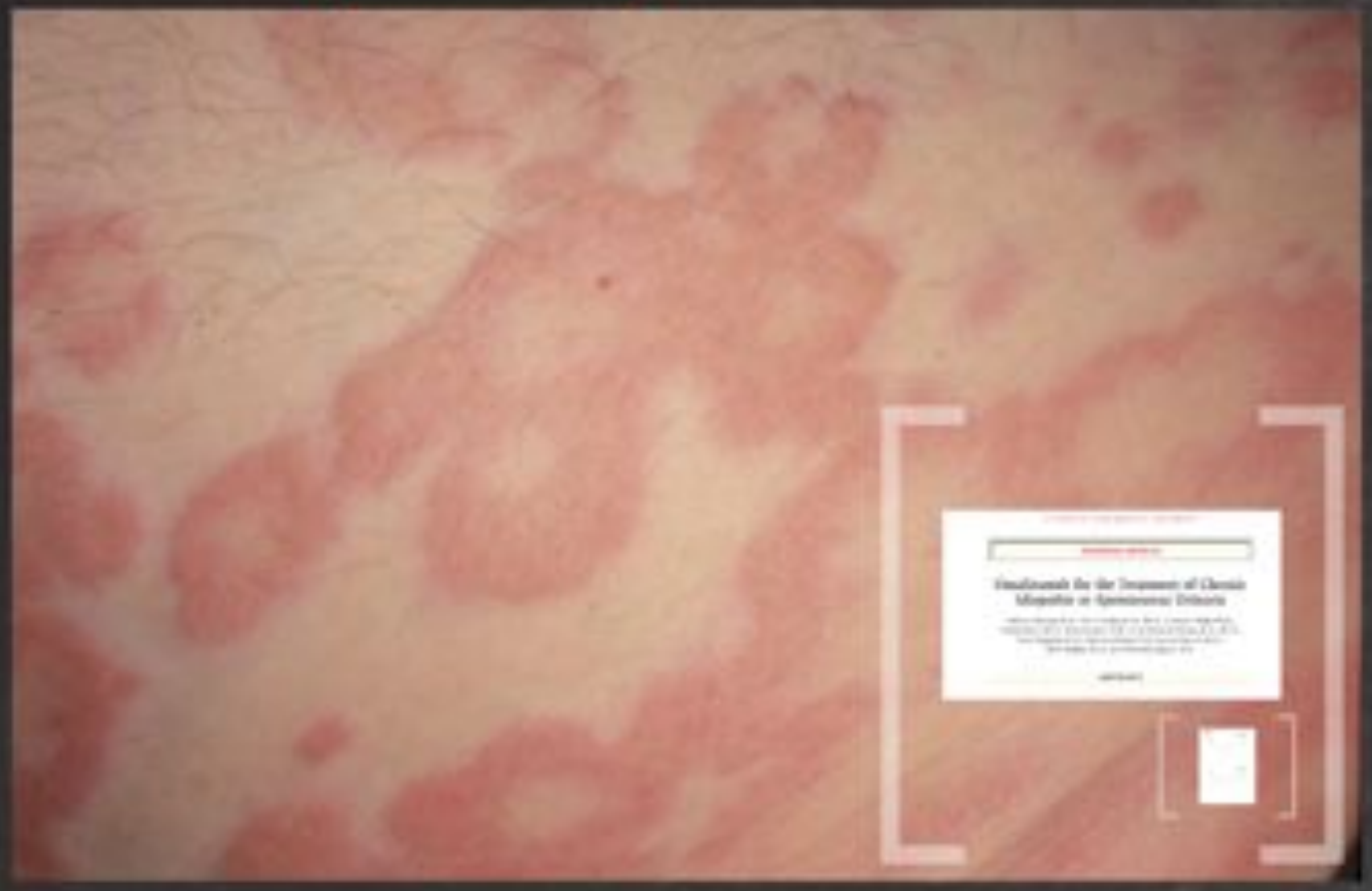
Was gab's Neues im 2015 ? eine Auswahl...

Was gab's Neues im 2015 ? eine Auswahl...

