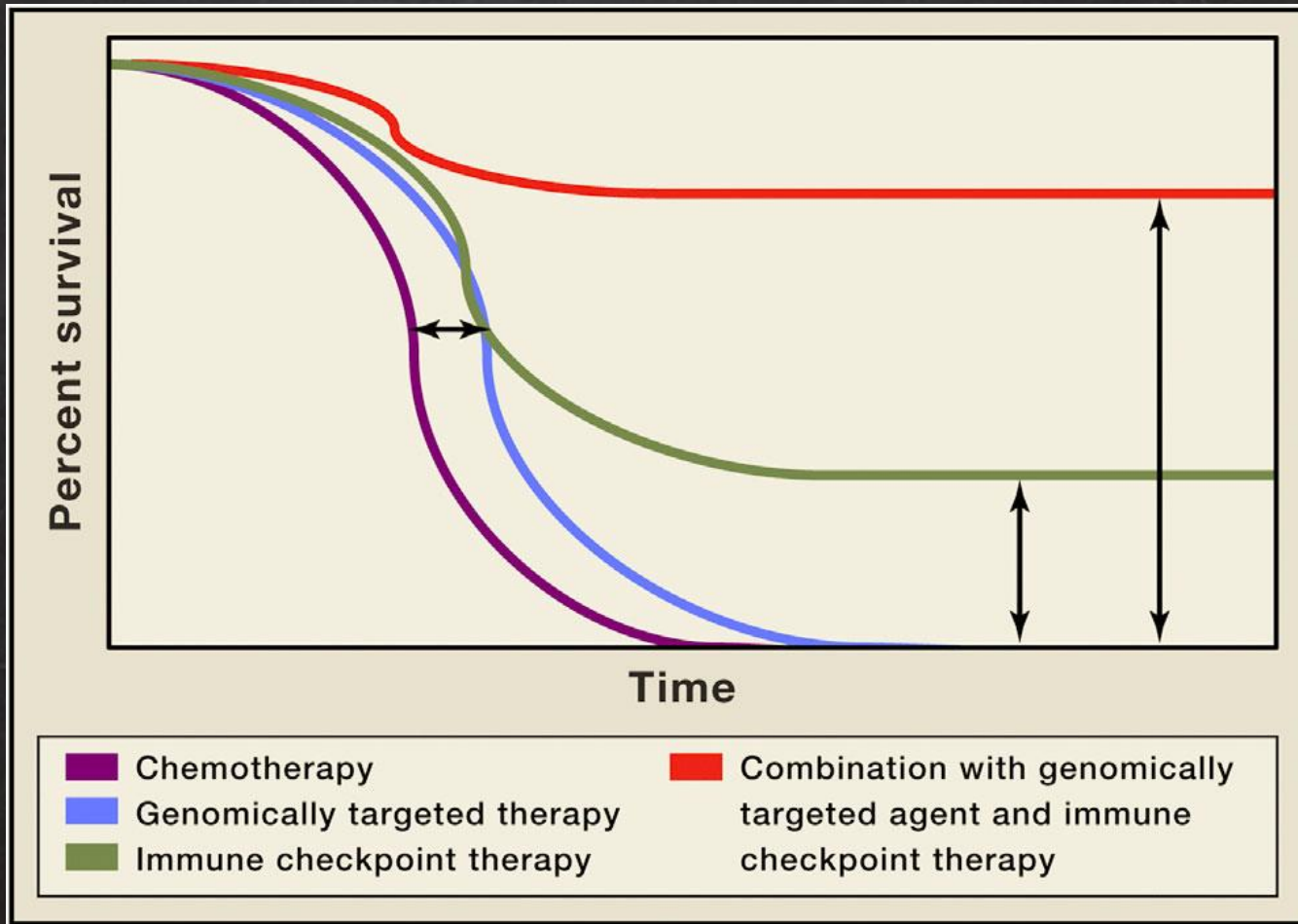


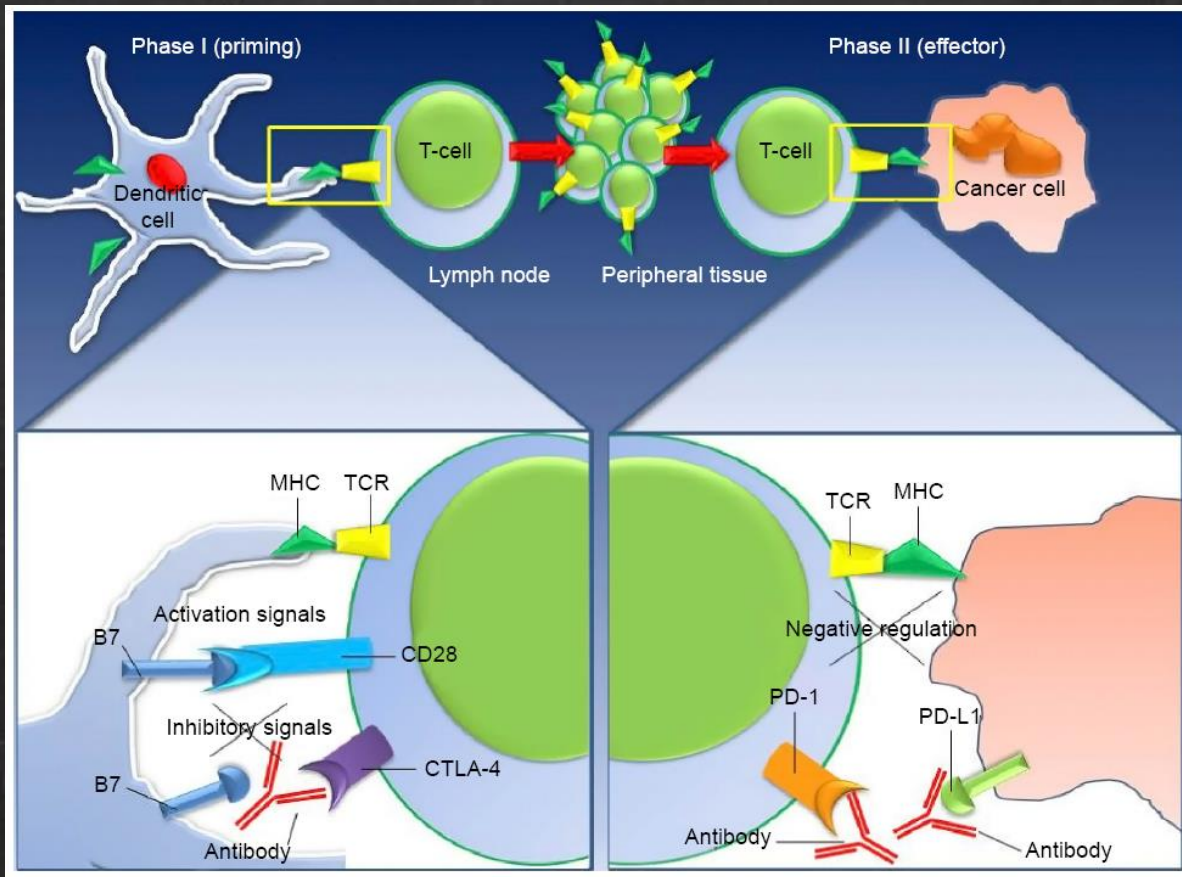
KARVA 16 april 16
Hans Slabbynck
Longziekten



