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Novější pohled na léčbu obrovskobuněčné arteritidy

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

- 1 Borchers, A. T., et al.: Giant cell arteritis: a review of classification, pathophysiology, geoepidemiology and treatment. *Autoimmun Rev*, 2012, 11, s. 544–554.
- 2 Koster, M. J.: Large-vessel giant cell arteritis: diagnosis, monitoring and management. *Rheumatology*, 2018, 57, suppl. ii, s. 32–42.
- 3 Dejaco, Ch., et al.: The provisional OMERACT ultrasonography score for giant cell arteritis. *Ann Rheum Dis*, 2022, ard-2022-223367.
- 4 Maz, M., et al.: 2021 ACRA/Vascutis Foundation guideline for the management of giant cell arteritis and Takayasu arteritis. *Arthritis Care Res*, 2021, 73, s. 1071–1087.
- 5 Bečvář, R., et al.: Doručení České revmatologické společnosti pro diagnostiku a léčbu obrovskobuněčné arteritidy. *Čes Revmatol*, 2022, 30, s. 54–59.
- 6 Dasgupta, B., et al.: BSR and BHPR guidelines for the management of giant cell arteritis. *Rheumatology*, 2010, 49, s. 1594–1597.
- 7 Mahr, A. D. – Jover, J. A. – Spiera, R. D., et al.: Adjunctive methotrexate for treatment of giant cell arteritis: an individual patient data meta-analysis. *Arthritis Rheum*, 2007, 56, s. 2789–2797.
- 8 Stone, J. H. – Tuckwell, K. – Dimonaco, S., et al.: Trial of tocolizumab in giant cell arteritis. *N Engl J Med*, 2017, 377, s. 317–328.
- 9 Stone, J. H. – Han, J. – Aringer, M., et al.: GiACTA Investigators: Long-term effect of tocolizumab in patients with giant cell arteritis: open-label extension phase of the Giant Cell Arteritis Actemra (GiACTA) trial. *Lancet Rheumatology*, 2021, 3, s. e328–e336.
- 10 Patel, N. J. – Tozzo, V. – Higgins, J. M., et al.: The effects of daily prednisone on hemoglobin A1c during the treatment of giant cell arteritis. *Arthritis Rheumatol*, 2022, Doi: 10.1002/art.42405.
- 11 Patel, N. J., et al.: The effects of treatment on BMI in giant cell arteritis: A post hoc analysis of the GiACTA trial. *Rheumatol Ther*, 2022, 9, s. 497–508.
- 12 Koster, M. J., et al.: Baricitinib for relapsing giant cell arteritis: a prospective open label 52 week study. *Ann Rheum Dis*, 2022, 81, s. 861–867.
- 13 Misra, D. P., et al.: Cardiovascular risks associated with Janus kinase inhibitors: peering outside the black box. *Clin Rheumatol*, 2023, 42, s. 621–632.
- 14 Caton, T. G., et al.: Endovascular therapy for intracranial giant cell arteritis. *Clin Neuroradiol*, 2022, 32, s. 1045–1056.
- 15 Alsolaimani, R. S. – Bhavsar, S. V. – Khalidi, N. A., et al.: Severe intracranial involvement in giant cell arteritis: 5 cases and literature review. *J Rheumatol*, 2016, 43, s. 648–656.
- 16 Both, M., et al.: Balloon angioplasty of arteries of the upper extremities in patients with extracranial giant-cell arteritis. *Ann Rheum Dis*, 2006, 65, s. 1124–1130.
- 17 Langford, C. A., et al.: A randomized, double-blind trial of abatacept (CTLA-4lg) for the treatment of giant cell arteritis. *Arthritis Rheumatol*, 2017, 69, s. 837–845.

