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 62-year-old man presented to the hospital with a 1-month history of muscle aches and weakness in the anterior thighs and the lower posterior aspect of both legs and weight loss of 10 kg. On physical examination, there was numbness of the anterior thighs and posterior lower legs but no skin changes or abdominal tenderness. Laboratory tests showed elevated levels of inflammatory markers. Findings on computed tomography of the chest, abdomen, and pelvis were unremarkable. Tests for antineutrophil cytoplasmic antibodies were negative. Abdominal angiography was performed, shown in the left and right images. You see small aneurysmal dilatations at vascular branchpoints. What other condition is associated with this patient's diagnosis? You are offered: Chronic lymphocytic leukemia, Hepatitits B, HIV, Systemic lupus erythematosus, Tuberculosis. The image is a classic. Can malaria be prevented by passive immunity? Subcutaneous administration of the monoclonal antibody L9LS protected adults against controlled Plasmodium falciparum infection in a phase 1 trial. Whether a monoclonal antibody administered subcutaneously can protect children from P. falciparum infection in a region where this organism is endemic is unclear. Investigators conducted a phase 2 trial in Mali to assess the safety and efficacy of subcutaneous administration of L9LS in children 6 to 10 years of age over a 6-month malaria season. In part A of the trial, safety was assessed at three dose levels in adults, followed by assessment at two dose levels in children. L9LS was safe and effective. Can administering the "good cholesterol - HDL" improve reverse cholesterol transport and protect from subsequent cardiovascular events? CSL112 is human apolipoprotein A1 HDL derived from plasma that increases cholesterol efflux capacity. Whether infusions of CSL112 can reduce the risk of recurrent cardiovascular events after acute myocardial infarction is unclear. Investigators conducted an international, double-blind, placebo-controlled trial involving patients with acute myocardial infarction, multivessel coronary artery disease, and additional cardiovascular risk factors. Patients were randomly assigned to receive either four weekly infusions of 6 g of CSL112 or matching placebo, with the first infusion

administered within 5 days after the first medical contact for the acute myocardial infarction. The primary end point was a composite of myocardial infarction, stroke, or death from cardiovascular causes from randomization through 90 days of follow-up. Alas, the strategy was not effective. Among low-risk patients with severe, symptomatic aortic stenosis who are eligible for both transcatheter aortic-valve implantation (TAVI) and surgical aortic-valve replacement (SAVR), data are lacking on the appropriate treatment strategy in routine clinical practice. In a randomized noninferiority trial conducted at 38 sites in Germany, investigators assigned patients with severe aortic stenosis who were at low or intermediate surgical risk to undergo either TAVI or SAVR. Percutaneous- and surgical-valve prostheses were selected according to operator discretion. The primary outcome was a composite of death from any cause or fatal or nonfatal stroke at 1 year. TAVI met noninferiority criteria and appeared to be better than SAVR. Currently, ADAMTS13 deficiency-associated thrombotic microangiopathy is treated with fresh-frozen plasma. Congenital thrombotic thrombocytopenic purpura (TTP) results from severe hereditary deficiency of ADAMTS13. The efficacy and safety of recombinant ADAMTS13 and standard therapy (plasma-derived products) administered as routine prophylaxis or on-demand treatment in patients with congenital TTP is not known. In a phase 3, open-label, crossover trial, investigators randomly assigned patients in a 1:1 ratio to two 6-month periods of prophylaxis with recombinant ADAMTS13 (40 IU per kilogram of body weight, administered intravenously) or standard therapy, followed by the alternate treatment; thereafter, all the patients received recombinant ADAMTS13 for an additional 6 months. Recombinant ADAMTS13 worked very well and could replace standard care. The N Engl J Med review is about Cryptococcal disease in diverse hosts. The N Engl J Med case is a very unusual cause of pneumonia. Coronary artery plaques can rupture causing acute myocardial infarction. Severe stenoses, perhaps judged in the basis of fractional flow reserve (FFR), can help identifying plaques that should be stented. However, unstable plaques can rupture without having caused stenosis. In the Lancet, we review the PREVENT trial in which persons undergoing coronary angiography underwent study of all plaques with FFR and with intravascular ultrasound to find vulnerable plaques. Treating non-flow-limiting vulnerable plaques improved outcomes. Amblyopia is usually treated with glasses followed by patching of the “non-lazy” eye.

Extended optical treatment was compared to early patching was compared in the EuPatch study. Early patching was more effective than extended early optical treatment. Prisons rarely lead to rehabilitation. After release, convicts commonly find an early death. A meta-analysis shows the rates and causes of death after prison release of 1.4 million convicts in eight high and middle-income countries. The Lancet case exhibits a real-time MRI of the stuttering phenomenon. The Lancet review is about B-cell non-Hodgkin lymphomas. In Science Magazine, we learn about how our immune system protects us from tumors. B cells organize into germinal center pathways to produce antibodies against tumors. These clusters are termed tertiary lymphoid organs. However, many B-cell infiltrates display no or disorganized defenses. An analysis of many tumors with single-cell RNA sequencing has elucidated these defense mechanisms. Then, the Washington Post reports that nursing homes are increasingly calling emergency 911 to pick up elderly patients when they fall, rather than bothering to pick up the elderly themselves. Fear of subsequent back pain in the nursing-home staff seems to the primary impediment. Read the file and join me on May 15 for the next oral presentation.

Best regards, Fred Luft, at https://www.mdc-berlin.de/cjc