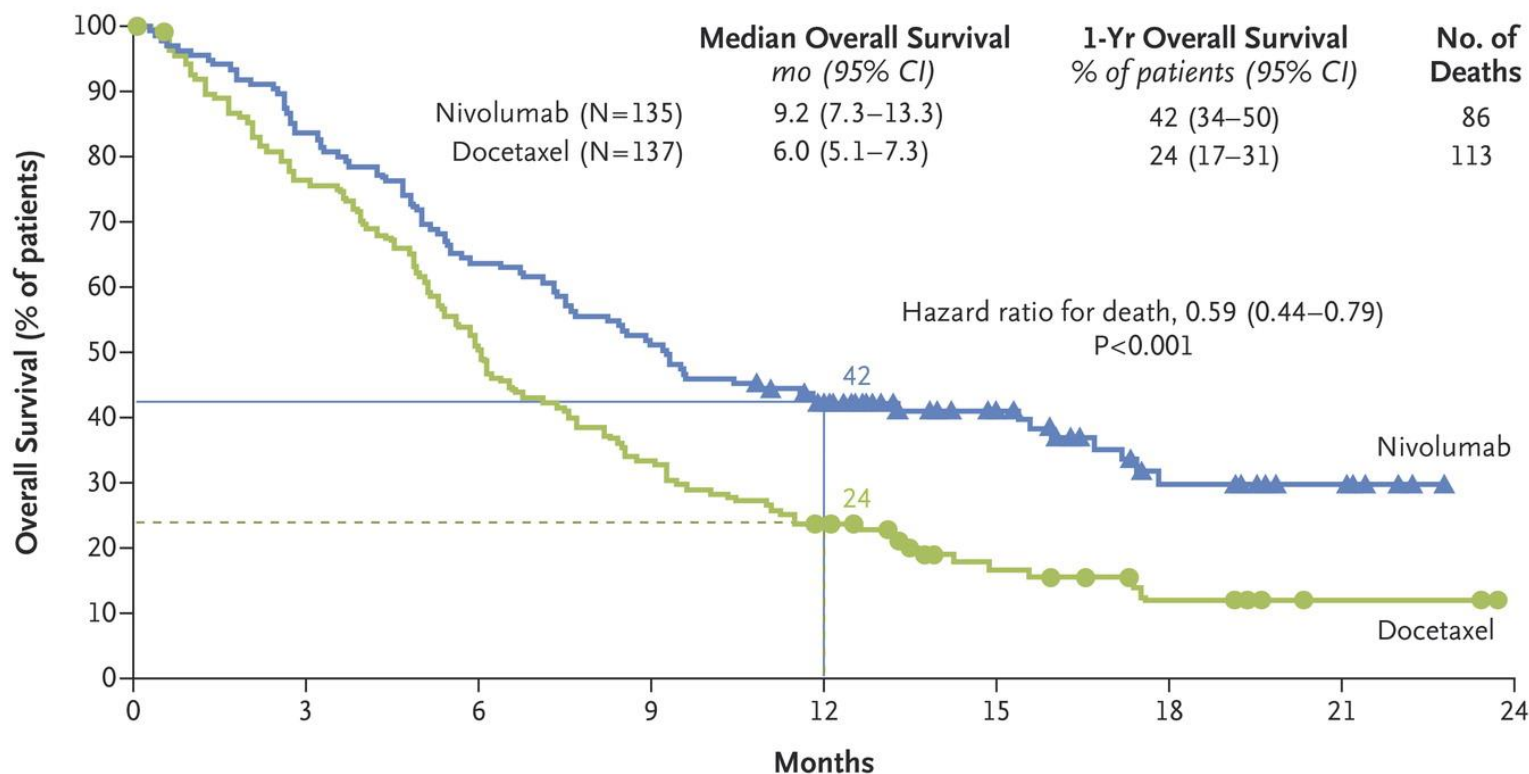
Gevorderd Niet Kleincellig Longca (NSCLC)



Gevorderd Niet Kleincellig Longca (NSCLC)



Gevorderd squameus NSCLC



No. at Risk

	0	3	6	9	12	15	18	21	24
Nivolumab	135	113	86	69	52	31	15	7	0
Docetaxel	137	103	68	45	30	14	7	2	0

ACOS

Astma COPD Overlap Syndroom

Characteristic	Patient with "Easy" Asthma	Patient with "Easy" COPD	Patient with ACOS Stemming from Asthma	Patient with ACOS Stemming from COPD
Age (yr)	21	65	45	45
Atopy	Yes	No	Yes	Yes
Current smoker	No	Yes	No	Yes
Pack-years	0	95	0	20
Dyspnea	Recurrent	Chronic	Chronic with flares	Chronic with flares
Wheezing	Yes	No	Yes	Yes
Reversible airway obstruction	Yes	No	No	Yes
Bronchial hyperresponsiveness	Yes	No	Yes	Yes or no