Postup v terapii obtížně léčitelné revmatoidní artritidy

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- 1 Šenolt, L.: Revmatoidní artritida. *Vnitř Lek*, 2018, 64, s. 98–106.
- 2 Figs, F. A. – Pig, M. – Azzolin, I., et al.: Rheumatoid arthritis: Extra-articular manifestations and comorbidities. *Autoimmun Rev*, 2021, 20, s. 102776.
- 3 Aletaha, D. – Neogi, T. – Silman, A. J., et al.: 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Ann Rheum Dis*, 2010, 69, s. 1580–1588.
- 4 Smolen, J. S. – Breedveld, F. C. – Burmester, G. R., et al.: Treating rheumatoid arthritis to target: 2014 update of the recommendations of an international task force. *Ann Rheum Dis*, 2016, 75, s. 3–15.
- 5 Šenolt, L.: Emerging therapies in rheumatoid arthritis: focus on monoclonal antibodies. *F1000Res*, 2019, 8, F1000 Faculty Rev-1549.
- 6 Šenolt, L.: Obtížně léčitelná revmatoidní artritida – stanovisko EULAR. *Acta Medicinae*, 2021, 10, s. 14–17.
- 7 Nagy, G. – Roedenrijs, N. M. T. – Welsing, P. M., et al.: EULAR definition of difficult-to-treat rheumatoid arthritis. *Ann Rheum Dis*, 2021, 80, s. 31–35.
- 8 de Hair, M. J. H. – Jacobs, J. W. G. – Schoneveld, J. L. M., et al.: Difficult-to-treat rheumatoid arthritis: an area of unmet clinical need. *Rheumatology*, 2018, 57, s. 1135–1144.
- 9 Roedenrijs, N. M. T. – de Hair, M. J. H. – van der Goes, M. C., et al.: EULAR TaskForce on development of EULAR recommendations for the comprehensive management of difficult-to-treat rheumatoid arthritis: Characteristics of difficult-to-treat rheumatoid arthritis: results of an international survey. *Ann Rheum Dis*, 2018, 77, s. 1705–1709.
- 10 Buch, M. H. – Eyer, S. – McGonagle, D.: Persistent inflammatory and non-inflammatory mechanisms in refractory rheumatoid arthritis. *Nat Rev Rheumatol*, 2021, 17, s. 17–33.
- 11 Watanabe, R. – Okano, T. – Gon, T., et al.: Difficult-to-treat rheumatoid arthritis: Current concept and unsolved problems. *Front Med*, 2022, 9, 1049875.
- 12 Nerviani, A. – Di Cicco, M. – Mahto, A., et al.: A pauci-immune synovial pathotype predicts inadequate response to TNFα-blockade in rheumatoid arthritis patients. *Front Immunol*, 2020, 11, s. 845.
- 13 Schaeverbeke, T. – Truchetet, M. E. – Kostine, M., et al.: Immunogenicity of biologic agents in rheumatoid arthritis patients: lessons for clinical practice. *Rheumatology*, 2016, 55, s. 210–220.
- 14 Vittecoq, O. – Richard, L. – Banse, C., et al.: The impact of smoking on rheumatoid arthritis outcomes. *Joint Bone Spine*, 2018, 85, s. 135–138.
- 15 Nagy, G. – Roedenrijs, N. M. T. – Welsing, P. M. J., et al.: EULAR points to consider for the management of difficult-to-treat rheumatoid arthritis. *Ann Rheum Dis*, 2022, 81, s. 20–33.
- 16 Smolen, J. S. – Landewé, R. B. M. – Bergstra, S. A., et al.: EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2022 update. *Ann Rheum Dis*, 2023, 82, s. 3–18.
- 17 Šenolt, L. – Mann, H. – Závada, J. – Pavelka, K. – Vencovský, J.: Dopravní České revmatologické společnosti pro farmakoterapii revmatoidní artritidy 2017. *Česká revmatologie*, 2017, 25, s. 8–16, 18–24.
- 18 Fraenkel, L. – Bathon, J. M. – England, B. R., et al.: 2021 American College of Rheumatology Guideline for the treatment of rheumatoid arthritis. *Arthritis Rheumatol*, 2021, 73, s. 1108–1123.
- 19 Yun, H. – Xie, F. – Delzell, E., et al.: Comparative risk of hospitalized infection associated with biologic agents in rheumatoid arthritis patients enrolled in medicare. *Arthritis Rheumatol*, 2016, 68, s. 56–66.
- 20 Heslinga, S. C. – Van Sijl, A. M. – De Boer, K., et al.: Tumor necrosis factor blocking therapy and congestive heart failure in patients with inflammatory rheumatic disorders: a systematic review. *Curr Med Chem*, 2015, 22, s. 1892–1902.
- 21 Charles-Schoeman, C. – Buch, M. H. – Dougados, M., et al.: Risk of major adverse cardiovascular events with tofacitinib versus tumour necrosis factor inhibitors in patients with rheumatoid arthritis with or without a history of atherosclerotic cardiovascular disease: a post hoc analysis from ORAL Surveillance. *Ann Rheum Dis*, 2023, 82, s. 119–129.
- 22 Wetzman, A. – Lukas, C. – Gaujoux-Viala, C., et al.: Risk of cancer after initiation of targeted therapies in patients with rheumatoid arthritis and a prior cancer: systematic review with meta-analysis. *Arthritis Care Res*, 2023, 75, s. 260–271.
- 23 Curtis, J. R. – Yamamoto, K. – Chen, Y. H., et al.: Malignancy risk with tofacitinib versus TNF inhibitors in rheumatoid arthritis: results from the open-label, randomised controlled ORAL Surveillance trial. *Ann Rheum Dis*, 2023, 82, s. 331–343.

Upadacitinib v léčbě psoriatické artritidy

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- 1 Ritchlin, C. T. – Colbert, R. A., et al.: Psoriatic arthritis. *N Eng J Med*, 2017, 376, s. 957–970.
- 2 Fernández-Carballido, C. – Martín-Martínez, M. A. – García-Gómez, C., et al.: Impact of comorbidity on physical function in patients with ankylosing spondylitis and psoriatic arthritis attending rheumatology clinics: results from a cross-sectional study. *Arthritis Care Res*, 2020, 72, s. 822–828.
- 3 Gossec, L., et al.: EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. *Ann Rheum Dis*, 2020, 79, s. 700–712.
- 4 Veale, D. J., et al.: The rationale for Janus kinase inhibitors for the treatment of spondyloarthritis. *Rheumatology*, 2019, 58, s. 197–208.
- 5 Ghoreshi, K., et al.: Janus kinases in immune cell signaling. *Immune Rev*, 2009, 228, s. 273–287.
- 6 Parmentier, J. M., et al.: In vitro and in vivo characterization of JAK 1 selectivity of upadacitinib. *BMC Rheumatol*, 2017, 2, s. 23.
- 7 Fleischmann, R., et al.: Efficacy and safety in upadacitinib in patients with rheumatoid arthritis and an adequate response to MTX: results of a phase III, double-blind, randomized controlled study. *Arthritis Rheumatol*, 2019, 71, s. 1788–1800.
- 8 Deodhar, A., et al.: Safety and efficacy of upadacitinib in patients with active ankylosing spondylitis and an inadequate response to nonsteroidal antiinflammatory drug therapy: one-year results of a double-blind, placebo-controlled study and open-label extension. *Arthritis Rheumatol*, 2022, 74, s. 70–80.
- 9 McInnes, I., et al.: Trial of upadacitinib and adalimumab for psoriatic arthritis. *N Engl J Med*, 2021, 384, s. 1127–1139.
- 10 McInnes, I., et al.: Efficacy and safety of upadacitinib in patients with psoriatic arthritis: 2-year results from the Phase 3 SELECT-PsA study. *Rheumatol Ther*, 2023, 10, s. 275–292.
- 11 Strand, W., et al.: Improvement in patients-reported outcomes in patients with psoriatic arthritis treated with upadacitinib versus adalimumab: results from SELECT-PsA. *Rheumatol Ther*, 2021, 8, s. 1789–1808.
- 12 Mease, P., et al.: Upadacitinib for psoriatic arthritis refractory to biologics. *SELECT-PsA 2*. *Ann Rheum Dis*, 2021, 80, s. 312–320.
- 13 Mease, P., et al.: Upadacitinib in patients with psoriatic arthritis and inadequate response to biologics: 3-year results from the open-label extension of the randomised controlled phase 3 SELECT-PsA study. *Clinical and Experimental Rheumatology*, 2023.
- 14 Mease, P., et al.: Disease control with upadacitinib in patients with PsA. A post hoc analysis of the randomized, placebo-controlled SELECT-PsA 1 an 2 and phase 3 trials. *Rheumatol Ther*, 2022, 9, s. 1181–1191.
- 15 McInnes, I., et al.: Effect of upadacitinib on reducing pain in patients with active psoriatic arthritis or ankylosing spondylitis: post hoc analysis of three randomised clinical trials. *RMD Open*, 2022, 8, e002049.
- 16 Nash, P., et al.: Upadacitinib as monotherapy and in combination with non-biologic disease modifying antirheumatic drugs for psoriatic arthritis. *Rheumatology*, 2022, 61, s. 3257–3268.
- 17 Baraliakos, X., et al.: Efficacy and safety of upadacitinib in patients with active psoriatic arthritis and axial involvement: results from two phase studies. *Arthritis Research Therapy*, 2023, 25, s. 56.
- 18 Burmester, G., et al.: Safety profile of upadacitinib up to 3 years in PsA: an integrated analysis of two pivotal phase 3 trials. *Rheumatol Ther*, 2022, 9, s. 521–539.
- 19 Food and drug administration: Initial safety trial results find increased risk of serious heart-related problems and cancer with arthritis and ulcerative colitis medicine Xeljanz, Xeljanz XR (tofacitinib). Dostupné z: <https://www.fda.gov/drugs/drug-safety-and-availability/initial-safety-trial-results-find-increased-risk-serious-heart-related-problems-and-cancer-arthritis>, vyhledáno 11. 3. 2023.
- 20 FDA requires warnings about increased risk of serious heart-related events, cancer, blood clots, and death for JAK inhibitors that treat certain chronic inflammatory conditions. Dostupné z: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-warnings-about-increased-risk-serious-heart-related-events-cancer-blood-clots-and-death>, vyhledáno 11. 3. 2023.
- 21 Burmester, G. R., et al.: Safety profile of upadacitinib over 15 000 patients years across rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and atopis dermatitis. *RMD Open*, 2023, 9e002735.
- 22 Nash, P., et al.: Points to consider for the treatment of immune-mediated inflammatory diseases with Janus kinase inhibitors: a consensus statement. *Ann Rheum Dis*, 2021, 80, s. 71–87.

