**Tемсиролимус: риск развития myocardial infarction**

Since 2016, the EU summary of product characteristics (SPC) for Torisel®, which contains the cytotoxic immunosuppressant темсиролимус, states that “the known association of темсиролимус with hyperlipaemia may predispose to myocardial infarction” (1,2). This information was added following the European Pharmacovigilance Risk Assessment Committee’s (PRAC) analysis of 17 cases of myocardial infarction, 3 of which were fatal, that occurred between 1 day and 9 months after starting темсиролимус therapy. In 8 cases, темсиролимус was the only drug suspected (3,4). Темсиролимус is known to provoke hyperlipaemia, hypercholesterolaemia and hypertension (1,2).

In the European Union, темсиролимус is authorised for use in metastatic renal cell carcinoma and mantle cell lymphoma. After intravenous administration, it is rapidly metabolised to сиролимус, another immunosuppressant, which is authorised for the prevention of organ rejection in certain transplant recipients (1,2,5).

**In practice** The risk of myocardial infarction is another addition to темсиролимус's already long list of adverse effects (1,2). As of 7 June 2017, this risk is not mentioned in either the EU SPC or patient leaflet for сиролимус, despite adverse effects that are largely shared by темсиролимус and сиролимус (5,6).

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**Фол코드ин: апопфилактические реакции на нервно-мышечные блокаторы**

Фол코드ин, an opioid used as a cough suppressant for decades, appears to be implicated in the occurrence of sometimes fatal anaphylactic shock during anesthesia as a result of cross-reactivity to neuromuscular blocking agents, such as суксаметоний (1).

In Norway, фол코드ин was withdrawn from the market in 2007, and within 3 years the number of anaphylactic reactions to neuromuscular blockers had decreased (1).

In late 2016, six years after market withdrawal of фол코드ин, a Norwegian team published a follow-up study (2). The frequency of anaphylactic reactions to neuromuscular blockers has decreased by about one-third since 2007. No deaths resulting from anaphylactic reactions to neuromuscular blockers were recorded during the last 3-year period studied, versus 5 deaths during the first 3 years when фол코드ин was on the market. The prevalence of anti-суксаметоний antibodies in 300 serum samples from so-called allergic patients dropped to zero percent in 2012.

The situation in Norway seems to be approaching that of Sweden, where the last syrup containing фол코드ин was withdrawn from the market at the end of the 1980s. Anaphylactic reactions to neuromuscular blockers are now very rare, with one case reported every 1 or 2 years. In Denmark, фол코드ин has never been available, and anaphylactic reactions to neuromuscular blockers are extremely rare (2).

**In practice** Фол코드ин is still available in many cough suppressants. Despite the known harms of a drug that is not useful, health authorities and pharmaceutical companies have not taken a decision to withdraw фол코드ин from the market in order to protect patients. Faced with this dangerous inertia, it is up to healthcare professionals to protect patients by routinely avoiding the use of фол코드ин and offering better solutions.