Obstructieve luchtwegaandoeningen

ABC van de behandeling

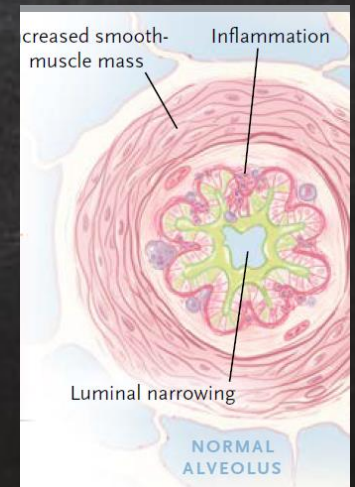
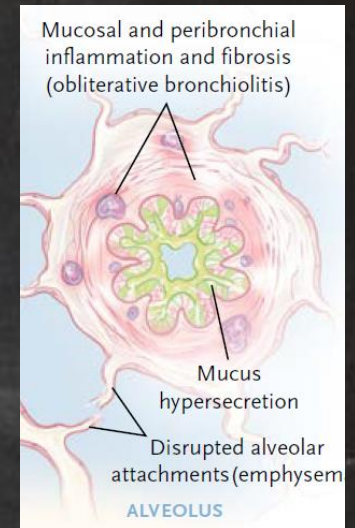


A (Anticholinergica (muscarine))

B (Beta-mimetica)



C (inhalatiecorticosteroiden)



Inhalatie cortico steroïden CS bij COPD

FEV1 > 50 % (matig COPD)

MRC < 2

FEV1 < 50 % (ernstig COPD)

MRC > 2

rookstop, beweging, vaccin

A (of B)

