

Závěr

Inhibitory Brutonovy tyrosinkinázy zaujímají v současné době ústřední postavení v léčbě chronické lymfocytární leukemie. Nejlepších výsledků dosahují při použití v primoterapii a zásadní přínos mají pro pacienty s aberací TP53. Velký potenciál v léčbě CLL má i kombinace BTKi s BCL-2 inhibitorem. Z nežádoucích účinků

u BTKi je nezbytné myslet na riziko krvácivých komplikací, fibrilace síní, a vzhledem k neza-
nedbatelnému vlivu BTKi na imunitní systém i na zvýšenou náchylnost k infekcím a sníženou odpověď na vakcinaci. Možnou terapeutickou strategií pro pacienty po selhání kovalentního BTKi bude do budoucna použití nekovalentních BTKi (např. pirtobrutinibu). Uplatnění v léčbě

Richterovy transformace by výhledově mohla nalézt především kombinace BTKi s chemoimuno-
terapií či jinou cílenou léčbou. V neposlední řadě se zdá, že by BTKi mohly zlepšit efektivitu CAR-T lymfocytů a tím i optimalizovat jejich využití na poli chronické lymfocytární leukemie.

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