 2019, 380, s. 347–357.
- Clodi, M. – Abrahamian, H. – Brath, H., et al.: Antihyperglycemic treatment guidelines for diabetes mellitus type 2 (Update 2019). *Wien Klin Wochenschr*, 2019, 131, suppl. 1, s. 27–38.
- Cosentino, F. – Grant, P. J. – Aboyans, V., et al.: 2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the EASD. *Eur Heart J*, 2020, 41, s. 255–323.

Terapeutický přínos aklidinium bromidu v monoterapii a v kombinaci s formoterolem u nemocných s chronickou obstrukční plicní nemocí

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

- Global Initiative for Chronic Obstructive Lung Disease. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease; 2018. Dostupné z: https://goldcopd.org/wp-content/uploads/2017/11/GOLD-2018-v6.0-FINAL-revised-20-Nov_WMS.pdf, vyhledáno 21. 11. 2020.
- Singh, D. – Jones, P. W. – Bateman, E. D., et al.: Efficacy and safety of acclidinium bromide/formoterol fumarate fixed-dose combinations compared with individual components and placebo in patients with COPD (ACLIFORM-COPD): a multicentre, randomised study. *BMC Pulm Med*, 2014, 14, s. 178.
- D'Urzo, A. D. – Rennard, S. I. – Kerwin, E. M., et al.: Efficacy and safety of fixed-dose combinations of acclidinium bromide/formoterol fumarate: the 24-week, randomized, placebo-controlled AUGMENT COPD study. *Respir Res*, 2014, 15, s. 123.
- Sethi, S. – Kerwin, E. – Watz, H., et al.: AMPLIFY: a randomized, Phase III study evaluating the efficacy and safety of acclidinium/formoterol vs monocomponents and tiotropium in patients with moderate-to-very severe symptomatic COPD. *Int J Chron Obstruct Pulmon Dis*, 2019, 14, s. 667–682.

Inhalační kortikosteroidy v léčbě průduškového astmatu – principy léčby a význam výběru

doc. MUDr. Jaromír Bystroň, CSc. Oddělení alergologie a klinické imunologie FN Ostrava (OAKI), JB Alergo-Imuno, s. r. o., Havířov

1 Global strategy for Asthma management and prevention – update 2020 (GINA 2020).

Imunoterapie karcinomu plic na virtuálním kongresu ESMO

MUDr. Leona Koubková Pneumologická klinika UK 2 LF a FN Motol, Praha

- 1 **Brahmer, J. R. – Rodriguez-Abreu, D. – Robinson, A. G., et al.**: KEY-NOTE-024 5-year OS update: First-line (1L) pembrolizumab (pembro) vs platinum-based chemotherapy (chemo) in patients (pts) with metastatic NSCLC and PD-L1 tumour proportion score (TPS) $\geq 50\%$. *An Oncol*, 2020, 31, suppl. 4, s. S1142–S1215.
- 2 **Lee, J.-S. – Sugawara, S. – Kang, J. H., et al.**: LBA54 Randomized phase III trial of nivolumab in combination with carboplatin, paclitaxel, and bevacizumab as first-line treatment for patients with advanced or recurrent non-squamous NSCLC. *Virtual ESMO. An Oncol*, 2020, 31, suppl. 4, s. S1184–S1185, DOI: <https://doi.org/10.1016/j.annonc.2020.08.2287>.
- 3 **Seto, T. – Nosaki, K. – Shimokawa, M., et al.**: WJOG@Be study: A phase II study of atezolizumab (atez) with bevacizumab (bev) for non-squamous (sq) non-small cell lung cancer (NSCLC) with high PD-L1 expression. *An Oncol*, 2020, 31, suppl. 4, s. S1142–S1215.
- 4 **Sezer, A., et al.**: EMPOWER-Lung 1: Phase 3 first-line (1L) cemiplimab monotherapy vs platinum-doublet chemotherapy (chemo) in advanced non-small cell lung cancer (NSCLC) with programmed cell death-ligand 1 (PD-L1) $\geq 50\%$. ESMO 2020, abstrakt LBA52.