Guselkumab v léčbě psoriatické artritidy

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- 1 FitzGerald, O. – Ogdie, A. – Chandran, V., et al.: Psoriatic arthritis. *Nat Rev Dis Primers*, 2021, 7, s. 59.
- 2 Schett, G. – Rahman, P. – Ritchlin, C., et al.: Psoriatic arthritis from a mechanistic perspective. *Nat Rev Rheumatol*, 2022, 18, s. 311–325.
- 3 Deodhar, A. – Gottlieb, A. B. – Boehncke, W. H., et al.: Efficacy and safety of guselkumab in patients with active psoriatic arthritis: a randomised, double-blind, placebo-controlled, phase 2 study. *Lancet*, 2018, 391, s. 2213–2224.
- 4 Deodhar, A. – Helliwell, P. S. – Boehncke, W. H., et al.: Guselkumab in patients with active psoriatic arthritis who were biologic-naïve or had previously received TNF α inhibitor treatment (DISCOVER-1): a double-blind, randomised, placebo-controlled phase 3 trial. *Lancet*, 2020, 395, s. 1115–1125.
- 5 Mease, P. J. – Rahman, P. – Gottlieb, A. B., et al.: Guselkumab in biologic-naïve patients with active psoriatic arthritis (DISCOVER-2): a double-blind, randomised, placebo-controlled phase 3 trial. *Lancet*, 2020, 395, s. 1126–1136.
- 6 Curtis, J. R. – McInnes, I. B. – Rahman, P., et al.: The effect of guselkumab on work productivity in biologic-naïve patients with active psoriatic arthritis through week 52 of the phase 3, randomized, placebo-controlled DISCOVER-2 trial. *Adv Ther*, 2022, 39, s. 4613–4631.
- 7 McInnes, I. B. – Rahman, P. – Gottlieb, A. B., et al.: Long-term efficacy and safety of guselkumab, a monoclonal antibody specific to the p19 subunit of interleukin-23, through two years: results from a phase III, randomized, double-blind, placebo-controlled study conducted in biologic-naïve patients with active psoriatic arthritis. *Arthritis Rheumatol*, 2022, 74, s. 475–485.
- 8 McInnes, I. B. – Rahman, P. – Gottlieb, A. B., et al.: Efficacy and safety of guselkumab, an interleukin-23p19-specific monoclonal antibody, through one year in biologic-naïve patients with psoriatic arthritis. *Arthritis Rheumatol*, 2021, 73, s. 604–616.
- 9 Coates, L. C. – Gossec, L. – Theander, E., et al.: Efficacy and safety of guselkumab in patients with active psoriatic arthritis who are inadequate responders to tumour necrosis factor inhibitors: results through one year of a phase IIb, randomised, controlled study (COSMOS). *Ann Rheum Dis*, 2022, 81, s. 359–369.
- 10 Rahman, P. – Boehncke, W. H. – Mease, P. J., et al.: Safety of guselkumab with and without prior tumor necrosis factor inhibitor treatment: pooled results across 4 studies in patients with psoriatic arthritis. *J Rheumatol*, 2023, 50, s. 769–780.
- 11 Gladman, D. D. – Mease, P. J. – Bird, P., et al.: Efficacy and safety of guselkumab in biologic-naïve patients with active axial psoriatic arthritis: study protocol for STAR, a phase 4, randomized, double-blind, placebo-controlled trial. *Trials*, 2022, 23, s. 743.
- 12 Ritchlin, C. T. – Helliwell, P. S. – Boehncke, W. H., et al.: Guselkumab, an inhibitor of the IL-23p19 subunit, provides sustained improvement in signs and symptoms of active psoriatic arthritis: 1 year results of a phase III randomised study of patients who were biologic-naïve or TNF α inhibitor-experienced. *RMD Open*, 2021, 7, e001457.