Urticaria



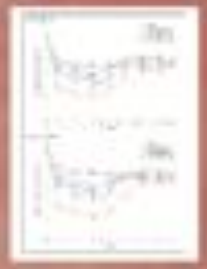
The NEW ENGLAND JOURNAL of MEDICINE

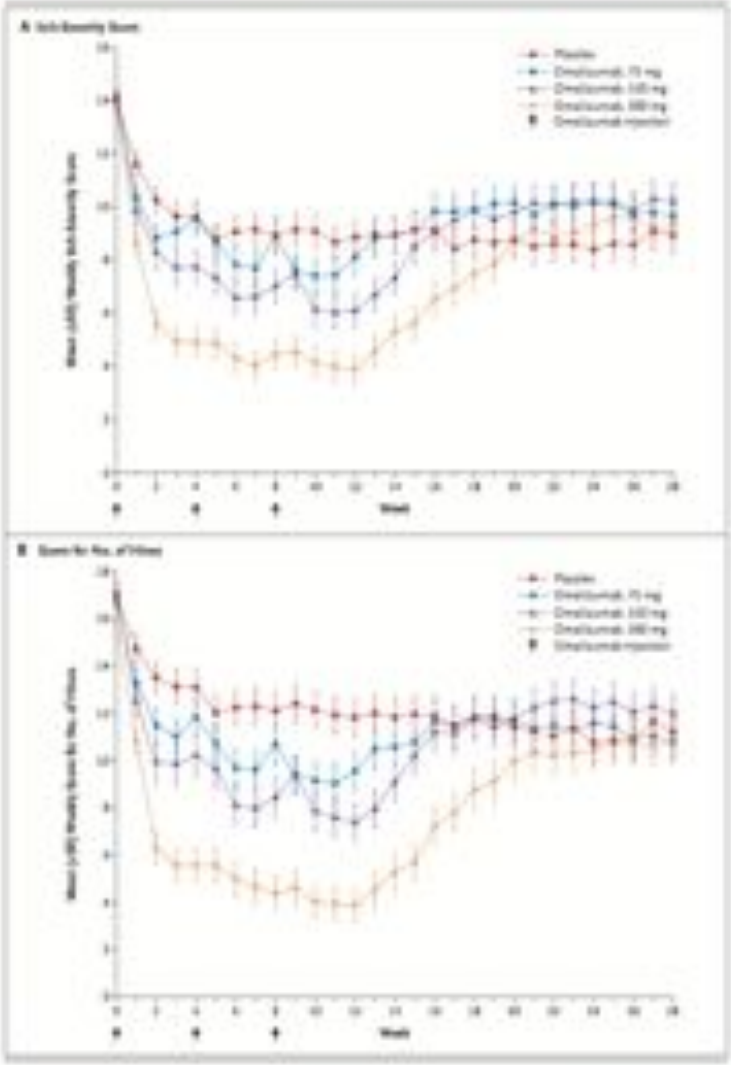
ORIGINAL ARTICLE

Omalizumab for the Treatment of Chronic Idiopathic or Spontaneous Urticaria

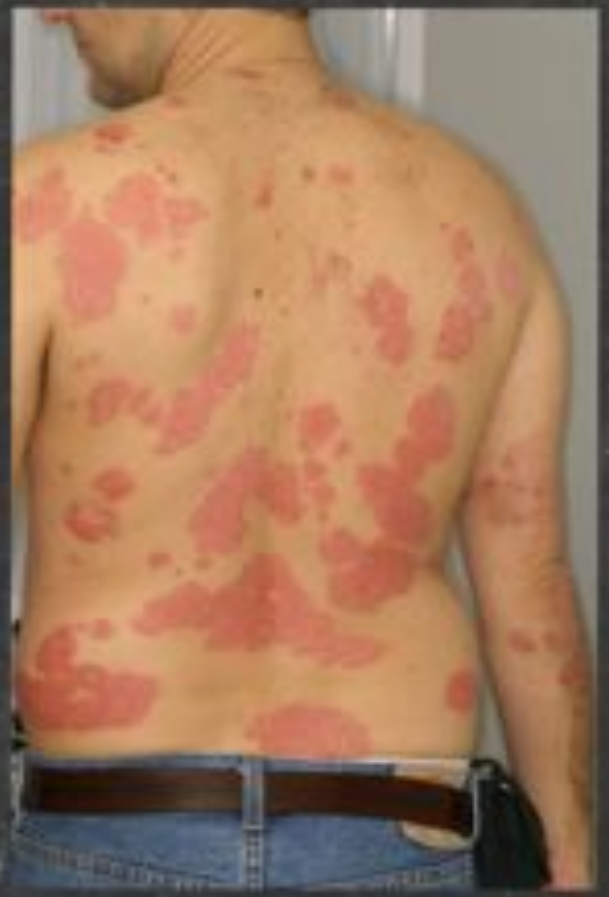
Marcus Maurer, M.D., Karin Rosén, M.D., Ph.D., Hsin-Ju Hsieh, Ph.D., Sarbjit Saini, M.D., Clive Grattan, M.D., Ana Giménez-Arnau, M.D., Ph.D., Sunil Agarwal, M.D., Ramona Doyle, M.D., Janice Canvin, M.D., Allen Kaplan, M.D., and Thomas Casale, M.D.

ABSTRACT





Psoriasis



New kids on the block

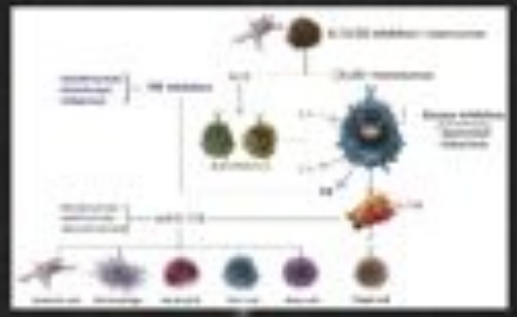
- Ampremilast (Otelza)
- Secukinumab(Cosentyx)
- und.....

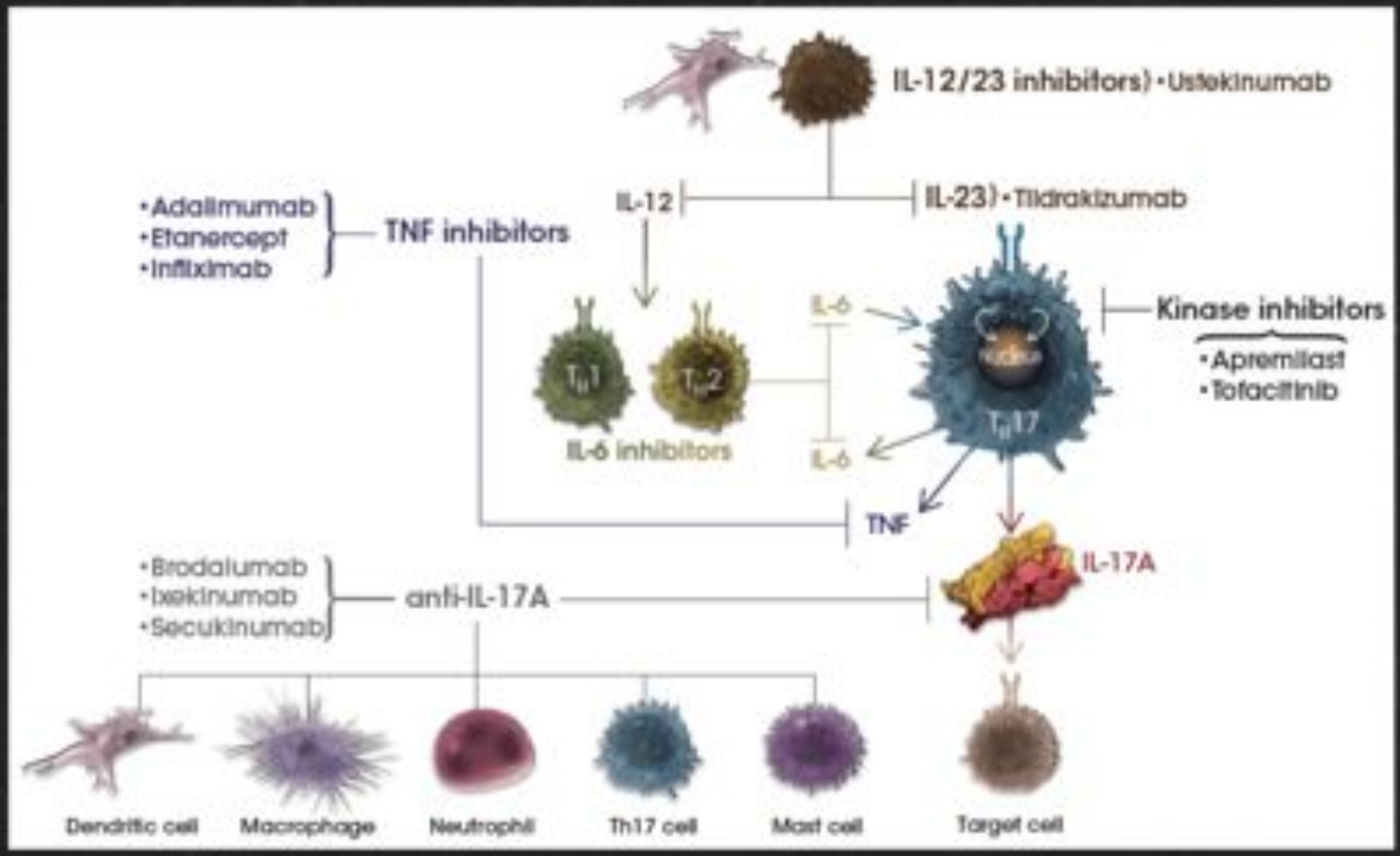
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Phase 2 Trial of Guselkumab versus Adalimumab for Plaque Psoriasis

Kenneth B. Gordon, M.D., Kristina Callis Duffin, M.D., Robert Bissonnette, M.D., Jörg C. Prinz, M.D., Yasmine Wasfi, M.D., Ph.D., Shu Li, Ph.D., Yaung-Kaung Shen, Ph.D., Philippe Szapary, M.D., M.S.C.E., Bruce Randazzo, M.D., Ph.D., and Kristian Reich, M.D., Ph.D.