A + B

A + B

Opstoten : + C

Deconditionering

Revalidatie

Heterogeen Emfyseem

Volume reductie

Hypoxemie

O2 supplementen

Opstoten

Azithromcyine

ICS bij COPD

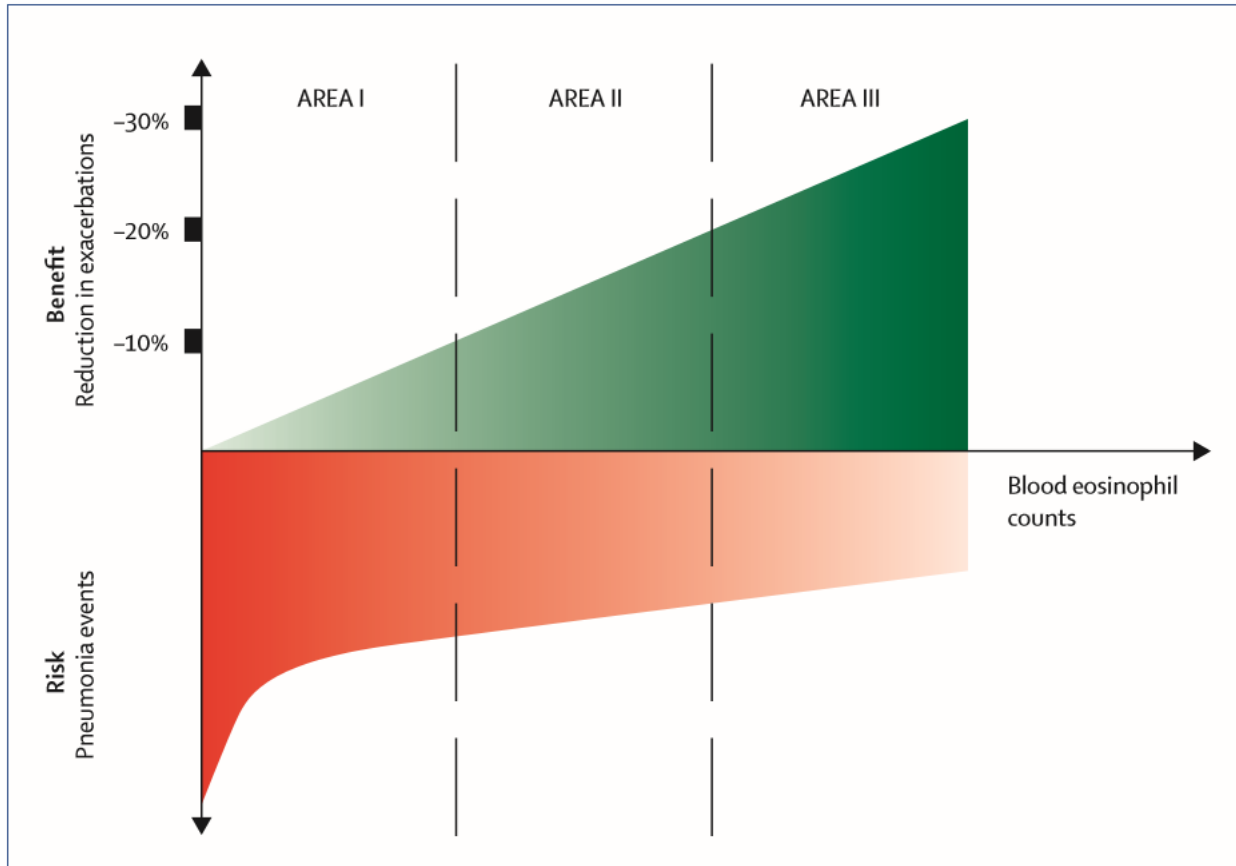
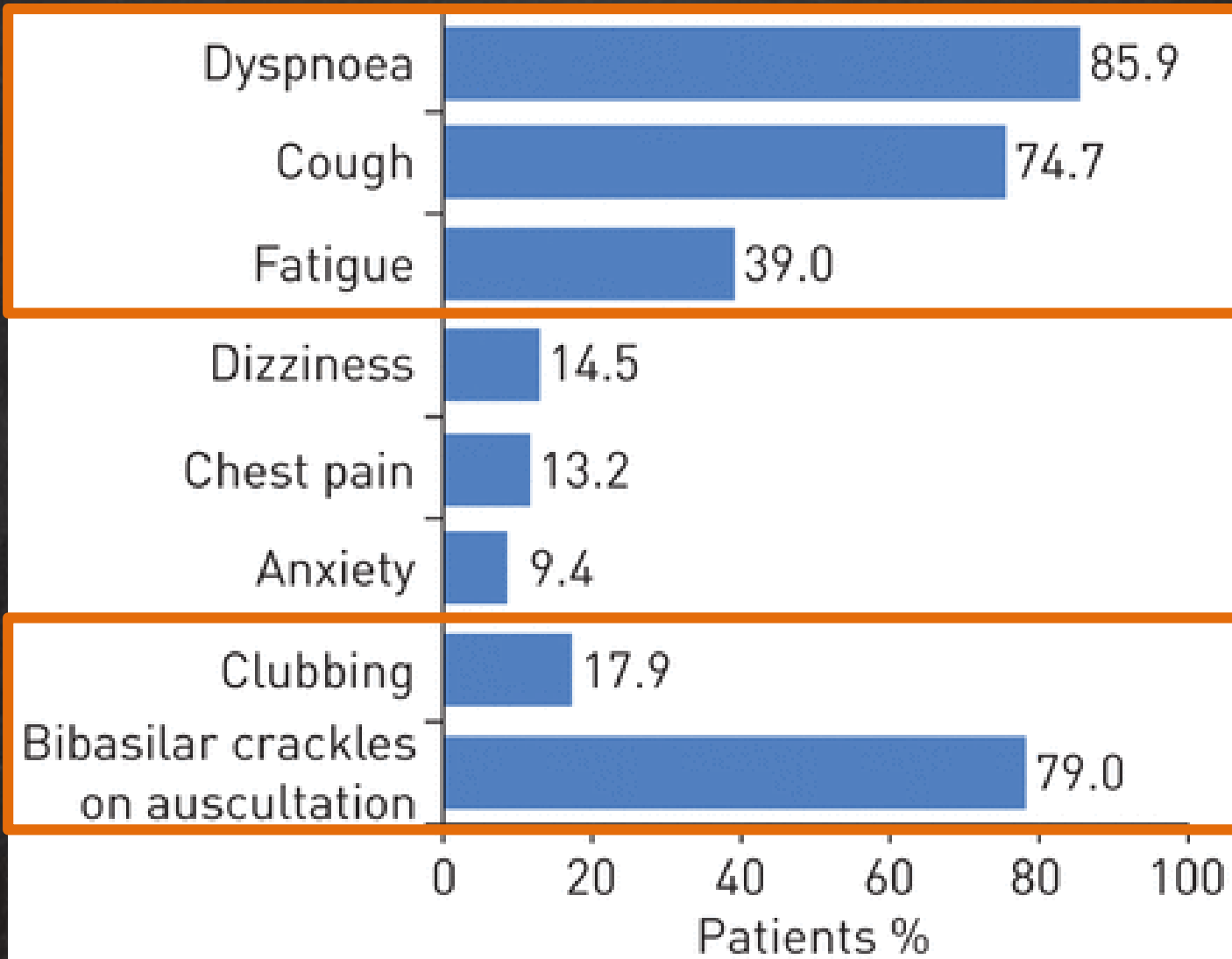


