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 previously healthy, full-term, 2-month-old boy was brought to the dermatology clinic with a 2-week history of annular plaques with edematous borders and central crusting on the face, scalp, and trunk. Results of a complete blood count and comprehensive metabolic panel were normal. Examination of a skin-biopsy sample obtained from the baby's right forehead showed vacuolar interface dermatitis and perivascular and periadnexal lymphocytic infiltrates. Which of the following is the most likely underlying cause of this baby's findings? You are offered Cutaneous Langerhans cell histiocytosis, Impetigo, Milia, Neonatal lupus erythematosus, and Tinea corporis. We discuss the options. The SPRINT Study showed that lowering systolic blood pressure to 120 mm Hg decreased cardiovascular events but contained no patients with type 2 diabetes. The ACCORD study showed no benefit in lowering blood pressure to below 140 mm Hg in patients with type 2 diabetes but was too small. Now comes the Intensive Blood Pressure Control in Patients with Type 2 Diabetes from China in patients with type 2 diabetes. This study was large enough and shows that lowering systolic blood pressure to 120 mm Hg decreases cardiovascular events in type 2 diabetics. IgG4-related disease is a multiorgan, relapsing, fibroinflammatory, immune-mediated disorder with no approved therapy. Inebilizumab targets and depletes CD19+ B cells and may be effective for treating patients with IgG4-related disease. In a phase 3, multicenter, double-blind, randomized, placebo-controlled trial, adults with active IgG4-related disease underwent randomization in a 1:1 ratio to receive inebilizumab (300-mg intravenous infusions on days 1 and 15 and week 26) or placebo for a 52-week treatment period. The primary end point was the first treated, adjudicated disease flare during the treatment period, assessed in a time-to-event analysis. Inebilizumab decreased flares in these patients with IgG4-related diseases. Nasal polyps, with or without asthma and eosinophilia is a debilitating disease. Antibodies directed at IgE helps those with eosinophilia. Thymic stromal lymphopoietin (TSLP) is a cytokine implicated in polyp disease. Treatment with Tezepelumab (anti TSLP) has been effective for sinonasal symptoms in patients with severe, uncontrolled

asthma and a history of chronic rhinosinusitis with nasal polyps, but its efficacy and safety in adults with severe, uncontrolled chronic rhinosinusitis with nasal polyps is unknown. Investigators randomly assigned adults with physician-diagnosed, symptomatic, severe chronic rhinosinusitis with nasal polyps to receive standard care and either tezepelumab (at a dose of 210 mg) or placebo subcutaneously every 4 weeks for 52 weeks. The coprimary end points were the changes from baseline in the total nasal-polyp score and the mean nasal-congestion score. Tezepelumab decreased both scores. Adverse events were the same in the verum and placebo groups. Imlunestrant is a next-generation, brain-penetrant, oral selective estrogen-receptor (ER) degrader that delivers continuous ER inhibition, even in cancers with mutations in the gene encoding ERα (ESR1). In a phase 3, open-label trial, investigators enrolled patients with ER-positive, human epidermal growth factor receptor 2 (HER2)–negative advanced breast cancer that recurred or progressed during or after aromatase inhibitor therapy, administered alone or with a cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitor. Patients were assigned in a 1:1:1 ratio to receive imlunestrant, standard endocrine monotherapy, or imlunestrant–abemaciclib. Primary end points were investigator-assessed progression-free survival. Imlunestrant reduced progression-free survival in patients with or without ESR1 mutations. The N Engl J Med review is on unexplained or refractory chronic cough. Ninety percent of coughs can be explained. The patient of the week has a BMI of 37 and develops non-alcoholic steatosis hepatis and liver cancer. In the Lancet clinicians ask whether-or-not an extensive work up with urodynamic studies helps patients with overactive bladders? So a randomized trial was done to see if urodynamic studies before any interventions improved outcomes. They did not but did increase discomfort and costs. Any clinician who has experienced the Waterhouse-Friedrichsen syndrome will agree that meningococcal vaccination is a great blessing. Lancet reviews a randomized trial of two vaccines, one also covering not only A, C, W, and Y strains but also the X strain. The new pentavalent vaccine covers them all. In the UK, colorectal cancers are detected with a fecal immunological test (FIT) mailed to health-care recipients. The recipients then are requested to return the test material in the mail. By merely giving the patients a deadline (a single sentence in the instructions) improved compliance considerably. The Lancet reviews the neuroprotective mechanisms of

exercise and the importance of fitness for healthy brain aging. We learn all about exerkines. In Science Magazine, we are informed that the world's butterfly population is steadily declining at a catastrophic rate. Washington Post warns passengers to "lock down your phone" if you are traveling to the United States. Customs and Border Protection agents are now going through phones and computers.

Join me on Wednesday, April 2 for another stunning, orally presented, clinical journal club, 16:00 in English and 17:00 in German.

Sincerely, Fred Luft

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