IL-12/23 inhibitors) • Ustekinumab
IL-12
IL-23) • Tildrakizumab
• Adalimumab
• Etanercept
• Infliximab
TNF inhibitors
Kinase inhibitors
• Apremilast
• Tofacitinib
IL-6
IL-6
IL-6 inhibitors
TNF
IL-17A
• Brodalumab
• Ixekinumab
• Secukinumab
anti-IL-17A
Dendritic cell
Macrophage
Neutrophil
Th17 cell
Mast cell
Target cell

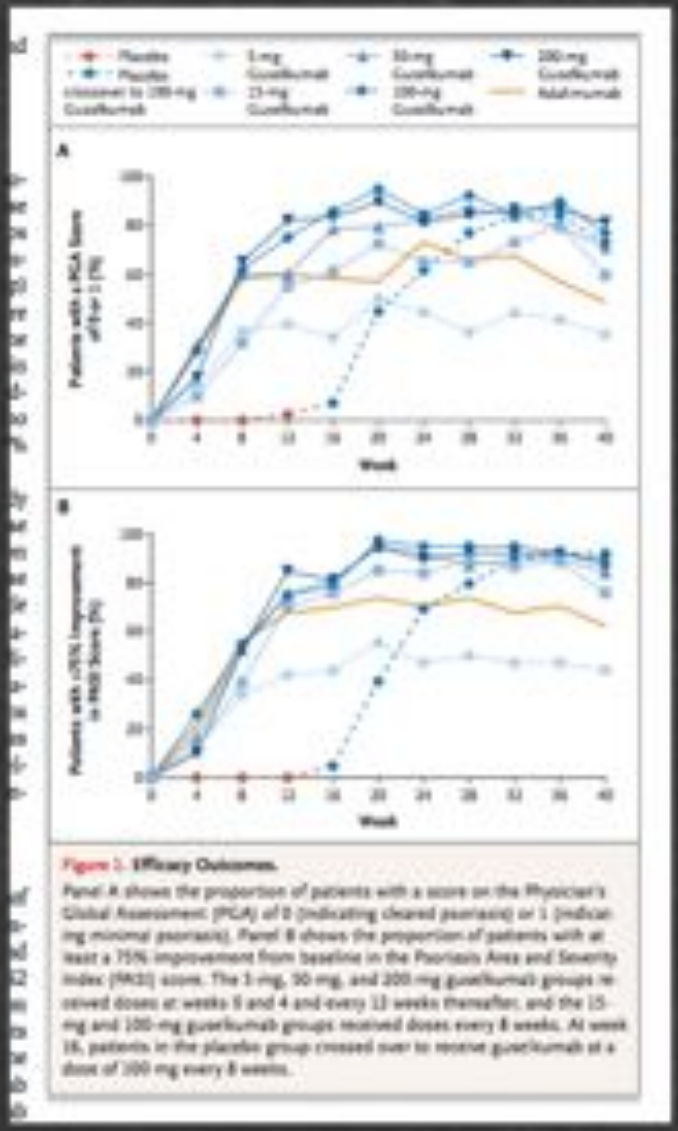
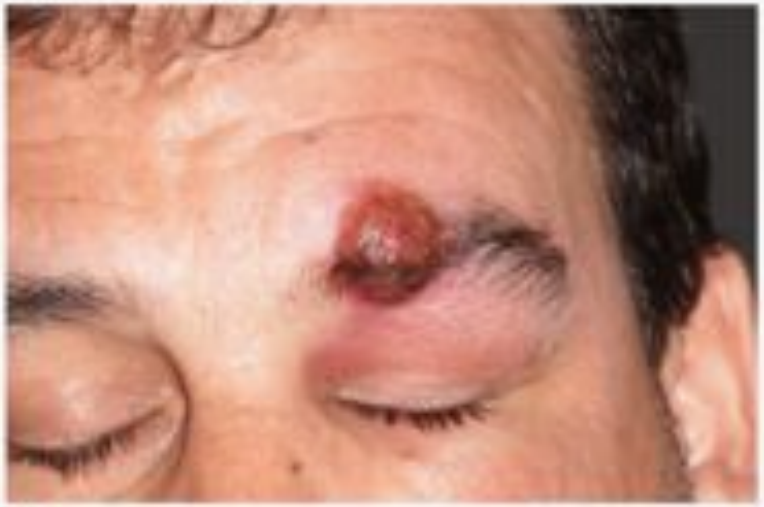


Figure 1. Efficacy Outcomes.

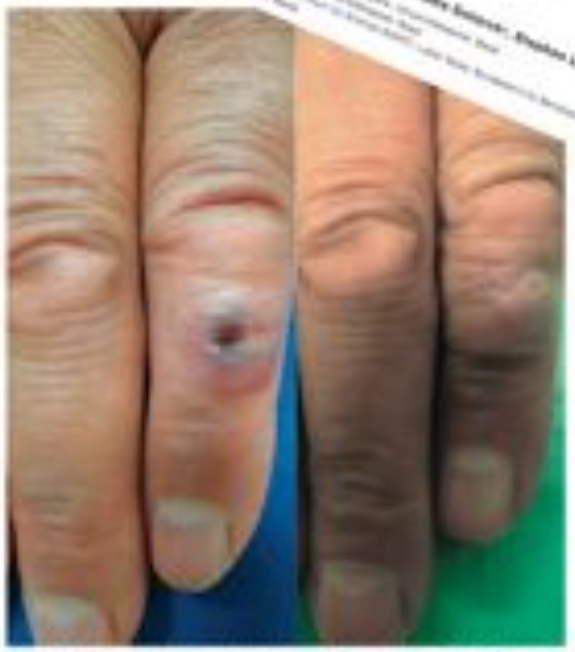
Panel A shows the proportion of patients with a score on the Physician's Global Assessment (PGA) of 0 (indicating cleared psoriasis) or 1 (indicating minimal psoriasis). Panel B shows the proportion of patients with at least a 75% improvement from baseline in the Psoriasis Area and Severity Index (PASI) score. The 5-mg, 50-mg, and 200-mg guselkumab groups received doses at weeks 0 and 4 and every 12 weeks thereafter, and the 15-mg and 100-mg guselkumab groups received doses every 8 weeks. At week 16, patients in the placebo group crossed over to receive guselkumab at a dose of 100 mg every 8 weeks.

