

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 34-year-old man presented to the emergency department a week after returning from a safari in Zimbabwe with a 4-day history of fever and generalized weakness. On physical examination, a crusted, tender lesion on the crown of the head was noted. The parietal scalp was shaved with the patient's permission, revealing a 4 cm by 4 cm ulceration. A peripheral-blood smear is also shown. What is the most likely diagnosis? You are offered: Cutaneous leishmaniasis, Loiasis, Mansonellosis, Onchocerciasis, and Trypanosomiasis. The peripheral blood smear shows a unicellular organism that look like a ribbon and is about 12  $\mu\text{m}$  long. Limited data are available on survival outcomes after sentinel-lymph-node biopsy alone, as compared with lymphadenectomy in cervical cancer. In a multicenter, randomized, noninferiority trial, investigators enrolled patients with cervical cancer that was stage IA1 (with lymphovascular invasion), IA2, IB1, or IIA1 according to 2009 International Federation of Gynecology and Obstetrics criteria. Sentinel-lymph-node biopsy was performed at the time of surgery and was followed by examination of frozen sections. Patients who had negative sentinel lymph nodes were intraoperatively assigned in a 1:1 ratio not to undergo pelvic lymphadenectomy (the biopsy-only group) or to undergo lymphadenectomy (the lymphadenectomy group). All patients underwent hysterectomy, and adjuvant therapy was provided according to a unified protocol. The primary end point was disease-free survival at 3 years. We learn that a negative sentinel node patient can safely avoid pelvic lymphadenectomy. Telitacept, a new dual inhibitor of the cytokines B-lymphocyte stimulator (BLyS) and APRIL (a proliferation-inducing ligand), showed efficacy in adults with active systemic lupus erythematosus (SLE) in a phase 2b trial when added to standard therapy. Investigators conducted a phase 3 trial in China in which participants with active SLE were randomly assigned (in a 1:1 ratio) to receive telitacept (160 mg) or placebo subcutaneously once weekly for 52 weeks, in addition to standard therapy. The primary end point at week 52 was a response on the modified SLE Responder Index 4 (SRI-4), with a response on this composite measure defined as a reduction of at least 4 points in the

Safety of Estrogens in Lupus Erythematosus National Assessment–Systemic Lupus Erythematosus Disease Activity Index (SELENA-SLEDAI) score. Telitacicept had an impressive effect on these scores with acceptable side effects. Severe combined immunodeficiency (SCID) due to adenosine deaminase (ADA) deficiency (ADA-SCID) is a life-threatening inborn error of immunity for which lentiviral gene therapy has been investigated in clinical trials. We inspect the 10-year results, which suggest that one-shot therapy results in virtual cures at 10 years. The MORDOR study suggested that routine azithromycin given to children aged 1-59 months leads to improved health outcomes in newborns raised in subequatorial Africa. In the LAKANA (Large-Scale Assessment of the Key Health-Promoting Activities of Two New Mass Drug Administration Regimens with Azithromycin) trial, investigators evaluated the effects of mass administration of azithromycin in Mali, West Africa, targeting infants 1 to 11 months of age, with administration either two times a year or four times a year. The investigators now report the results of this trial regarding the effect of the intervention on infant and child mortality and safety. Alas, LAKANA could not reproduce the MORDOR results. The N Engl J Med review is on hair loss in women. The weekly patient is a 43-year-old woman suffering from partner abuse, deficient housing, HIV infection, and suicidal ideation. She has 6 weeks of cough, fever for 2 weeks, history of Roux-en-Y surgery, neglected HIV treatment, alkaline phosphatase elevation, and a relative thrombocytosis. A portable chest roentgenogram makes the diagnosis. The Lancet features 3 huge articles from the Global Burden of Disease investigators covering the future expected mortality worldwide. There is little cause for optimism. These three papers were so long that the Lancet did not provide reviews or commission reports in this issue. In Science Magazine we try to comprehend the structure and function of metal-organic frameworks and their promise for the future. Washington Post lists four vaccines that are associated with decreased dementia risks. Join me on Wednesday, October 22 for the above and more in another stunning, orally presented, clinical journal club, 16:00 in English and 17:00 in German.

Sincerely, Fred Luft

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