Phesgo: fixní kombinace Perjety a Herceptinu k subkutánnímu podání

MUDr. Marta Krásenská Klinika komplexní onkologické péče, Masarykův onkologický ústav, Brno

- 1 U.S. Food and Drug Administration: FDA approves combination of pertuzumab, trastuzumab, and hyaluronidase-zzxf for HER2-positive breast cancer. Dostupné z: <https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-combination-pertuzumab-trastuzumab-and-hyaluronidase-zzxf-her2-positive-breast-cancer>, vyhledáno 25. 11. 2020.
- 2 PHESGO (pertuzumab, trastuzumab, and hyaluronidase-zzxf) injection, for subcutaneous use, prescribing information, Genentech, Inc, červen 2020. Dostupné z: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/761170s000lbl.pdf, vyhledáno 25. 11. 2020.
- 3 **Wolff, A. C. – Hammond, M. E. – Hicks, D. G., et al.**: Recommendations for human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists clinical practice guideline update. *J Clin Oncol*, 2013, 31, s. 3997–4013.
- 4 **Slamon, D. J. – Clark, G. M. – Wong, S. G., et al.**: Human breast cancer: correlation of relapse and survival with amplification of the HER-2/neu oncogene. *Science*, 1987, 235, s. 177–182.
- 5 **Hudis, C. A.**: Trastuzumab – mechanism of action and use in clinical practice. *N Engl J Med*, 2007, 357, s. 39–51.
- 6 **Spector, N. L. – Blackwell, K. L.**: Understanding the mechanisms behind trastuzumab therapy for human epidermal growth factor receptor 2-positive breast cancer. *J Clin Oncol*, 2009, 27, s. 5838–5847.
- 7 SPC Herceptin. Dostupné z: www.sukl.cz, vyhledáno 25. 11. 2020.
- 8 SPC Perjeta. Dostupné z: www.sukl.cz, vyhledáno 25. 11. 2020.
- 9 **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 HER2-positive breast cancer (NeoSphere): a randomised multicentre, open-label, phase 2 trial. *Lancet Oncol*, 2012, 13, s. 25–32.
- 10 **Gianni, L. – Pienkowski, T. – Im, Y. H., et al.**: 5-year analysis of neoadjuvant pertuzumab and trastuzumab in patients with locally advanced, inflammatory, or early-stage HER2-positive breast cancer (NeoSphere): a multicentre, open-label, phase 2 randomised trial. *Lancet Oncol*, 2016, 17, s. 791–800.
- 11 **Schneeweiss, A. – Chia, S. – Hickish, T., et al.**: Pertuzumab plus trastuzumab in combination with standard neoadjuvant anthracycline-containing and anthracycline-free chemotherapy regimens in patients with HER2-positive early breast cancer: a randomized phase II cardiac safety study (TRYPHAENA). *Ann Oncol*, 2013, 24, s. 2278–2284.
- 12 **Swain, S. M. – Ewer, M. S. – Viale, G., et al.**: BERNICE Study Group: Pertuzumab, trastuzumab, and standard anthracycline- and taxane-based chemotherapy for the neoadjuvant treatment of patients with HER2-positive localized breast cancer (BERNICE): a phase II, open-label, multicentre, multinational cardiac safety study. *Ann Oncol*, 2018, 29, s. 646–653.