Bimzelx v revmatologii

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- 1 Yang, X. O., et al.: Regulation of inflammatory responses by IL-17F. *J Exp Med*, 2008, s. 1063–1075.
- 2 Hymowitz, S. G., et al.: IL-17s adopt a cystine knot fold: structure and activity of a novel cytokine, IL-17F, and implications for receptor binding. *EMBO J*, 2001, 20, s. 5332–5341.
- 3 Chang, S. H. – Dong, C.: A novel heterodimeric cytokine consisting of IL-17 and IL-17F regulates inflammatory responses. *Cell Res*, 2007, 17, s. 435–440.
- 4 Wright, J. F., et al.: Identification of an interleukin 17F/17A heterodimer in activated human CD4+T cells. *J Biol Chem*, 2007, 282, s. 13447–13455.
- 5 McAllister, F., et al.: Role of IL-17A, IL-17F, and the IL-17 receptor in regulating growth-related oncogene- α and granulocyte colony-stimulating factor in bronchial epithelium: implications for airway inflammation in cystic fibrosis. *J Immunol*, 2005, 175, s. 404–412.
- 6 Kuestner, R. E., et al.: Identification of the IL-17 receptor related molecule IL-17RC as the receptor for IL-17F. *J Immunol*, 2007, 179, s. 5462–5473.
- 7 van Baarsen, L. G. M., et al.: Heterogeneous expression pattern of interleukin 17A (IL-17A), IL-17F and their receptors in synovium of rheumatoid arthritis, psoriatic arthritis and osteoarthritis: possible explanation for nonresponse to anti-IL-17 therapy? *Arthritis Res Ther*, 2014, 16, s. 426.
- 8 Glatt, S., et al.: Dual IL-17A and IL-17F neutralisation by bimekizumab in psoriatic arthritis: evidence from preclinical experiments and a randomised placebo-controlled clinical trial that IL-17F contributes to human chronic tissue inflammation. *Ann Rheum Dis*, 2018, 77, s. 523–532.
- 9 van der Heijde, D., et al.: Efficacy and safety of bimekizumab in axial spondyloarthritis: results of two parallel phase 3 randomised controlled trials. *Ann Rheum Dis*, 2023, 82, s. 515–526.
- 10 Mease, P. J., et al.: 2140: Exposure-adjusted incidence rate for adverse events of special interest in patients with psoriatic arthritis treated with apremilast. *ACR 2022*, poster 0409.
- 11 Deodhar, A., et al.: UCB Reinforces commitment to rheumatology with 15 abstracts including new late-breaking data at ACR Convergence 2022. *ACR 2022*, prezentace 0544.
- 12 van der Heijde, D., et al.: Bimekizumab improves signs and symptoms including inflammation in patients with active ankylosing spondylitis: 24-week efficacy & safety from a phase 3, multicenter, randomized, placebo controlled study [abstract]. *Arthritis Rheumatol*, 2022, 74, suppl. 9.
- 13 Carmona, L., et al.: Scoring with the Berlin MRI method for assessment of spinal inflammatory activity in patients with ankylosing spondylitis: a calibration exercise among rheumatologists. *Clin Exp Rheumatol*, 2013, 31, s. 883–888.
- 14 Tu, L., et al.: Active inflammatory and chronic structural damages of sacroiliac joint in patients with radiographic axial spondyloarthritis and non-radiographic axial spondyloarthritis. *Front Immunol*, 2021, 12, 700260.
- 15 Baraliakos, X., et al.: POS1104 Bimekizumab maintained stringent clinical responses through week 52 in patients with axial spondyloarthritis: results front the phase 3 studies be mobile 1 and be mobile 2. *EULAR 2023*, poster POS1103.
- 16 Magrey, M., et al.: POS1107 Bimekizumab achieved sustained improvements efficacy outcomes in patients with axial spondyloarthritis, regardless of prior TNF inhibitor treatment: week 52 pooled results from two phase 3 studies EULAR 2023. Poster POS1107. *Ann Rheum Dis*, 2023.
- 17 Baraliakos, X., et al.: Bimekizumab maintains improvements in efficacy endpoints and has a consistent safety profile through 52 weeks in patients with non-radiographic axial spondyloarthritis and ankylosing spondylitis: results from two parallel phase 3 studies [abstract]. *Arthritis Rheumatol*, 2022, 74, suppl. 9.
- 18 Ritchlin, C. T., et al.: Bimekizumab treatment in biologic DMARD-naïve patients with active psoriatic arthritis: 52-week efficacy and safety results from the phase III, randomised, placebo-controlled, active reference BE OPTIMAL study. *Ann Rheum Dis*, 2023, 0, s. 1–11.
- 19 Merola, J. F., et al.: Bimekizumab in patients with active psoriatic arthritis and previous inadequate response or intolerance to tumour necrosis factor- α inhibitors: a randomised, double-blind, placebo-controlled, phase 3 trial (BE COMPLETE). *Lancet*, 2023, 401, s. 38–48.
- 20 Coates, L. C., et al.: POS0231 sustained efficacy and safety of bimekizumab in patients with active psoriatic arthritis and prior inadequate response to tumour necrosis factor inhibitors: results from the phase 3 BE COMPLETE study and its open-label extension up to 1 year. *Ann Rheum Dis*, 2023, 82, s. 346–347.
- 21 Ritchlin, C. T., et al.: Bimekizumab treatment in biologic DMARD-naïve patients with active psoriatic arthritis: 52-week efficacy and safety results from a phase 3, randomized, placebo-controlled, active reference study. *Arthritis Rheumatol*, 2022, 74, suppl. 9, abstrakt L02.

Úspěšná léčba secukinumabem u pacienta se závažnou psoriatickou artritidou – kazuistika