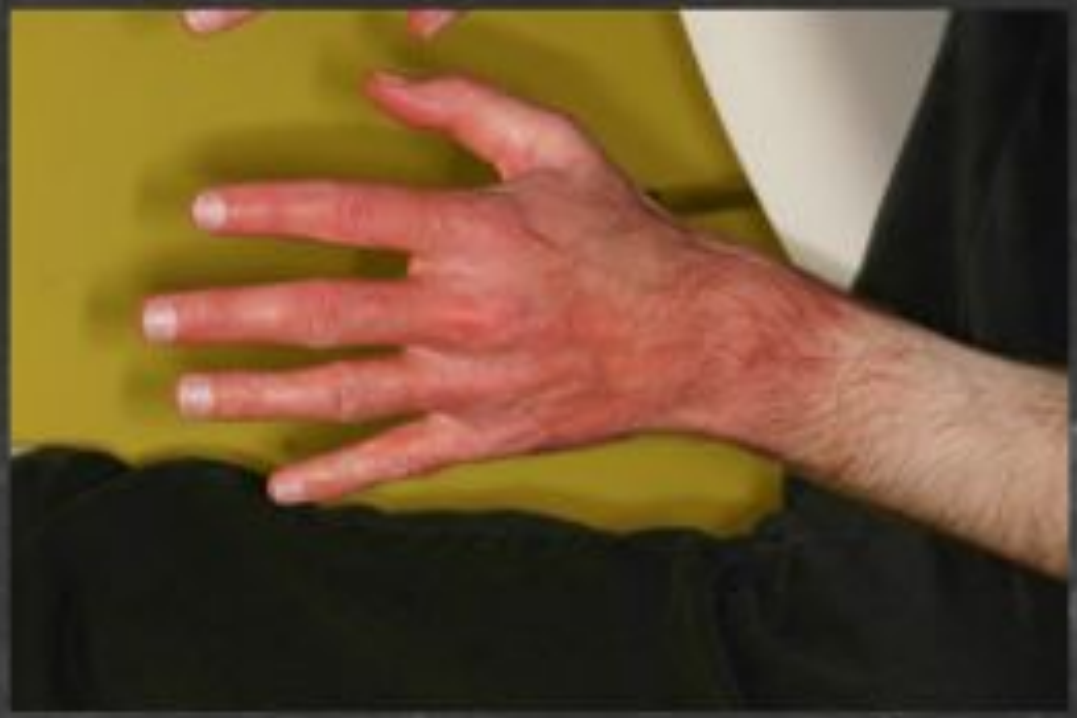
"meine" Bilder des Jahres

Mein Beruf ist Diagnose ! Ich bin Schafshüter



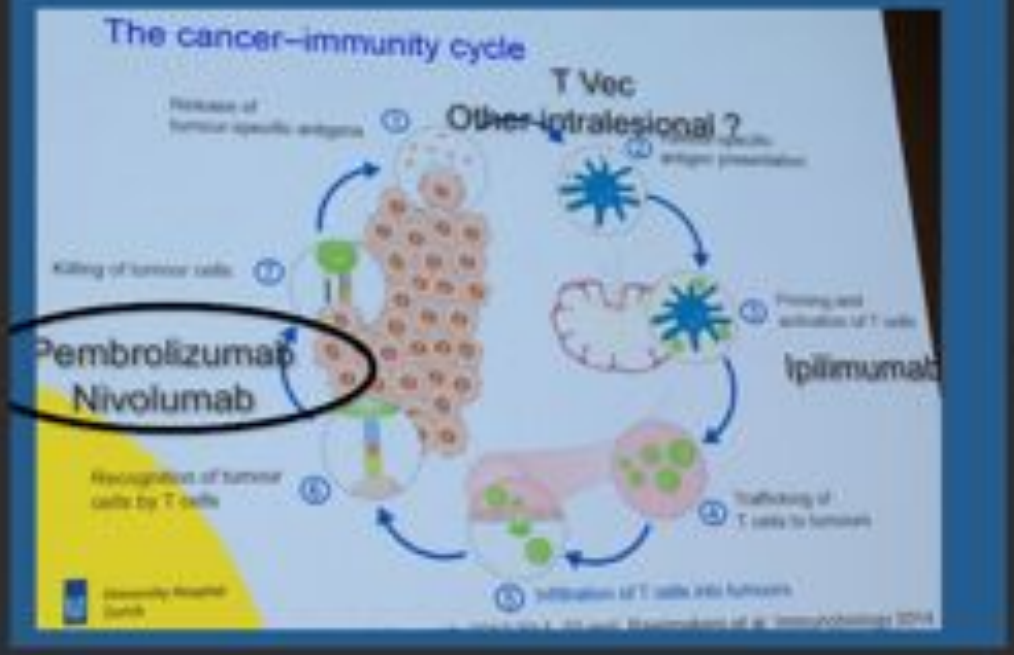
Ein nicht alltägliches türkisches Souvenir