- 13 **von Minckwitz, G. – Procter, M. – de Azambuja, E., et al.**: Adjuvant pertuzumab and trastuzumab in early HER2-positive breast cancer. *N Engl J Med*, 2017, 377, s. 122–131.
- 14 **Baselga, J. – Cortés, J. – Kim, S. B., et al.**: CLEOPATRA Study Group: Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *N Engl J Med*, 2012, 366, s. 109–119.
- 15 **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.
- 16 **Swain, S. M. – Baselga, J. – Kim, S. B., et al.**: Pertuzumab, trastuzumab, and docetaxel in HER2-positive metastatic breast cancer. *N Engl J Med*, 2015, 372, s. 724–734.
- 17 **Ismael, G. – Hegg, R. – Muehlbauer, S., et al.**: Subcutaneous versus intravenous administration of (neo)adjuvant trastuzumab in patients with HER2-positive, clinical stage III breast cancer (HannaH study): a phase 3, open-label, multicentre, randomised trial. *Lancet Oncol*, 2012, 13, s. 869–878.
- 18 **Pivot, X. – Gligorov, J. – Müller, V., et al.**: Patients' preferences for subcutaneous trastuzumab versus conventional intravenous infusion for the adjuvant treatment of HER2-positive early breast cancer: final analysis of 488 patients in the international, randomized, two-cohort PrefHer study. *Ann Oncol*, 2014, 25, s. 1979–1987.
- 19 **Kirschbrown, W. P. – Wynne, C. – Kagedal, M., et al.**: Development of a subcutaneous fixed-dose combination of pertuzumab and trastuzumab: results from the phase Ib dose-finding study. *J Clin Pharmacol*, 2019, 59, s. 702–716.
- 20 **Tan, A., et al.**: A study to evaluate the pharmacokinetics, efficacy, and safety of subcutaneous administration of the fixed-dose combination of pertuzumab and trastuzumab in combination with chemotherapy in participants with HER2-positive early breast cancer (FeDeriCa). Prezentováno na SABCS, 10.–14. 12. 2019; San Antonio, Texas. Abstrakt PD4-07. ClinicalTrials.gov Identifier: NC03493854.
- 21 **O'Shaughnessy, J. – Sousa, S. – Cruz, J., et al.**: Patient (pt) preference and satisfaction with the subcutaneous fixed-dose combination of pertuzumab (P) and trastuzumab (H) in pats with HER2-positive early breast cancer (HER2+eBC): Interim analysis of the open-label, randomised cross-over PHrance5Ca study. ESMO Breast cancer 2020 Virtual meeting. *Ann Oncol*, 2020, 31, suppl. 2, s. S42–S47.
- 22 **O'Shaughnessy, J. – Sousa, S. – Cruz, J., et al.**: Patient (pt) preference for the pertuzumab-trastuzumab fixed-dose combination for subcutaneous use (PH FDC SC) in HER2-positive early breast cancer (EBC): Primary analysis of the open-label, randomised crossover PHrance5Ca study. ESMO 2020 Virtual congress, session 165MO. *Ann Oncol*, 2020, 31, suppl. 4, s. S303–S339.