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- 1 Gupta, S. – Syrmi, Z. – Hughes, D. M., et al.: Comorbidities in psoriatic arthritis: a systematic review and meta-analysis. *Rheumatol Int*, 2021, 41, s. 275–284.
- 2 Mease, P. J. – McInnes, I. B. – Kirkham, B.: Secukinumab inhibition of interleukin-17A in patients with psoriatic arthritis. *N Engl J Med*, 2015, 373, s. 1329–1339.
- 3 McInnes, I. B. – Mease, P. J. – Kirkham, B.: Secukinumab, a human anti-interleukin-17A monoclonal antibody, in patients with psoriatic arthritis (FUTURE 2): a randomised, double-blind, placebo controlled, phase 3 trial. *Lancet*, 2015, 386, s. 1137–1146.
- 4 Nash, P. – Mease, P. J. – McInnes, I. B., et al.: Efficacy and safety of secukinumab administrativ by autoinjector in patients with psoriatic arthritis: results from a randomised, placebo-controlled trial (FUTURE 3). *Arthritis Res Ther*, 2018, 20, s. 47.
- 5 Kivitz, A. J. – Nash, P. – Tahir, H., et al.: Efficacy and safety of subcutaneous secukinumab 150 mg with or without loading regimen in psoriatic arthritis: results from the FUTURE 4 study. *Rheumatol Ther*, 2019, 6, s. 393–407.
- 6 Mease, P. – van der Heijde, D. – Landewe, R., et al.: Secukinumab improves active psoriatic arthritis symptoms and inhibits radiographic progression: primary results from the randomised, double-blind, phase III FUTURE 5 study. *Ann Rheum Dis*, 2018, 77, s. 890–897.
- 7 Baraliakos, X. – Gossec, L. – Pournara, E., et al.: Secukinumab in patients with psoriatic arthritis and axial manifestations: results from the double-blind, randomised, phase 3 MAXIMISE trial. *Ann Rheum Dis*, 2021, 80, s. 582–590.
- 8 D’Agostino, M. – Schett, G. – Lopez-Rdz, A., et al.: Secukinumab significantly decreases joint synovitis measured by power doppler ultrasonography in biologic-naïve patients with active psoriatic arthritis: primary (12-week) results from a randomised, placebo-controlled phase III study. Meeting: ACR Convergence 2020, abstrakt 1361. Dostupné z: <https://acrabstracts.org/abstract/secukinumab-significantly-decreased-joint-synovitis-measured-by-power-doppler-ultrasonography-in-biologic-naive-patients-with-active-psoriatic-arthritis-primary-12-week-results-from-a-randomized-p/>, vyhledáno 16. 8. 2023.
- 9 Gossec, L. – Baraliakos, X. – Kerschbaumer, A., et al.: EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. *Ann Rheum Dis*, 2020, 79, s. 700–712.

Filgotinib v léčbě revmatoidní artritidy

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- 1 Smolen, J. S., et al.: Treating rheumatoid arthritis to target: 2014 update of the recommendations of an international task force. *Ann Rheum Dis*, 2016, 75, s. 3–15.
- 2 Petrovska, N., et al.: The pre-clinical phase of rheumatoid arthritis: From risk factors to prevention of arthritis. *Autoimmun Rev*, 2021, 20, s. 102797.
- 3 Banerjee, S., et al.: JAK-STAT signaling as a target for inflammatory and autoimmune diseases: current and future prospects. *Drugs*, 2017, 77, s. 521–546.

- 4 Ciobanu, D. A., et al.: JAK/STAT pathway in pathology of rheumatoid arthritis (Review). *Exp Ther Med*, 2020, 20, s. 3498–3503.
- 5 Kim, E. S. – Kean, S. J.: Filgotinib in rheumatoid arthritis: a profile of its use. *Clin Drug Investig*, 2021, 41, s. 741–749.
- 6 Filgotinib (Jyseleca): EU summary of product characteristics, 2020. Dostupné z: <https://www.ema.europa.eu/>.
- 7 Jyseleca: CHMP assessment report, 2020. Dostupné z: <https://www.ema.europa.eu/>.
- 8 Namour, F., et al.: Filgotinib: a clinical pharmacology review. *Clin Pharmacokinet*, 2022, 61, s. 819–832.
- 9 Westhovens, R., et al.: Filgotinib (GLPG0634/GS-6034), an oral JAK1 selective inhibitor, is effective in combination with methotrexate (MTX) in patients with active rheumatoid arthritis and insufficient response to MTX: results from a randomised, dose-finding study (DARWIN 1). *Ann Rheum Dis*, 2017, 76, s. 998–1008.
- 10 Kavanaugh, A., et al.: Filgotinib (GLPG0634/GS-6034), an oral selective JAK1 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.
- 11 Combe, B., et al.: Filgotinib versus placebo or adalimumab in patients with rheumatoid arthritis and inadequate response to methotrexate: a phase III randomised clinical trial. *Ann Rheum Dis*, 2021, 80, s. 848–858.
- 12 Genovese, M. C., 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.
- 13 Westhovens, R., et al.: Filgotinib in combination with methotrexate or as monotherapy versus methotrexate monotherapy in patients with active rheumatoid arthritis and limited or no prior exposure to methotrexate: the phase 3, randomised controlled FINCH 3 trial. *Ann Rheum Dis*, 2021, 80, s. 727–738.
- 14 Harigai, M. – Honda, S.: Selectivity of Janus kinase inhibitors in rheumatoid arthritis and other immune-mediated inflammatory diseases: is expectation the root of all headache? *Drugs*, 2020, 80, s. 1183–1201.
- 15 Tanaka, Y., et al.: Safety and efficacy of filgotinib for Japanese patients with RA and inadequate response to MTX: FINCH 1 52-week results and FINCH 4 48-week results. *Mod Rheumatol*, 2022, doi: 10.1093/mr/roc084.
- 16 Kavanaugh, A., et al.: Safety and efficacy of filgotinib: up to 4-year results from an open-label extension study of phase II rheumatoid arthritis programs. *J Rheumatol*, 2021, 48, s. 1230–1238.
- 17 Smolen, J. S., et al.: EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2022 update. *Ann Rheum Dis*, 2023, 82, s. 3–18.
- 18 Ytterberg, S. R., et al.: Cardiovascular and cancer risk with tofacitinib in rheumatoid arthritis. *N Engl J Med*, 2022, 386, s. 316–326.
- 19 Herrera-deGuise, C., et al.: JAK inhibitors: A new dawn for oral therapies in inflammatory bowel diseases. *Front Med*, 2023, 10, s. 1089099.