Melanom – Jahr des PD-1s

Melanom – Immunologische Therapieansätze

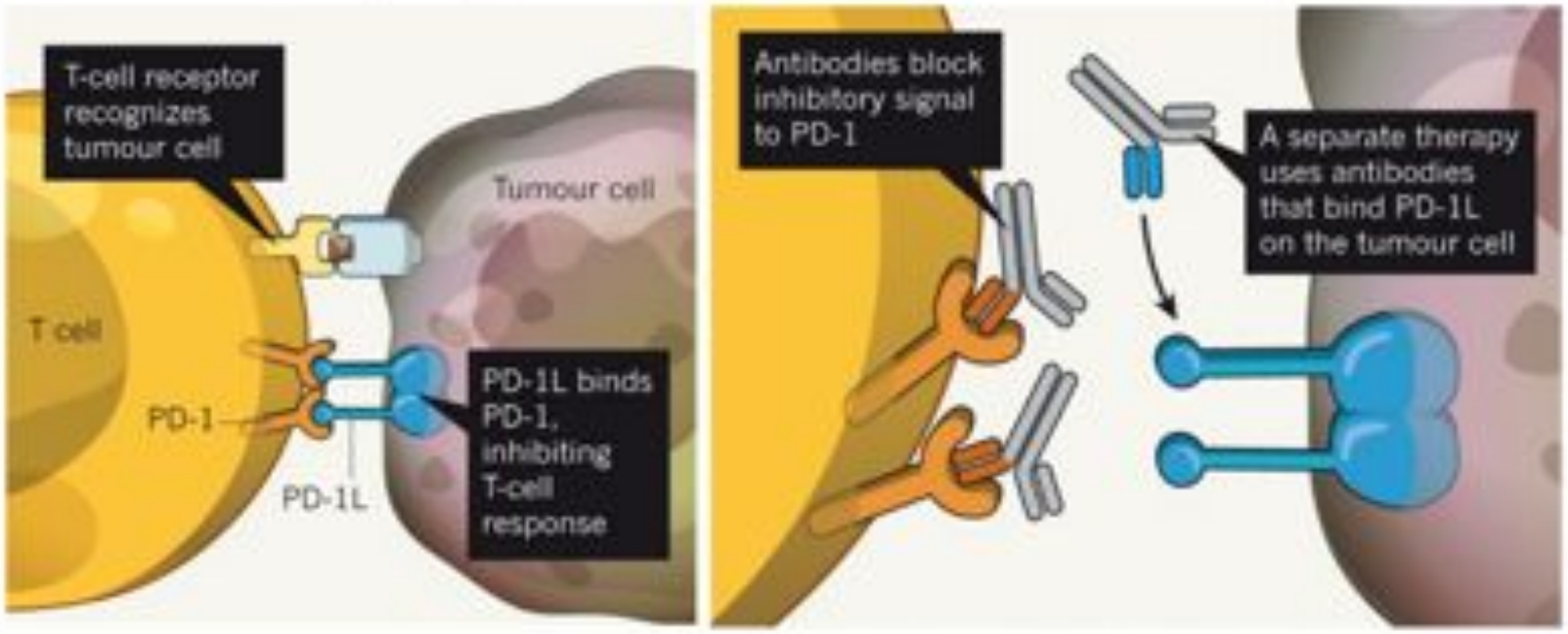


Programmed cell death 1

- Programmed cell death protein 1, also known as PD-1 and CD279
- PD-1 is a cell surface receptor that belongs to the immunoglobulin superfamily and is expressed on T cells and pro-B cells.
- PD-1 binds two ligands, PD-L1 and PD-L2.
- PD-1, functioning down regulates the immune system
- Prevents the activation of T-cells, which in turn reduces autoimmunity and promotes self-tolerance.

WAKING UP THE BODY'S DEFENCES

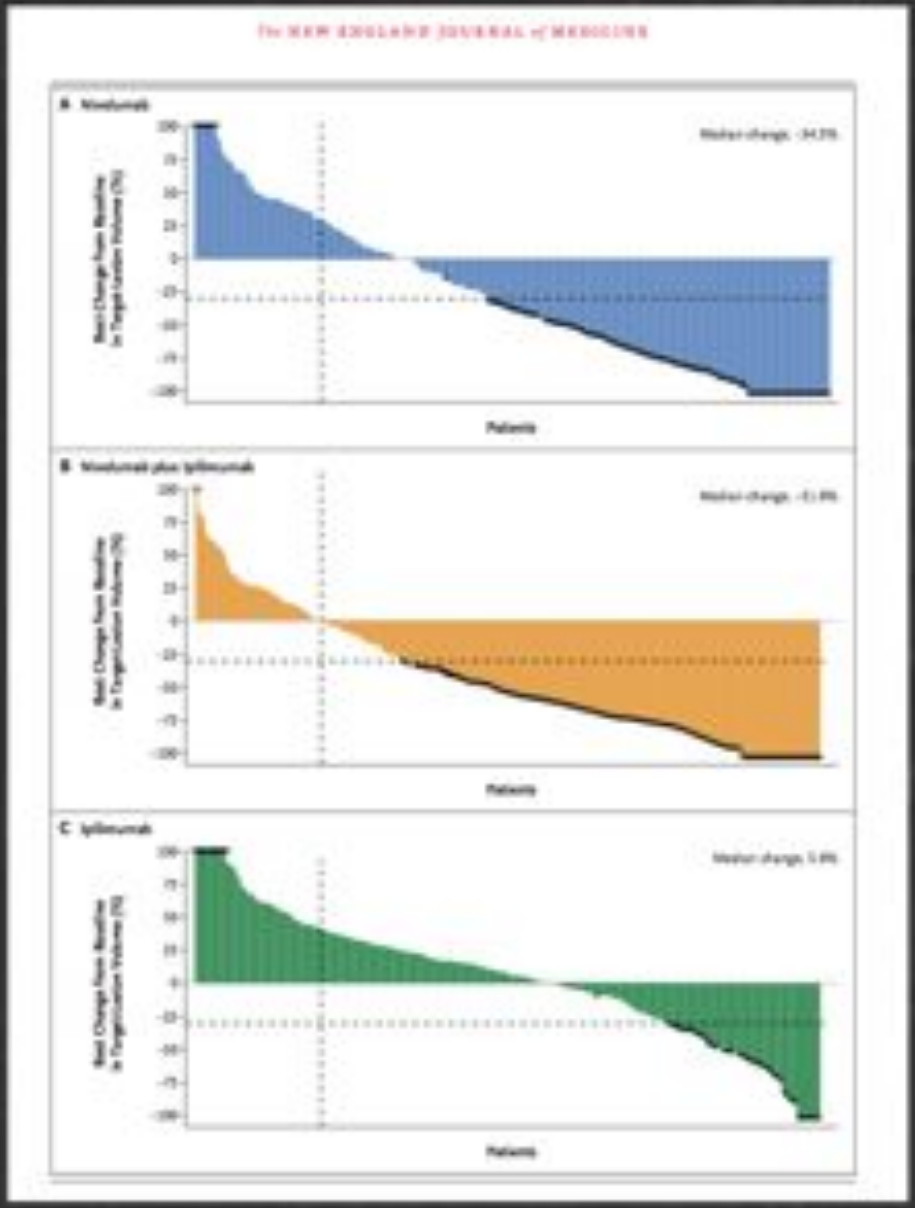
Tumour cells can inhibit the body's immune response by binding to proteins, such as PD-1, on the surface of T cells. Antibody therapies that block this binding reactivate the immune response.

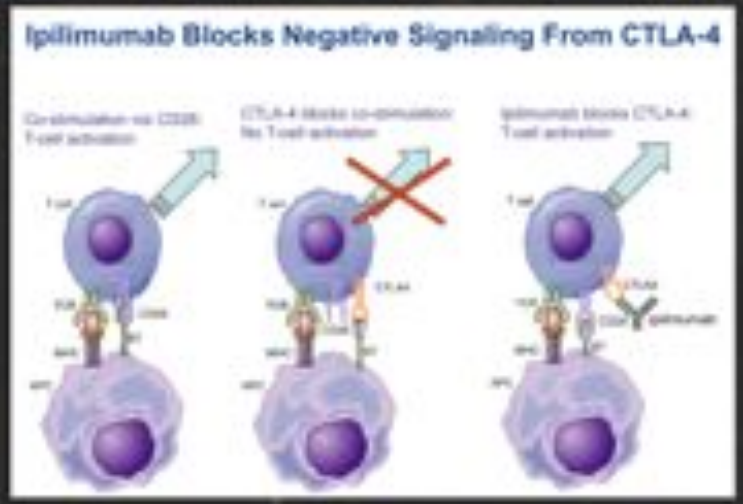


ORIGINAL ARTICLE

Combined Nivolumab and Ipilimumab or Monotherapy in Untreated Melanoma

J. Larkin, V. Chiarion-Sileni, R. Gonzalez, J.J. Grob, C.L. Cowey, C.D. Lao, D. Schadendorf, R. Dummer, M. Smylie, P. Rutkowski, P.F. Ferrucci, A. Hill, J. Wagstaff, M.S. Carlino, J.B. Haanen, M. Maio, I. Marquez-Rodas, G.A. McArthur, P.A. Ascierto, G.V. Long, M.K. Callahan, M.A. Postow, K. Grossmann, M. Sznol, B. Dreno, L. Bastholt, A. Yang, L.M. Rollin, C. Horak, F.S. Hodi, and J.D. Wolchok

