

Publikujeme v zahraničí

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SUPPORTÍVNA LIEČBA

Gudiol C, Albasanz-Puig A, Laporte-Amargós J, Pallarès N, Mussetti A, Ruiz-Camps I, Puerta-Alcalde P, Abdala E, Oltolini C, Akova M, Montejo M, Mikulska M, Martín-Dávila P, Herrera F, Gasch O, **Drgona L**, Paz Morales H, Brunel AS, García E, Isler B, Kern WV, Morales I, Maestro-de la Calle G, Montero M, Kanj SS, Sipahi OR, Calik S, Márquez-Gómez I, Marin JI, Gomes MZR, Hemmatti P, Araos R, Peghin M, Del Pozo JL, Yáñez L, Tilley R, Manzur A, Novo A, Carratalà J; IRONIC study group.

A clinical predictive model of multidrug resistance in neutropenic cancer patients with bloodstream infection due to *Pseudomonas aeruginosa* (IRONIC study). *Antimicrob Agents Chemother.* 2020 Feb 3. pii:AAC.02494-19.

Background: We aimed to assess the rate and predictive factors of bloodstream infection (BSI) due to multidrug-resistant (MDR) *Pseudomonas aeruginosa* (PA) in neutropenic cancer patients.

Methods: We performed a multicenter, retrospective cohort study including onco-hematological neutropenic patients with BSI due to PA conducted across 34 centers in 12 countries from January 2006 to May 2018. A mixed logistic regression model was used to estimate a model to predict multidrug resistance of the causative pathogens.

Results: Of a total of 1217 episodes of BSI due to PA, 309 episodes (25.4%) were caused by MDR strains. The rate of multidrug resistance increased significantly over the study period ($p=0.033$). Predictors of MDRPA BSI were prior therapy with piperacillin/tazobactam (odds ratio [OR], 3.48; 95% confidence interval [CI], 2.29-5.30), prior antipseudomonal carbapenem use (OR, 2.53; 95% CI, 1.65-3.87), fluoroqu-

inolone prophylaxis (OR, 2.99; 95% CI, 1.92-4.64), underlying hematological disease (OR, 2.09 95% CI, 1.26-3.44) and the presence of a urinary catheter (OR, 2.54; 95% CI, 1.65-3.91), whereas older age (OR, 0.98; 95% CI, 0.97-0.99) was found to be protective.

Conclusions: Our prediction model achieves good discrimination and calibration, thereby identifying neutropenic patients at higher risk of BSI due to MDRPA. The application of this model using a web-based calculator may be a simple strategy to identify high-risk patients, who may benefit from the early administration of a broad-spectrum antibiotic coverage against MDR strains according to the local susceptibility patterns, thus avoiding the use of broad-spectrum antibiotics in patients at low risk of resistance.

ABSTRAKTY A PRÍSPEVKY Z KONFERENCIÍ

GENITOURINÁRNE MALIGNITY

Hapakova N, Chovanec M, Rejlekova K, Kalavska K, Obertova J, Palacka P, De Angelis V, Sycova-Mila Z, Mardiak J, Mego M.

Effect of prophylactic anticoagulation on incidence of venous thromboembolism in testicular germ cell tumor patients

J Clin Oncol 38, 2020 (suppl 6; abstr 422)

Rejlekova K, Kalavska K, Celec P, Makovnik M, Chovanec M, Hapakova N, De Angelis V, Obertova J, Palacka P, Sycova-Mila Z, Mardiak J, Mego M.

Biomarkers of lung damage with possible predictiveness of ARDS within CS in super high-risk patients with germ cell tumors

J Clin Oncol 38, 2020 (suppl 6; abstr 411)

KARCINÓM PLŮC

Kasan P, Berzinec P, Cerna M, Andrasina I, Cipkova A, Chowaniecova G, Denkova L, Godal R, Kuzmova H, Svihelova-Liskova Z, Martak M, Mazal J, Obertova J, Pribulova Z, Urda M, Vesela M.

First experience with atezolizumab in Slovakia

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Five-year progression free survival in patients with advanced NSCLC treated with EGFR-TKIs

18th Central European Lung Cancer Conference, Budapest, 21 – 23 November 2019

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Mego M, Kalavska K, Karaba M, Minarik G, Benca J, Sedlackova T, Manasova D, Pindak D, Mardiak J, Cierna Z.

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