Reziduální bolest u revmatoidní artritidy

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- 1 Alten, R. – van de Laar, M. – De Leonardi, F., et al.: Physical and emotional burden of rheumatoid arthritis: data from RA matters, a web-based survey of patients and healthcare professionals. *Rheumatol Ther*, 2019, 6, s. 587–597.
- 2 Studenic, P. – Radner, H. – Smolen, J. S., et al.: Discrepancies between patients and physicians in the perceptions of rheumatoid arthritis disease activity. *Arthritis Rheum*, 2012, 64, s. 2814–2823.
- 3 McWilliams, D. F. – Walsh, D. A.: Factors predicting pain and early discontinuation of tumour necrosis factor-α-inhibitors in people with rheumatoid arthritis: results from the British society for rheumatology biologics register. *BMC Musculoskelet Disord*, 2016, 17, s. 337.
- 4 Berghea, F. – Berghea, C. E. – Zaharia, D. – Trandafir, A. I., et al.: Residual pain in the context of selecting and switching biologic therapy in inflammatory rheumatic diseases. *Front Med*, 2021, 8, 712645.
- 5 Fitzcharles, M. A. – Cohen, S. P. – Clauw, D. J., et al.: Nociplastic pain: toward a broader understanding of prevalent pain conditions. *Lancet*, 2021, 397, s. 2098–2110.
- 6 Taylor, P. C.: Pain in the joints and beyond; the challenge of rheumatoid arthritis. *Lancet Rheumatol*, 2023, 5, s. e351–e360.
- 7 Simon, L. S. – Taylor, P. C. – Choy, E. H., et al.: The JAK/STAT pathway: A focus on pain in rheumatoid arthritis. *Semin Arthritis Rheum*, 2021, 51, s. 278–284.
- 8 Taylor, P. C. – Keystone, E. C. – van der Heijde, D., et al.: Baricitinib versus placebo or adalimumab in rheumatoid arthritis. *N Engl J Med*, 2017, 376, s. 652–662.
- 9 Fleischmann, R. – Pangan, A. L. – Song, I. H., et al.: Upadacitinib versus placebo or adalimumab in patients with rheumatoid arthritis and an inadequate response to methotrexate: results of a phase III, double-blind, randomized controlled trial. *Arthritis Rheumatol*, 2019, 71, s. 1788–1800.
- 10 Taylor, P. C. – Lee, Y. C. – Fleischmann, R., et al.: Achieving pain control in rheumatoid arthritis with baricitinib or adalimumab plus methotrexate: results from the RA-BEAM trial. *J Clin Med*, 2019, 8, s. 831.
- 11 Pope, J. E. – Lee, Y. C. – Curtis, J. R., et al.: Pain reduction in rheumatoid arthritis patients who use opioids: a post hoc analysis of phase 3 trials of baricitinib. *ACR Open Rheumatol*, 2022, 4, s. 254–258.
- 12 Fautrel, B. – Zhu, B. – Taylor, P. C., et al.: Comparative effectiveness of improvement in pain and physical function for baricitinib versus adalimumab, tofacitinib and tofacitinib monotherapies in rheumatoid arthritis patients who are naïve to treatment with biologic or conventional synthetic disease-modifying antirheumatic drugs: a matching-adjusted indirect comparison. *RMD Open*, 2020, 6, e001131.
- 13 Luo, H. – Liu, H. Z. – Zhang, W. W., et al.: Interleukin-17 regulates neuron-glia communications, synaptic transmission, and neuropathic pain after chemotherapy. *Cell Rep*, 2019, 29, s. 2384–2397.
- 14 de Vlam, K. – Gallo, G. – Mease, P. J., et al.: Ixekizumab shows a distinct pattern of pain improvement beyond inflammation in radiographic axial spondyloarthritis (abstrakt). *Ann Rheum*, 2021, 80, s. 707–708.
- 15 de Vlam, K. – Gallo, G. – Mease, P., et al.: Ixekizumab shows a pattern of pain improvement in patients with and without measurable inflammation in psoriatic arthritis (abstrakt 1341). *Arthritis Rheumatol*, 2021, 73, suppl. 9.

Infliximab od intravenózní k subkutánní formě – stále základ léčby v revmatologii – reportáz