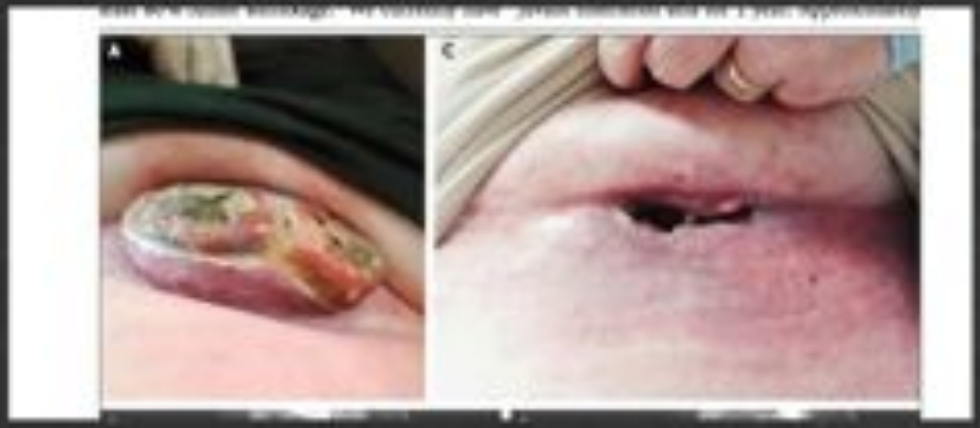




Rapid Eradication of a Bulky Melanoma Mass with One Dose of Immunotherapy

TO THE EDITOR: Both ipilimumab (anti–cytotoxic ... treated 13 patients with melanoma with this ... lymphocyte-associated antigen 4 monoclonal ... combination as part of an expanded-access pro-

Figure 1. Response of a Large Chest-Wall Melanoma Metastasis to One Dose of Ipilimumab plus Nivolumab.
A posteroanterior photograph (with the camera pointing upward from the patient's waist) (Panel A) and a posteroanterior CT scan with soft-tissue windows (Panel B) show the chest-wall mass (asterisk). Three weeks after the first treatment, the tumor resisted, leaving a cavity (Panel C). Six weeks after the first treatment, a CT scan showed excision of the chest-wall mass (Panel D).

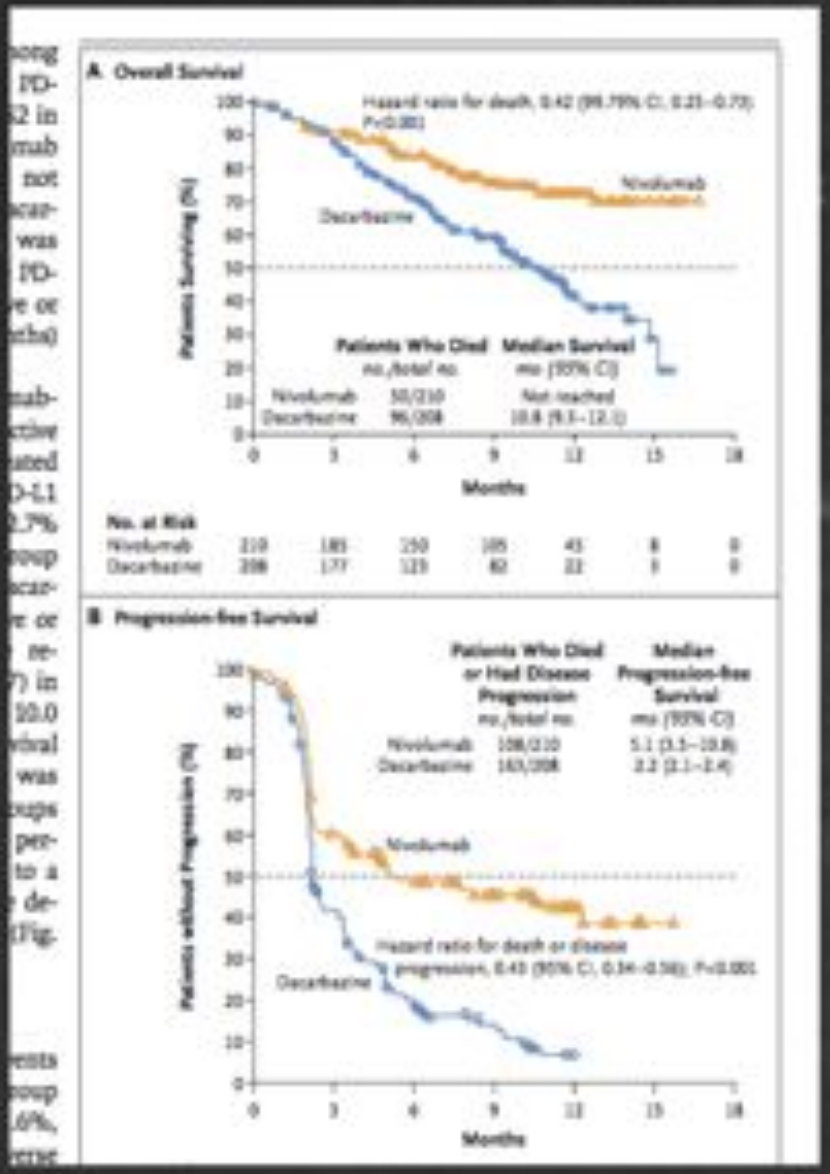


ORIGINAL ARTICLE

Nivolumab in Previously Untreated Melanoma without *BRAF* Mutation

Caroline Robert, M.D., Ph.D., Georgina V. Long, M.D., Ph.D., Benjamin Brady, M.D., Caroline Dutriaux, M.D., Michele Maio, M.D., Laurent Mortier, M.D., Jessica C. Hassel, M.D., Piotr Rutkowski, M.D., Ph.D., Catriona McNeil, M.D., Ph.D., Ewa Kalinka-Warzocha, M.D., Ph.D., Kerry J. Savage, M.D., Micaela M. Hernberg, M.D., Ph.D., Celeste Lebbé, M.D., Ph.D., Julie Charles, M.D., Ph.D., Catalin Mihalcioiu, M.D., Vanna Chiarion-Sileni, M.D., Cornelia Mauch, M.D., Ph.D., Francesco Cognetti, M.D., Ana Arance, M.D., Ph.D., Henrik Schmidt, M.D., D.M.Sc., Dirk Schadendorf, M.D., Helen Gogas, M.D., Lotta Lundgren-Eriksson, M.D., Christine Horak, Ph.D., Brian Sharkey, Ph.D., Ian M. Waxman, M.D., Victoria Atkinson, M.D., and Paolo A. Ascierto, M.D.

