

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 2-year-old boy from a rural village was brought to the pediatric clinic with a 6-month history of diarrhea and poor weight gain. His body weight was 12.1 kg (below the 25th percentile for his age) and height 90 cm (1 SD below the median for his age). Physical examination revealed dry mucous membranes and decreased skin turgor. Laboratory tests showed iron-deficiency anemia, eosinophilia, and occult blood in the stool. Stool samples examined by direct microscopy for ova and parasites were negative. A colonoscopy showed numerous mobile, white worms, adherent to the colon wall. What is the most likely culprit organism? You are offered: *Ascaris lumbricoides*, *Enterobius vermicularis* (pinworm), *Hymenolepis nana* (dwarf tapeworm), *Strongyloides stercoralis*, and *Trichuris trichiura* (whipworm). We review the worms.

Incorporating brentuximab vedotin into the treatment of advanced-stage classic Hodgkin's lymphoma improves outcomes in adult and pediatric patients. However, brentuximab vedotin increases the toxic effects of treatment in adults, more than half of pediatric patients who receive the drug undergo consolidative radiation, and relapse remains a challenge. Programmed death 1 blockade is effective in Hodgkin's lymphoma, including in preliminary studies involving previously untreated patients. Investigators conducted a phase 3, multicenter, open-label, randomized trial involving patients at least 12 years of age with stage III or IV newly diagnosed Hodgkin's lymphoma. Nivolumab beat brentuximab vedotin.

Kidney transplantation from donors with human immunodeficiency virus (HIV) to recipients with HIV is an emerging practice. It has been performed since 2016 under the U.S. congressional HIV Organ Policy Equity Act and is currently approved for research only. The Department of Health and Human Services is considering expanding the procedure to clinical practice, but data are limited to small case series that did not include donors without HIV as controls. In an observational study conducted at 26 U.S. centers, investigators compared transplantation of kidneys from deceased donors with HIV and donors without HIV to recipients with HIV. The primary outcome was a safety event (a composite of death from any cause, graft loss, serious adverse event, HIV breakthrough infection,

persistent failure of HIV treatment, or opportunistic infection). In this observational study of kidney transplantation in persons with HIV, transplantation from donors with HIV appeared to be noninferior to that from donors without HIV. The subcutaneous implantable cardioverter–defibrillator (ICD) is associated with fewer lead-related complications than a transvenous ICD; however, the subcutaneous ICD cannot provide bradycardia and anti-tachycardia pacing. Whether a modular pacing–defibrillator system comprising a leadless pacemaker in wireless communication with a subcutaneous ICD to provide anti-tachycardia and bradycardia pacing is safe remains unknown. Investigators conducted a multinational, single-group study that enrolled patients at risk for sudden death from ventricular arrhythmias and followed them for 6 months after implantation of a modular pacemaker–defibrillator system. The safety end point was freedom from leadless pacemaker–related major complications, evaluated against a performance goal of 86%. The new system seems to offer admirable performance. Whether stereotactic body radiotherapy (SBRT) is noninferior to conventionally or moderately hypofractionated regimens with respect to biochemical or clinical failure in patients with localized prostate cancer is unclear. Investigators conducted a phase 3, international, open-labelled, randomized, controlled trial. Men with stage T1 or T2 prostate cancer, a Gleason score of 3+4 or less, and a prostate-specific antigen (PSA) level of no more than 20 ng per milliliter were randomly assigned (in a 1:1 ratio) to receive SBRT (36.25 Gy in 5 fractions over a period of 1 or 2 weeks) or control radiotherapy (78 Gy in 39 fractions over a period of 7.5 weeks or 62 Gy in 20 fractions over a period of 4 weeks). Androgen-deprivation therapy was not permitted. The primary end point was freedom from biochemical or clinical failure, with a critical hazard ratio for noninferiority of 1.45. SBRT proved to be noninferior. The N Engl J Med review is on cryoglobulinemia. The case of the week concerns an extremely obese older woman with heart-failure symptoms and generalized weakness episodes, reminiscent of stroke. However, there is no evidence of stroke. She also has “hypoventilation”, swallowing problems, and transient ptosis. In the Lancet, we again confront cervical carcinoma. A randomized controlled trial tested whether-or-not a course of induction chemotherapy would be worthwhile compared to standard chemotherapy prior to irradiation. It was. Last week, we learned that PD-1 blockade is a good idea, although that hypothesis was not tested here. Packaging two-or-more

antihypertensive agents in a single polypill seems like a very good idea. The Lancet presents a randomized trial of irbesartan, amlodipine, and indapamide in such a configuration. A triple combination was best. Respiratory syncytial virus kills newborns and old people. A vaccine study shows that oldsters can enjoy about an 85% protection efficacy. The Lancet case patient develops hypertrophic cardiomyopathy after hydroxychloroquine therapy for a rheumatological condition. A Lancet Commission reviews the possibilities of decreasing premature deaths by half. In Science Magazine, we inspect a unique study conducted in Italy, Japan, India, USA, Thailand, and Egypt (2 democracies, 2 back-sliding democracies, and 2 nondemocracies). The populations were asked their thoughts about democracy. The results might surprise Donald Trump. In the Washington Post, we learn about how women are discovering the “power” of tattoos.

Join me on Wednesday, October 23 for another stunning clinical journal club, 16:00 in English and 17:00 in German.

Sincerely, Fred Luft

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