Dear friends of clinical journal club - load the file down at https://www.mdc-berlin.de/cjc. This website also gives you access to my seminar on Wednesdays 16:00 English and 17:00 German. You need to click on *Besprechung beizutreten*. If it fails to work immediately, keep on clicking.

A 42-year-old woman with a 20-pack-year smoking history presented to the dermatology clinic with a 2-year history of a facial rash. One year before presentation, the patient's rash had been evaluated without a request for removal of her makeup, and treatment for possible acne had been recommended. At the current presentation, a skin examination was performed after removal of her makeup. An indurated plaque with central hypopigmentation, dilated follicular ostia, and alopecia over the right eyebrow were observed, along with a plaque with scattered areas of hyperpigmentation and hypopigmentation on the right cheek. On the left cheek, there were scattered nodules, open comedones, and areas of hyperpigmentation and hypopigmentation. What is the most likely diagnosis? You are offered: Cutaneous sarcoidosis, Discoid lupus erythematosus, Granuloma faciale, Lupus vulgaris, and Rosacea. Long-term oxygen supplementation for at least 15 hours per day prolongs survival among patients with severe hypoxemia. Based on a nonrandomized comparison, long-term oxygen therapy has been recommended to be used for 24 hours per day, a more burdensome regimen. To test the hypothesis that long-term oxygen therapy used for 24 hours per day does not result in a lower risk of hospitalization or death at 1 year than therapy for 15 hours per day, investigators conducted a multicenter, registry-based, randomized, controlled trial involving patients who were starting oxygen therapy for chronic, severe hypoxemia at rest. The primary outcome, assessed in a time-to-event analysis, was a composite of hospitalization or death from any cause within 1 year. Long-term oxygen therapy used for 24 hours per day did not result in a lower risk of hospitalization or death within 1 year than therapy for 15 hours per day. Evidence-based practices for reducing opioid-related overdose deaths include overdose education and naloxone distribution, the use of medications for the treatment of opioid use disorder, and prescription opioid safety. Data are needed on the effectiveness of a community-engaged intervention to reduce opioid-related overdose deaths through enhanced uptake of these practices. In a community-level, cluster-randomized trial, investigators randomly assigned 67 communities in

Kentucky, Massachusetts, New York, and Ohio to receive an intervention (34 communities) or a wait-list control. The intervention included education regarding overdose prevention and naloxone distribution, methadone and buprenorphine for the treatment of opioid use disorder, and safer opioid prescribing, dispensing, and disposal practices. The primary outcome was the number of opioid-related overdose deaths among community adults. The intervention did not reduce the primary endpoint. Colony-stimulating factor 1 receptor (CSF1R)–dependent monocytes and macrophages are key mediators of chronic graft-versus-host disease (GVHD), a major long-term complication of allogeneic hematopoietic stem-cell transplantation. The CSF1R-blocking antibody axatilimab has shown promising clinical activity in chronic GVHD. In a phase 2, multinational, pivotal, randomized study, investigators evaluated axatilimab at three different doses in patients with recurrent or refractory chronic GVHD. The primary end point was overall response. The intervention effectively reduced GVHD. Hereditary hemorrhagic telangiectasia (Osler's disease; HHT) is characterized by extensive telangiectasias and arteriovenous malformations. Mutations in endoglin and other TGF-beta-pathway genes are responsible for HHT. The primary clinical manifestation is epistaxis that results in iron-deficiency anemia and reduced health-related quality of life. Investigators conducted a randomized, placebo-controlled trial to evaluate the safety and efficacy of pomalidomide for the treatment of HHT. The thalidomide-derivative pomalidomide reduced nosebleeds in HHT patients. The N Engl J Med review is on primary central nervous system vasculitis. The weekly patient is a 47-year-old man with rhabdomyolysis, acute renal failure, and a lobar pulmonary infiltrate. In the Lancet, we learn that liver transplantation plus chemotherapy versus chemotherapy alone in patients with unresectable liver metastases results in improved outcomes for these patients. In the second Lancet report, the results of treating heart failure patients (both HFrEF and HFpEF) with mineralocorticoid receptor blockade in terms of cardiac death or hospitalizations is presented and reviewed. Mineralocorticoid receptor blockade helped both groups of heart-failure patients. Insulin efsitora alpha is given by a once-weekly injection. Insulin degludec is given by a daily injection. A little insulin lispro may be necessary to help in patients with type-1 diabetes. The long-acting insulins were compared in terms of reducing HbA1C. Insulin efsitora was non-inferior but a bit more hypoglycemia

episodes occurred, suggesting that further studies should be done. The Lancet case is a man with neck pain and difficulty swallowing. Eagle syndrome was considered as a diagnosis, but chronic retinoid therapy eventually was found responsible. The Lancet offers two reviews on respiratory syncytial virus. The first is on treatment (little to offer here), while the second is on prevention (effective passive and active vaccination offer a great deal). In Science Magazine, we learn about a proteolysis-targeting chimera (PROTAC) molecule harnessing the ubiquitin–proteasome system. PROTAC is now used to combat multiple KRAS mutations in cancer. Then, the Washington Post announces that the FDA has approved a nasal-spray influenza vaccine. “Karl Lauterbach, are you listening?” Join me on Wednesday, September 25 for another stunning clinical journal club, 16:00 in English and 17:00 in German.

Sincerely, Fred Luft

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