ABSTRACT

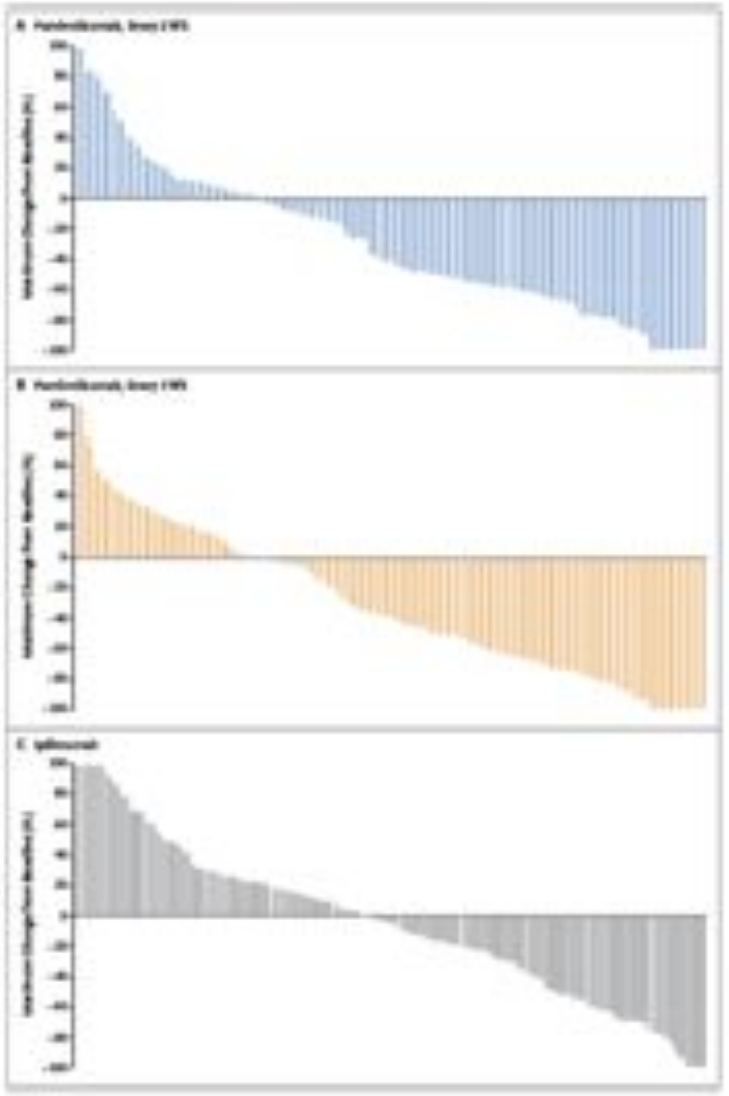


ORIGINAL ARTICLE

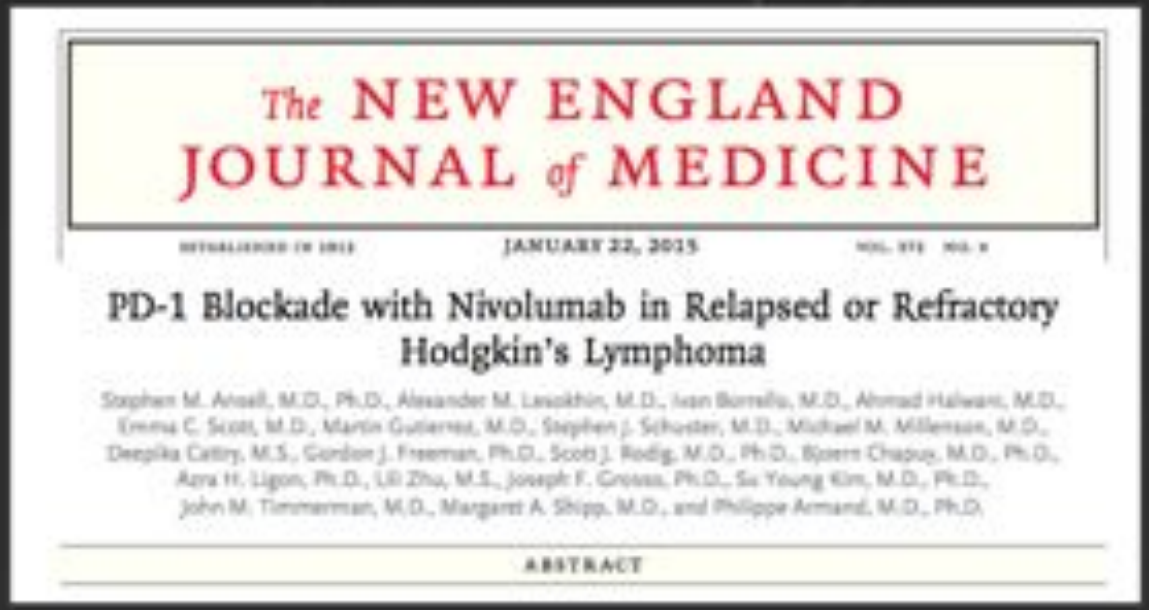
Pembrolizumab versus Ipilimumab in Advanced Melanoma

Caroline Robert, M.D., Ph.D., Jacob Schachter, M.D., Georgina V. Long, M.D., Ph.D., Ana Arance, M.D., Ph.D., Jean Jacques Grob, M.D., Ph.D., Laurent Mortier, M.D., Ph.D., Adil Daud, M.D., Matteo S. Carlino, M.B., B.S., Catriona McNeil, M.D., Ph.D., Michal Lotem, M.D., James Larkin, M.D., Ph.D., Paul Lorigan, M.D., Bart Neyns, M.D., Ph.D., Christian U. Blank, M.D., Ph.D., Omid Hamid, M.D., Christine Mateus, M.D., Ronnie Shapira-Frommer, M.D., Michele Kosh, R.N., B.S.N., Honghong Zhou, Ph.D., Nagaette Ibrahim, M.D., Scot Ebbinghaus, M.D., and Antoni Ribas, M.D., Ph.D., for the KEYNOTE-006 investigators*

ABSTRACT



PD-1s für andere Tumore



The NEW ENGLAND JOURNAL of MEDICINE

JANUARY 22, 2015

PD-1 Blockade with Nivolumab in Relapsed or Refractory Hodgkin's Lymphoma

Stephen M. Ansell, M.D., Ph.D., Alexander M. Lesokhin, M.D., Ivan Borrello, M.D., Ahmad Halwani, M.D., Emma C. Scott, M.D., Martin Gutierrez, M.D., Stephen J. Schuster, M.D., Michael M. Millenson, M.D., Deepika Cattry, M.S., Gordon J. Freeman, Ph.D., Scott J. Rodig, M.D., Ph.D., Bjoern Chapuy, M.D., Ph.D., Azra H. Ligon, Ph.D., Lili Zhu, M.S., Joseph F. Grosso, Ph.D., Su Young Kim, M.D., Ph.D., John M. Timmerman, M.D., Margaret A. Shipp, M.D., and Philippe Armand, M.D., Ph.D.

