

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 23-year-old man presented to the emergency department with a 2-month history of unintentional weight loss and worsening abdominal pain and distension. The patient had recently moved to Arizona from a remote Pacific Island. Physical examination was notable for a firm abdomen with diffuse tenderness to palpation. A diagnostic laparoscopy revealed peritoneal nodules and inflammatory adhesions. A peritoneal biopsy and computed tomography of the chest, abdomen, and pelvis are shown. Which of the following is the most likely etiology of the peritoneal nodules? You are offered: Carcinomatosis from intraabdominal malignancy; Coccidioidomycosis; Mesothelioma; Sarcoidosis; and Tuberculosis. Looks like TB but we find spherules. IgA nephropathy is the commonest glomerular disease and commonly results in end-stage disease. The IgA is deficient in galactose molecules, folds improperly, and causes an autoimmune response. The cytokine, A proliferation-inducing ligand (APRIL), is considered a key driver of the pathogenesis of IgA nephropathy. Sibeprenlimab, a humanized IgG2 monoclonal antibody, selectively binds to and inhibits APRIL. In a phase 3, multicenter, double-blind, randomized, placebo-controlled trial, investigators assigned adults with biopsy-confirmed IgA nephropathy in a 1:1 ratio to receive either subcutaneous sibeprenlimab at a dose of 400 mg or placebo administered every 4 weeks for 100 weeks. The primary end point for an interim analysis was the 24-hour urinary protein-to-creatinine ratio at 9 months as compared with baseline. Sibeprenlimab reduced proteinuria while renal function was preserved with no side effects compared to placebo. IgA nephropathy, the most common primary glomerulopathy worldwide, is a kidney disorder of B-cell origin characterized by mesangial accumulation of IgA-containing immune complexes. In at least 50% of patients, IgA nephropathy leads to kidney failure or death within 10 to 20 years after diagnosis. Atacicept is a native human transmembrane activator and calcium-modulator and cyclophilin-ligand interactor (TACI)-Fc fusion protein that inhibits two key immunoregulatory cytokines — B-cell activating factor (BAFF), as well as APRIL. Both APRIL and BAFF are thought to be central to the pathophysiology of IgA nephropathy. In a second ongoing, phase 3,

multicenter, double-blind, randomized, placebo-controlled trial, investigators assigned patients with IgA nephropathy in a 1:1 ratio to receive atacicept at a dose of 150 mg once weekly, administered subcutaneously by patients at home, or matching placebo. The primary end point was the percentage change from baseline in the 24-hour urinary protein-to-creatinine ratio at week 36. Safety was also evaluated. The fusion protein against APRIL and BAFF worked similarly to the anti-APRIL antibody in the earlier study, also with a favorable side-effect profile. Despite guideline recommendations, evidence for the use of non-vitamin K antagonist oral anticoagulant (NOAC) monotherapy in patients with atrial fibrillation after implantation of a drug-eluting stent remains limited. In a multicenter, randomized, open-label, noninferiority trial in South Korea, investigators assigned patients with atrial fibrillation who had undergone the implantation of a drug-eluting stent at least 1 year earlier in a 1:1 ratio to receive NOAC monotherapy or combination therapy (NOAC plus clopidogrel). The primary end point was net adverse clinical events, a composite of death from any cause, myocardial infarction, stent thrombosis, stroke, systemic embolism, or major bleeding or clinically relevant nonmajor bleeding at 12 months. The noninferiority margin was 3.0 percentage points. Stopping clopidogrel was met with noninferiority, while bleeding complications were reduced. Vaccine-induced immune thrombocytopenia and thrombosis (VITT) is a rare prothrombotic complication that occurs after adenoviral vector-based vaccination against coronavirus disease 2019; in rare cases, it can also occur after natural adenovirus infection. VITT is mediated by platelet-activating antibodies against the highly cationic protein platelet factor 4 (PF4). The underlying inciting antigen trigger and immunopathogenesis remain unknown. The investigators used genomics and proteomics in VITT patients, controls, and mice. The results of their study indicate that VITT occurs when, in persons with a specific immunoglobulin light-chain allele, IGLV3-21*02 or *03, a specific somatic hypermutation develops that affects antibodies recognizing a specific epitope on the adenoviral core protein pVII. The antibodies are highly negatively charged. This state-of-affairs results in misdirection of antibody that then targets toward cationic PF4. The N Engl J Med review is about mucormycosis. The N Engl J Med mystery patient is a young woman with intractable hypertension, a renal mass, potassium of 2 mmol/L, and elevated renin levels. Minocycline is a long-available tetracycline antibiotic with putative anti-

inflammatory effects. Could minocycline help persons with acute thrombotic stroke? A Lancet randomized trial shows improved Rankin Scale results at 90 days in stroke persons receiving minocycline. Statins revolutionized cardiovascular care. But the package insert regarding side effects is so voluminous that patients become frightened and stop treatment. A Lancet study shows that the statin warnings are largely overdrawn. Stethoscopes with incorporated artificial intelligence (AI) are said to improve diagnostic facility for heart failure (HFrEF), atrial fibrillation, and valve disease, but do they? Lancet reports a trial in general practices. The Lancet review is on tetanus and ramifications. Carnitine is necessary for fatty-acid beta oxidation. Does ingesting carnitine help in losing weight and fat? Science Magazine presents a novel transporter in mitochondria regulating carnitine metabolism that has ramifications for GLP-1-agonists and weight loss. Everyone knows 41-year-old Lindsay Vonn and her misadventure competition in the winter 2026 Olympic Games. Washington Post reports on a little-known 46-year-old skier competing in the Super G. She brought along her son, who is also skiing in the winter 2026 Olympic Games. The next oral presentation English at 16:00, German at 17:00 will be on Wednesday February 18, 2026.

Sincerely, Fred Luft

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