- 1 Brodzky, V., et al.: Budget impact analysis of biosimilar infliximab (CT-P13) for the treatment of rheumatoid arthritis in six Central and Eastern European countries. *Euro J Health Economics*, 2014, 15, s. 65–71.
- 2 St Clair, E. W. – Wagner, C. L. – Fasanmade, A. A., et al.: The relationship of serum infliximab concentrations to clinical improvement in rheumatoid arthritis: results from ATTRACT, a multicenter, randomized, double-blind, placebo-controlled trial. *Arthritis Rheum*, 2002, 46, s. 1451–1459.
- 3 Siljehult, F. – Årlestig, L. – Eriksson, C., et al.: Concentrations of infliximab and anti-drug antibodies in relation to clinical response in patients with rheumatoid arthritis. *Scand J Rheumatol*, 2018, 47, s. 345–350.
- 4 Nakae, K. – Masui, S. – Yonezawa, A., et al.: Potential application of measuring serum infliximab levels in rheumatoid arthritis management: A retrospective study based on KURAMA cohort data. *PLoS One*, 2021, 16, s. e0258601.
- 5 Mulleman, D. – Méric, J.-C. – Ducourau, E., et al.: Infliximab concentration monitoring improves the control of disease activity in rheumatoid arthritis. *Arthritis Res Ther*, 2009, 11, R178.
- 6 Rahman, M. U. – Strusberg, I. – Geusens, P., et al.: Double-blinded infliximab dose escalation in patients with rheumatoid arthritis. *Ann Rheum Dis*, 2007, 66, s. 1233–1238.
- 7 Takeuchi, T. – Miyasaka, N. – Tatsuki, Y., et al.: Baseline tumour necrosis factor alpha levels predict the necessity for dose escalation of infliximab therapy in patients with rheumatoid arthritis. *Ann Rheum Dis*, 2011, 70, s. 1208–1215.
- 8 Constantin, A. – Caporali, R. – Edwards, Ch. J., et al.: Efficacy of subcutaneous vs intravenous infliximab in rheumatoid arthritis: a post-hoc analysis of a randomized phase III trial. *Rheumatology*, 2023, 62, s. 2838–2844.
- 9 Ramiro, S., et al.: Evolution of radiographic damage in ankylosing spondylitis: a 12 year prospective follow-up of the OASIS study. *Ann Rheum Dis*, 2015, 74, s. 52–59.
- 10 Ramiro, S. – van der Heijde, D. – van Tubergen, A., et al.: Higher disease activity leads to more structural damage in the spine in ankylosing spondylitis: 12-year longitudinal data from the OASIS cohort. *Ann Rheum Dis*, 2014, 73, s. 1455–1461.
- 11 Maneiro, J. R. – Souto, A. – Salgado, E., et al.: Predictors of response to TNF antagonists in patients with ankylosing spondylitis and psoriatic arthritis: systematic review and meta-analysis. *MD Open*, 2015, 1, s. e000017.
- 12 Deminger, A. – Klinberg, E. – Geijer, M., et al.: A five-year prospective study of spinal radiographic progression and its predictors in men and women with ankylosing spondylitis. *Arthritis Res Ther*, 2018, 20, s. 162.
- 13 Anderson, R. – Franch, A. – Castell, M., et al.: Liposomal encapsulation enhances and prolongs the anti-inflammatory effects of water-soluble dexamethasone phosphate in experimental adjuvant arthritis. *Arthritis Res Ther*, 2010, 12, R147.
- 14 van der Heijde, D. – Salonen, D. – Weissman, B. N., et al.: Assessment of radiographic progression in the spines of patients with ankylosing spondylitis treated with adalimumab for up to 2 years. *Arthritis Res Ther*, 2009, 11, R127.
- 15 Song, I. H. – Hermann, K. – Haibel, H., et al.: Effects of etanercept versus sulfasalazine in early axial spondyloarthritis on active inflammatory lesions as detected by whole-body MRI (ESTHER): a 48-week randomised controlled trial. *Ann Rheum Dis*, 2011, 70, s. 590–596.
- 16 Wu, Y. – Feng, X. – Li, J., et al.: Model-based meta-analysis in ankylosing spondylitis: a quantitative comparison of biologics and small targeted molecules. *Clin Pharmacol Ther*, 2019, 105, s. 1244–1255.
- 17 Betts, K. A. – Griffith, J. – Ganguli, A., et al.: Economic burden and treatment patterns of cycling between conventional synthetic disease-modifying antirheumatic drugs among biologic-treated patients with rheumatoid arthritis. *Clin Ther*, 2016, 38, s. 1205–1216.
- 18 de Vries, M. K. – Wolbink, G. J. – Stapel, S. O., et al.: Decreased clinical response to infliximab in ankylosing spondylitis is correlated with anti-infliximab formation. *Ann Rheum Dis*, 2007, 66, s. 1252–1254.
- 19 Plasencia, Ch. – Pascual-Salcedo, D. – Nuño, L., et al.: Influence of immunogenicity on the efficacy of longterm treatment of spondyloarthritis with infliximab. *Ann Rheum Dis*, 2012, 71, s. 1955–1960.
- 20 Schreiber, S. – Ben-Horin, S. – Leszczyszyn, J., et al.: Randomized controlled trial: subcutaneous vs intravenous infliximab CT-P13 maintenance in inflammatory bowel disease. *Gastroenterology*, 2021, 160, s. 2340–2353.
- 21 Westhovens, R. – Wiland, P. – Zawadzki, M., et al.: Efficacy, pharmacokinetics and safety of subcutaneous versus intravenous CT-P13 in rheumatoid arthritis: a randomized phase I/II trial. *Rheumatology*, 2021, 60, s. 2277–2287.
- 22 Vijayan, S. – Hwangbo, K. – Barkham, N.: Real-world evidence for subcutaneous infliximab (CT-P13 SC) treatment in patients with ankylosing spondylitis during the coronavirus disease (COVID-19) pandemic: A case series. *Clin Case Rep*, 2022, 10, s. e05233.
- 23 Wolbink, G. J., et al.: Relationship between serum trough infliximab levels, pretreatment C reactive protein levels, and clinical response to infliximab treatment in patients with rheumatoid arthritis. *Ann Rheum Dis*, 2005, 64, s. 704–707.
- 24 Takeuchi, T. – Miyasaka, N. – Inoue, K., et al.: Impact of trough serum level on radiographic and clinical response to infliximab plus methotrexate in patients with rheumatoid arthritis: results from the RISING study. *Mod Rheumatol*, 2009, 19, s. 478–487.
- 25 Takasugi, K., et al.: IL-6 is an independent predictive factor of drug survival after dose escalation of infliximab in patients with rheumatoid arthritis. *Mod Rheumatology*, 2018, 28, s. 452–460.
- 26 Mulleman, D. – Lin, D. Ch. M. – Ducourau, E., et al.: Trough infliximab concentrations predict efficacy and sustained control of disease activity in rheumatoid arthritis. *Ther Drug Monit*, 2010, 32, s. 232–236.
- 27 Bendtzén, K. – Geborek, P. – Svensson, M., et al.: Individualized monitoring of drug bioavailability and immunogenicity in rheumatoid arthritis patients treated with the tumor necrosis factor alpha inhibitor infliximab. *Arthritis Rheum*, 2006, 54, s. 3782–3789.

Očkování pacientů s autoimunitním zánětlivým revmatickým onemocněním

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- 1 Bass, A. R. – Chakravarty, E. – Akl, E. A., et al.: 2022 American College of Rheumatology Guideline for Vaccinations in Patients with Rheumatic and Musculoskeletal Diseases. *Arthritis Care Res*, 2023, 75, s. 449–464.
- 2 Furer, V. – Rondaan, C. – Heijstek, M. W., et al.: 2019 update of EULAR recommendations for vaccination in adult patients with autoimmune inflammatory rheumatic diseases. *Ann Rheum Dis*, 2020, 79, s. 39–52.
- 3 Centers for Disease Control and Prevention, Vaccine Administration. 2022. Dostupné z: <https://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html>, vyhledáno 29. 9. 2023.
- 4 Danza, A. – Ruiz-Irastorza, G.: Infection risk in systemic lupus erythematosus patients: susceptibility factors and preventive strategies. *Lupus*, 2013, 22, s. 1286–1294.
- 5 Colmegna, I. – Useche, M. L. – Rodriguez, K., et al.: Immunogenicity and safety of high-dose versus standard-dose inactivated influenza vaccine in rheumatoid arthritis patients: a randomised, double-blind, active-comparator trial. *Lancet Rheumatol*, 2020, 2, s. e14–e23.
- 6 Kobayashi, M. – Farrar, J. L. – Gierke, R., et al.: Centers for Disease Control and Prevention. Use of 15-valent pneumococcal conjugate vaccine and 20-valent pneumococcal conjugate vaccine among U.S. adults: updated recommendations of the Advisory Committee on Immunization Practices – United States, 2022. *MMWR Morb Mortal Wkly Rep*, 2022, 71, s. 109–117.
- 7 Yun, H. – Yang, S. – Chen, L., et al.: Risk of herpes zoster in autoimmune and inflammatory diseases: implications for vaccination. *Arthritis Rheumatol*, 2016, 68, s. 2328–2337.
- 8 Feldman, C. H. – Liu, J. – Feldman, S., et al.: Risk of high-grade cervical dysplasia and cervical cancer in women with systemic lupus erythematosus receiving immunosuppressive drugs. *Lupus*, 2017, 26, s. 682–689.
- 9 Ribeiro, A. C. – Guedes, L. K. – Moraes, J. C., et al.: Reduced seroprotection after pandemic H1N1 influenza adjuvant-free vaccination in patients with rheumatoid arthritis: implications for clinical practice. *Ann Rheum Dis*, 2011, 70, s. 2144–2147.
- 10 Winthrop, K. L. – Bingham, C. O. III. – Kotton, C. N., et al.: Immunizations in autoimmune inflammatory rheumatic disease in adults. Dostupné z: <https://www.uptodate.com/contents/immunizations-in-autoimmune-inflammatory-rheumatic-disease-in-adults>, vyhledáno 29. 9. 2023.
- 11 Abu-Shakra, M. – Press, J. – Varsano, N., et al.: Specific antibody response after influenza immunization in systemic lupus erythematosus. *J Rheumatol*, 2002, 29, s. 2555–2557.
- 12 Jeyaratnam, J. – Ter Haar, N. M. – Lachmann, H. J., et al.: The safety of live attenuated vaccines in patients using IL-1 or IL-6 blockade: an international survey. *Pediatr Rheumatol Online J*, 2018, 16, s. 19.
- 13 Uziel, Y. – Moshe, V. – Onozzo, B., et al.: Live attenuated MMR/V booster vaccines in children with rheumatic diseases on immunosuppressive therapy are safe: multicenter, retrospective data collection. *Vaccine*, 2020, 38, s. 2198–2201.