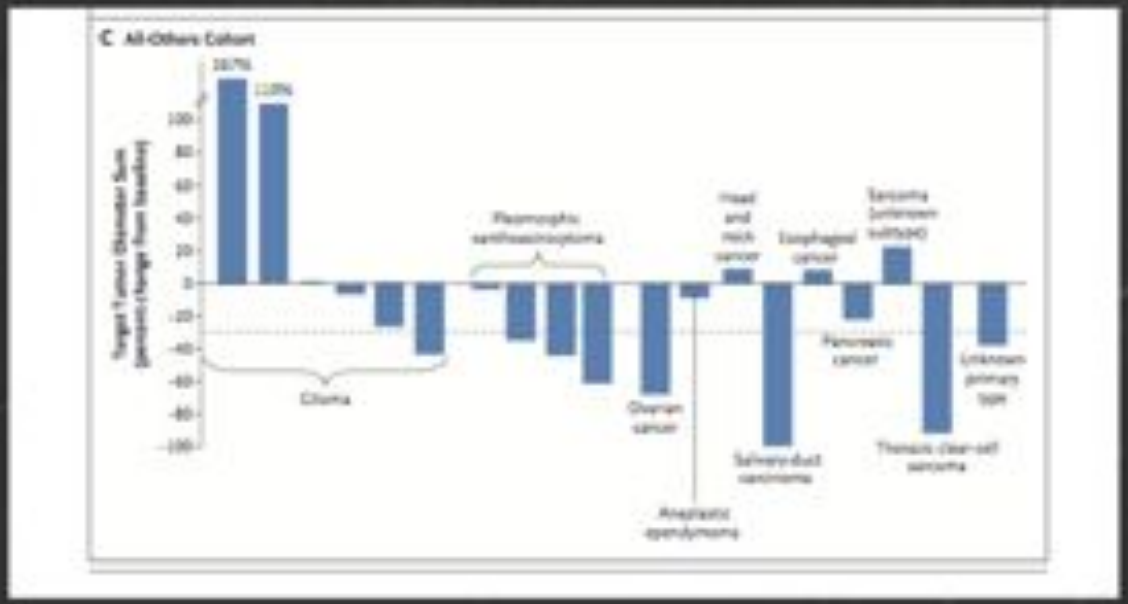
ABSTRACT

BRAF Inhibitoren für andere Tumore

ORIGINAL ARTICLE

Vemurafenib in Multiple Nonmelanoma Cancers with *BRAF* V600 Mutations

David M. Hyman, M.D., Igor Puzanov, M.D., Vivek Subbiah, M.D., Jason E. Faris, M.D., Ian Chau, M.D., Jean-Yves Blay, M.D., Ph.D., Jürgen Wolf, M.D., Ph.D., Noopur S. Raje, M.D., Eli L. Diamond, M.D., Antoine Hollebecque, M.D., Radj Gonsalo, M.D., Maria Elena Gleo-Fernandez, M.D., Antoine Italiano, M.D., Ph.D., Ralf-Dieter Hofheinz, M.D., Manuel Hidalgo, M.D., Ph.D., Emily Chan, M.D., Ph.D., Martin Schuler, M.D., Susan Frances Lasserre, M.Sc., Martina Makrutzki, M.D., Florin Sirsen, M.D., Ph.D., Maria Luisa Veronese, M.D., Josep Tabernero, M.D., Ph.D., and José Baselga, M.D., Ph.D.



Prezi

Table 1. Recently Approved Agents for Melanoma

Drug Name	Drug Class	Year Approved
Peginterferon alfa-2b	Immunotherapy	2011
Ipilimumab	Immunotherapy (anti-CTLA-4)	2011
Vemurafenib	*BRAF* inhibitor	2011
Dabrafenib	*BRAF* inhibitor	2013
Trametinib	MEK inhibitor	2013
Pembrolizumab	Immunotherapy (PD-1 blocker)	2014

Table. Efficacy of BRAF Inhibitors

Regimen	Response Rate, %	Median OS, mo	Median PFS, mo	12-Mo OS, %
Ipilimumab 3 mg/kg q3wk × 4	10.1	10.9	2.8	45.6
Vemurafenib 960 mg bid	48.4	13.6	5.3	56
Dacarbazine 1,000 mg/m^2	5.4	9.7	1.6	44
Dabrafenib 150 mg bid	50	NR	5.1	NR

bid, twice daily; **NR,** no response; **OS,** overall survival; **PFS,** progression-free survival

NEJM. 2011;364:2507-2516; *NEJM.* 2010;363:711-723; *Lancet.* 2012;380(9839):358-365.

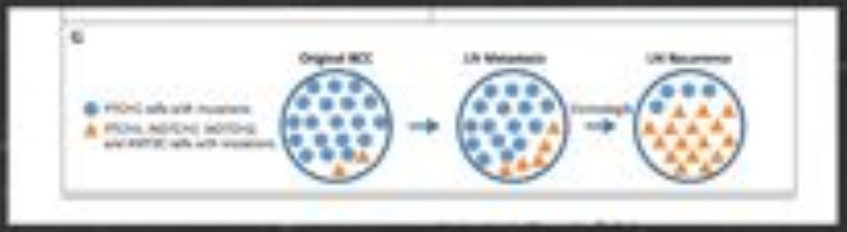
Courtesy of Lakshmi Nayak, PharmD

Just one more thing.....

Squamous Change in Basal-Cell Carcinoma with Drug Resistance

TO THE EDITOR: Basal-cell carcinomas are driven by activation of the hedgehog signaling pathway, commonly through mutations in genes encoding patched 1 protein (PTCH1) or smoothened, frizzled class receptor (SMO). Vismodegib inhibits SMO and is active in advanced basal-cell carcinomas. However, more than 50% of such lesions develop resistance to vismodegib, commonly through

Appendix, available with the full text of this letter at NEJM.org). Thus, we concluded that cells in a basal-cell carcinoma can switch to squamous cells under vismodegib selection, potentially as a mechanism of tumor escape.



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