

Literaturverzeichnis

Hamburger Ärzteblatt 05 | 2021

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S. 12 – 16: Die Rolle von Genmutationen bei der Behandlung von Tumoren. *Von Prof. Dr. Pia Wülfing, Prof. Dr. Christian Wülfing*

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Angaben zu möglichen Interessenkonflikten: keine

S. 28 – 30: Leitlinienempfehlungen zur kardiovaskulären Risikoreduktion bei Patienten mit pAVK.

Von Prof. Dr. Sigrid Nikol, Prof. Dr. med. Dr. h.c. Diethelm Tschöpe

Tab. 5: Detaillierte Empfehlungen zur blutzuckersenkenden Diabetestherapie bei diabetischen kardiovaskulären und Hochrisikopatienten aus der aktuellen ESC-EASD Leitlinie 2019 (modifiziert nach 18)

Empfehlungen	Klasse	Evidenzlevel
SGLT2 Inhibitoren = Natrium-Glucose Co-Transporter-2-Inhibitoren		
Empagliflozin, Canagliflozin oder Dapagliflozin werden für Patienten mit Typ-2-Diabetes und kardiovaskulärer Erkrankung oder mit hohem/sehr hohem kardiovaskulären Risiko empfohlen, um das kardiovaskuläre Risiko zu reduzieren	I	A
Empagliflozin wird für Patienten mit Typ-2-Diabetes und kardiovaskulärer Erkrankung empfohlen, um das Sterberisiko zu reduzieren	I	B
GLP1-RAs = Glucagon-like Peptide-1 Rezeptoragonisten		
Liraglutide, Semaglutide oder Dulaglutide werden für Patienten mit Typ-2-Diabetes mit kardiovaskulärer Erkrankung oder mit hohem/sehr hohem kardiovaskulären Risiko empfohlen, um das kardiovaskuläre Risiko zu reduzieren	I	A
Liraglutide wird für Patienten mit Typ-2-Diabetes und kardiovaskulärer Erkrankung empfohlen, um das Sterberisiko zu reduzieren	I	B
Biguanide		
Metformin sollte bei übergewichtigen Patienten mit Typ-2-Diabetes ohne kardiovaskuläre Erkrankung erwogen werden, die ein moderates kardiovaskuläres Risiko haben	II a	C
Insulin		
Die Insulin-basierte Zuckereinstellung sollte bei Patienten mit einem akuten Koronarsyndrom mit einer signifikanten Hyperglykämie (>10 mmol/L or >180 mg/dL) erwogen werden, mit Zielwerten angepasst an ihre Komorbiditäten	II a	C
Thiazolidinedione		
Thiazolidinedione werden nicht für Patienten mit Herzinsuffizienz empfohlen	III	A
DPP4 = Dipeptidyl Peptidase-4		
Saxagliptin wird für Patienten mit Typ-2-Diabetes und einem hohen Risiko für Herzinsuffizienz nicht empfohlen	III	B

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Angaben zu möglichen Interessenkonflikten:

Steering Committee und Vortragshonorare Fa. Bayer, Vortragshonorare Amgen, Astra Zeneca, Pfizer, Daichi Sankyo, Chugai

S. 32 – 34: Der besondere Fall: Immuntherapie bei gastrointestinalen Tumoren.

Von PD Dr. Alexander Stein, Dr. Eray Gökkurt, Prof. Dr. Peter Layer, Dr. Johann-C. Steffens, Prof. Dr. Sören Schröder, Prof. Dr. Susanna Hegewisch-Becker

1. Goekkurt E et al. Ipilimumab or FOLFOX in combination with Nivolumab and Trastuzumab in previously untreated HER2 positive locally advanced or metastatic EsophagoGastric Adenocarcinoma (EGA) - the randomized phase 2 INTEGA trial (AIO STO 0217). *Annals of Oncology*, 2018. 29(viii):205-270.
2. Stein A et al. Immuno-oncology in GI tumours: Clinical evidence and emerging trials of PD-1/PD-L1 antagonists. *Crit Rev Oncol Hematol*, 2018. 130: p. 13-26.
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Angaben zu möglichen Interessenkonflikten:

PD Dr. Alexander Stein: Forschungsunterstützung (institutionell): BMS, Deutsche Krebshilfe, GBA Innovationsfond, MerckKgA, Pierre Fabre, Roche, Sanofi, Servier, Beratung und Vortragstätigkeiten: Amgen, BMS, Lilly, Merck, MSD, Roche, Sanofi, Servier

S. 34: Bilder aus der klinischen Medizin: Aneurysma der Arteria carotis? Von Dr. Franziska Frank, Prof. Dr. Christian Arning

1. Welleweerd JC, de Borst GJ. Extracranial Carotid Artery Aneurysm: Optimal Treatment Approach. *Eur J Vasc Endovasc Surg* 2015;49:235-236.
2. Köhler CE et al. Aneurysmen der extrakraniellen Arteria carotis. *Gefäßchirurgie* 2020;25:72–77.

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S. 35: Leserbrief: Richtige Patienten auswählen. *Von PD Dr. Silke Tribius, Prof. Dr. Dirk Arnold*

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S. 36 – 37: „Geborener Arzt mitten in einer nüchternen Verwaltung“. *Von Dr. Thomas Schröter*

1. Schröter T. Pfeiffers Lebensgeschichte - Rekonstruktion der Biografie des Geheimen Medizinalrates und Geheimen Hofrates Dr. med. Ludwig Pfeiffer. <https://t1p.de/ia6p> (Aufruf vom 10.02.2021)
2. Akte A765 Staatsarchiv Hamburg: Lebenslauf von Präsident Professor Dr. med. Ludwig Ernst Pfeiffer (posthum, Verfasser unbekannt)
3. Auszug aus dem Protokoll der Central-Wahlkommission vom 28. September 1908, Staatsarchiv Hamburg
4. Akte AVc298 der Senatskommission für die Reichs- und auswärtigen Angelegenheiten Nr. 799/1917, Staatsarchiv Hamburg
5. Akte A765 Staatsarchiv Hamburg: Gratulation zum 60. Geburtstag und Bedankung von Prof. Pfeiffer, handschriftlich
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