Diferenciální diagnostika horečky nejasného původu v revmatologické ambulanci

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- 1 Haidar, G. – Singh, N.: Fever of unknown origin. *N Engl J Med*, 2022, 386, s. 463–477.
- 2 Betraintz, A. – Moreel, L. – De Langhe, E., et al.: Rheumatic disorders among patients with fever of unknown origin: A systematic review and meta-analysis. *Semin Arthritis Rheum*, 2022, 56, 152066.
- 3 David, A. – Quinlan, J. D.: Fever of unknown origin in adults. *Am Fam Physician*, 2022, 105, s. 137–143.
Další literatura u autorky.

Doba do úlevy od bolesti a ranní ztuhlosti a aktivity onemocnění u pacientů s ankylozující spondylitidou léčených tofacitinibem

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- 1 Deodhar, A. – Śliwińska-Stanczyk, P. – Xu, H., et al.: Tofacitinib for the treatment of ankylosing spondylitis: a phase III, randomised, double-blind, placebo-controlled study. *Ann Rheum Dis*, 2021, 80, s. 1004–1013.
- 2 Navarro-Compán, V. – Deodhar, A. – Bahiri, R., et al.: POS1116: Time to improvement of pain, morning stiffness and disease activity in patients with ankylosing spondylitis treated with tofacitinib. *Ann Rheum Dis*, 2023, s. 883–884.

Vliv kardiovaskulárních komorbidit na účinnost tofacitinibu versus inhibitorů TNF u revmatoidní artritidy

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- 1 Charles-Schoeman, C. – Buch, M. H. – Dougados, M., et al.: Risk of major adverse cardiovascular events with tofacitinib versus tumour necrosis factor inhibitors in patients with rheumatoid arthritis with or without a history of atherosclerotic cardiovascular disease: a post hoc analysis from ORAL Surveillance. *Ann Rheum Dis*, 2023, 82, s. 119–129.
- 2 Ytterberg, S. R. – Bhatt, D. L. – Mikuls, T. R., et al.: Cardiovascular and cancer risk with tofacitinib in rheumatoid arthritis. *N Engl J Med*, 2022, 386, s. 316–326.
- 3 Buch, M. H. – Mortezavi, M. – Giles, J., et al.: OP0043: Impact of cardiovascular comorbidities on efficacy of tofacitinib vs trfn in rheumatoid arthritis. *Ann Rheum Dis*, 2023, s. 27–28.
- 4 ACC, AHA. ASCVD risk estimator. Dostupné z: https://tools.acc.org/lldl/ascvd_risk_estimator/index.html#/calculator/estimator, vyhledáno 8. 7. 2023.
- 5 Agca, R. – Heslinga, S. C. – Rollefstad, S., et al.: EULAR recommendations for cardiovascular disease risk management in patients with rheumatoid arthritis and other forms of inflammatory joint disorders: 2015/2016 update. *Ann Rheum Dis*, 2017, 76, s. 17–28.

Metamizol v léčbě pacientů s revmatickými chorobami

MUDr. Martin Klein, Ph.D. Revmatologický ústav a Revmatologická klinika 1. LF UK Praha

- 1 Hoffmann, F. – Bantel, C. – Jobski, K.: Agranulocytosis attributed to metamizole: An analysis of spontaneous reports in EudraVigilance 1985–2017. *Basic Clin Pharmacol Toxicol*, 2020, 126, s. 116–125.
- 2 Tomidis Chatzimanoul, M. K. – Goppelt, I. – Zeissig, Y., et al.: Metamizole-induced agranulocytosis (MIA): a mini review. *Mol Cell Pediatr*, 2023, 10, s. 6.
- 3 Albrecht, K. – Marschall, U. – Callhoff, J.: Prescription of analgesics in patients with rheumatic diseases in Germany: A claims data analysis. *Z Rheumatol*, 2021, 80, suppl. 2, s. 68–75.
- 4 Zajaczkowska, R. – Kwiatkowski, K. – Pawlik, K., et al.: Metamizole relieve pain by influencing cytokine levels in dorsal root ganglia in a rat model of neuropathic pain. *Pharmacol Rep*, 2020, 72, s. 1310–1322.
- 5 Pontes, C. – Marsal, J. R. – Elorza, J. M., et al.: Analgesic use and risk for acute coronary events in patients with osteoarthritis: a population-based, nested case-control study. *Clin Ther*, 2018, 40, s. 270–283.
- 6 Anekar, A. A. – Hendrix, J. M. – Cascella, M.: WHO Analgesic Ladder. 2023 Apr 23. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2023. PMID: 32119322.
- 7 Wilson, N. – Sanchez-Riera, L. – Morros, R., et al.: Drugutilization in patients with OA: a population-based study. *Rheumatology*, 2015, 54, s. 860–867.