

interdisciplinary manner, it helped to keep SK medicine abreast with international developments of 1980-ies and 1990-ies and to launch its thorough modernisation after the fall of the so-called 'Iron Curtain' (1989–1990). Building up CP capacities within the SK health care system (HCS) went in parallel with the establishment of an integrated, state-accredited system of physicians' postgraduate education and training in CP (1993 – recognition of CP as a sub-speciality of internal medicine or paediatrics, 2004 – as an independent medical speciality, 2007 – prescribing authorisation of a physician – clinical pharmacologist extended to that of a fully qualified internist). It has been supplemented by the system of continuous medical education (CME) and professional development (CPD) for CP specialists, while CP contributed, content-wise, in a substantial way, to the CME/CPD of other medical specialities. Despite some recent setbacks and untoward competence struggles, CP in SK is poised to develop further its already well-established position within the SK HCS and academia and hopefully flourish successfully in the difficult years ahead. The re-establishing of the Department of Clinical Pharmacology at the Faculty of Medicine (July 2020) and founding of the Clinic of Clinical Pharmacology of the Faculty and of the Teaching Hospital in Nové Zámky, together with other successful developments provide for some realistically founded optimism.

EACPT Lecture 1 – The Folke Sjöqvist Vision for Clinical Pharmacology in Sweden and in Europe

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The motto of the 14th congress of EACPT (European Association of Clinical Pharmacology & Therapeutics) in Stockholm in 2019 was „Clinical pharmacology meeting tomorrow's health care challenges“. This was also a motto for Folke Sjöqvist. He was a visionary man, always one step ahead of the rest of us. In clinical pharmacology, he emphasised rational, evidence-based prescribing, services to health care, high quality teaching, as well as high quality research of clinical relevance, and international collaboration and solidarity.

Folke was born in 1933 and studied medicine at the Karolinska Institutet, Stockholm, where he also defended his thesis on cholinergic transmission in 1962. He was a guest researcher in Boston, US, at the Bernhard Brodie laboratory. At the age of 36, he became the first professor in clinical pharmacology in Sweden, at Linköping University. In 1972, he moved to Huddinge hospital in Stockholm, where he stayed until his retirement in 1998 and onwards. Folke was crucial in the establishment of the discipline clinical pharmacology in Sweden and had a major influence in its development in Europe and around the world. He was member of the founding group of EACPT and its first chair in the 1990 s. Folke was devoted to supporting the discipline also in eastern European countries; which was one of the reasons for starting EACPT. Apart from his professional achievements, Folke was a close friend and inspiration to me, and many others all around Europe.

FARMAKOTERAPEUTICKÉ INOVÁCIE 2020–2021

Inovácie v liečbe chronickej lymfocytovej leukémie, prvé skúsenosti s BCL 2 inhibítormi

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Chronická lymfocytová leukémia (CLL) je najčastejšou B-bunkovou malignitou dospelých v západnom svete. Nové liečebné agens získali dôležité postavenie v liečbe CLL a manažment CLL prechádza dynamickým vývojom. Dlhé obdobie bola chemoimunoterapia štandardnou liečbou pre pacientov s CLL. S príchodom nových – cieľných liekov sa rozšírili liečebné možnosti, ktoré zlepšili prežívanie predovšetkým vysokorizikových pacientov.

TP53 poruchy (zahŕňajúce TP53 mutáciu a 17p deléciu) sú najsilnejším prediktorom chemorezistencie. Okrem uvedených genetických porúch aj mutačný status génov pre variabilnú oblasť ťažkého reťazca imunoglobulínu (IGHV) pomáha klinikom pri rozhodovaní o liečebnej stratégii. Medzi nové cieľné lieky, ktoré boli schválené pre pacientov s R/R CLL patria inhibítory Brutónovej kinázy – ibrutinib, akalabrutinib, zanubrutinib, inhibítory fosfatidylinozitol 3-kinázy – idelalisib, duvelisib, alebo inhibítory BCL2 – venetoklax.

Relabujúca, refraktérna CLL zostáva nevyliciteľným ochorením napriek liečebným pokrokom. Dlhoročná monoterapia novými liekmi je asociovaná s prerušením liečby pre rozvoj mutácií vedúcich k rezistencii, s finančnou záťažou, kumulatívnou toxicitou aj s problémom s dlhodobou adhérenciou pacienta k liečbe. Tieto faktory viedli k potrebe ďalšieho rozvoja konceptu časovo limitovanej inovatívnej liečby s dosiahnutím hlbokých a dlhotrvajúcich remisií a s ideálne čo najdlhším obdobím bez liečby. Odpovede na koncept fixnej liečby nám poskytujú výsledky štúdie Murano. Dostupnosť uvedenej liečby zlepšila liečebné výsledky aj našich pacientov, vrátane ťažko predliečeného pacienta, alebo pacienta vo vyššom veku a s početnými komorbiditami. Nová dostupná, kombinovaná a fixovaná liečba venetoklax a rituximab je dobre manažovateľná. Pri dostatočnej hydratácii a antiuratickej liečbe vieme predchádzať syndrómu z nádorového rozpadu buniek. U našich pacientov sme nezaznamenali výraznejšie cytopénie či infekčné komplikácie.

Innovative Asthma Treatment with Fixed Triple Inhaler Combinations

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Introduction: Asthma is a serious global health problem affecting all age groups with increasing prevalence and still imposes a significant burden on health care systems. The GINA 2021 document recommends in the field of pharmacotherapy stepwise approach with two treatment tracks which differ in reliever medication. Add-on treatments for patients who are already being treated at the step 4 or 5 include long-acting muscarinic antagonists (LAMAs).