Základní informace důležité pro včasné stanovení diagnózy monoklonální gamapatie

prof. MUDr. Zdeněk Adam, CSc. | doc. MUDr. Luděk Pour, Ph.D. | prof. MUDr. Marta Krejčí, Ph.D. | MUDr. Martin Krejčí | MUDr. Viera Sandecká, Ph.D. | MUDr. Zdeněk Král, CSc. Interní hematologická a onkologická klinika LF a MU Brno

- 1 **Študla, V. – Minařík, J. – Pika, T., et al.**: Diferenciální diagnostika monoklonálních gamapatií z pohledu klinické praxe. I. Maligní monoklonální gamapatie. *Interní medicína pro praxi*, 2017, 19, s. 274–278.
- 2 **Král, Z. – Adam, Z.**: *Histiocytární neoplazie a další vybrané velmi vzácné krevní nemoci*. Praha, Grada, 2020.
- 3 **Gavriatopoulou, M. – Musto, P. – Hájek, R., et al.**: European myeloma network recommendations on diagnosis and management of patients with rare plasma cell dyscrasias. *Leukemia*, 2018, 32, s. 1883–1898.
- 4 Doporučení pro časně rozpoznání postižení skeletu maligním procesem a pro časnou diagnostiku mnohočetného myelomu. Vypracovala Česká myelomová skupina ve spolupráci se specialisty z oborů: neurologie, ortopedie, revmatologie, zobrazovacích metod a biochemie. *Vnitřní lékařství*, 2006, 52, suppl. 2, s. 1–85.
- 5 Diagnostika a léčba mnohočetného myelomu. Doporučení vypracované Českou myelomovou skupinou. *Transfúze a hematologie dnes*, 2018, suppl. 1, s. 1–150.
- 6 **Kaščák, M. – Hájek, R. – Minařík, J., et al.**: Diagnostika a léčba Waldenströmovy makroglobulinemie. Diagnostika a léčba systémové AL-amyloidózy. Doporučení vypracovaná Českou myelomovou skupinou, Myelomovou sekci České hematologické společnosti, Kooperativní lymfomovou skupinou, Lymfomovou sekci České hematologické společnosti. *Transfúze a hematologie dnes*, 2019, 19, suppl. 1.
- 7 **Adam, Z. – Hájek, R. – Krejčí, M., et al.**: Diagnostika a léčba Waldenströmovy makroglobulinemie: doplněk č. 1 k doporučení z 9/2012. Diagnostika a léčba mnohočetného myelomu. *Transfúze a hematologie dnes*, 2014, 20, suppl. 1.
- 8 **Adam, Z. – Koukalová, R. – Krejčí, M., et al.**: Chronická recidivující kopřivka, bolesti kostí i kloubů, horečka nejasného původu a monoklonální imunoglobulin typu IgM = syndrom Schnitzlerové. *Transfúze a hematologie dnes*, 2018, 24, s. 88–103.
- 9 **Pika, T. – Flodr, P. – Novák, M., et al.**: Klinická problematika IgM monoklonálních gamapatií. *Klinická biochemie a metabolismus*, 2014, 22, s. 61–64.
- 10 **Pika, T. – Kurčová, S.**: Familiární amyloidová polyneuropatie – klinický obraz, diagnostika a léčba. *Farmakoterapeutická revue*, 2018, 2018, s. 477–484.
- 11 **Pika, T. – Hegenbart, U. – Flodrová, P., et al.**: First report of ibrutinib in IgM-related amyloidosis: few responses, poor tolerability, and short survival. *Blood*, 2018, 131, s. 368–371.
- 12 **Pika, T. – Heřmanová, Z. – Flodrová, P.**: Laboratorní aspekty systémové AA-amyloidózy. *Klinická biochemie a metabolismus*, 2017, 25, s. 56–58.
- 13 **Pika, T. – Látalová, P. – Hůlková, H., et al.**: Familiární amyloidová polyneuropatie – kazuistika. *Česká a slovenská neurologie a neurochirurgie*, 2015, 78, s. 710–714.
- 14 **Kufová, Z. – Ševčíková, S. – Hájek, R.**: Detekce hereditárních amyloidóz. *Klinická biochemie a metabolismus*, 2014, 22, s. 64–68.
- 15 **Pika, T. – Lochman, P. – Vymětal, J., et al.**: Význam stanovení kardiálních biomarkerů ve stratifikaci a sledování nemocných s AL-amyloidózou – zkušenosti jednoho centra. *Vnitřní lékařství*, 2013, 59, s. 776–781.
- 16 **Pika, T. – Lochman, P. – Minařík, J., et al.**: Diagnostika a léčba systémové AL-amyloidózy. Doporučení vypracovaná Českou myelomovou skupinou (CMG) a myelomovou sekci České hematologické společnosti ČLS JEP. *Transfúze a hematologie dnes*, 2013, 19, suppl.
- 17 **Ryšavá, R.**: *Systémové amyloidózy a jejich léčba*. Praha, Maxdorf, 2013.
- 18 **Pika, T. – Vymětal, J. – Metelka, R., et al.**: Postižení srdce při AL-amyloidóze. *Interní medicína pro praxi*, 2008, 10, s. 466–469.