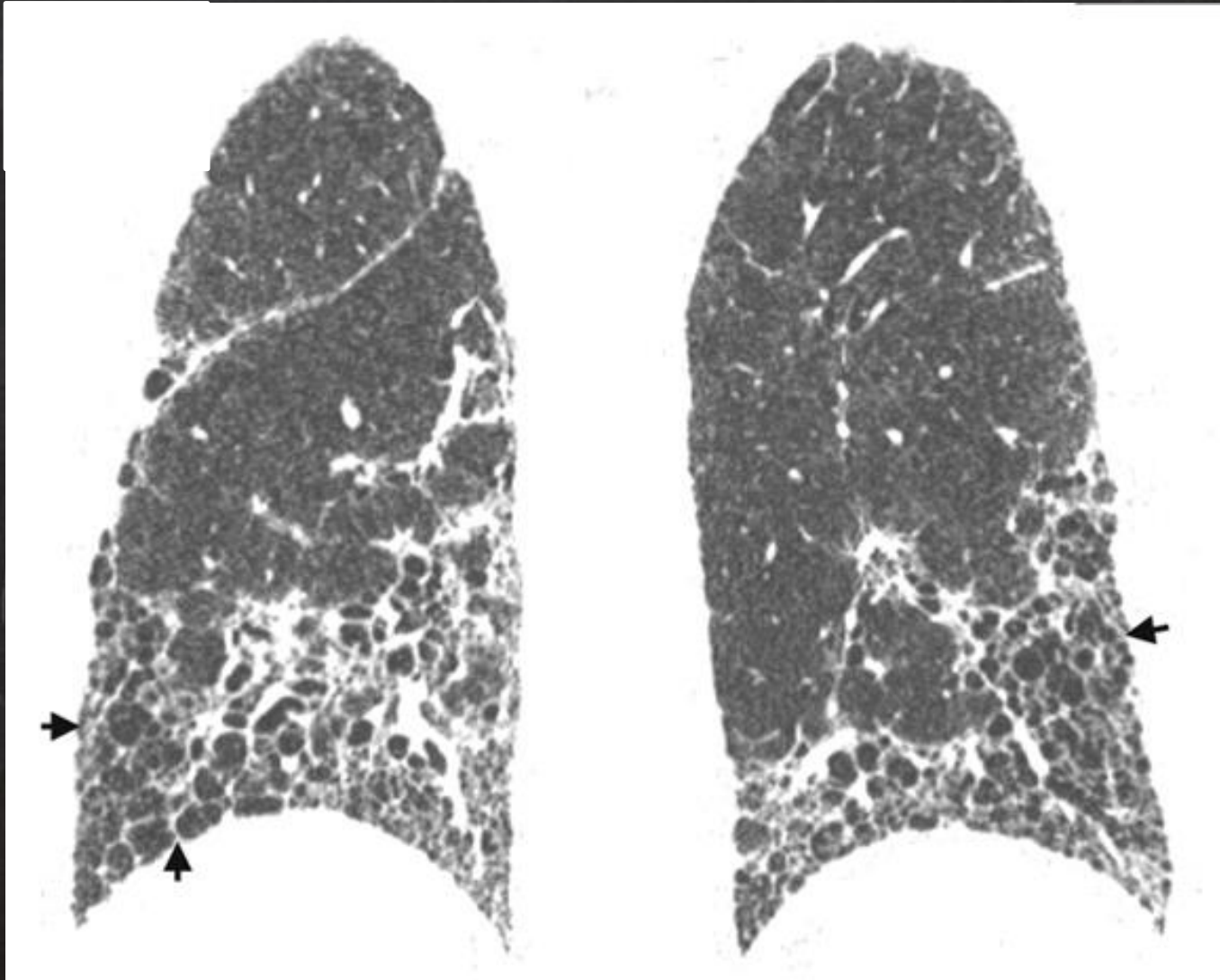
Figure: Benefit-risk ratio of inhaled corticosteroids in patients with COPD according to the level of blood eosinophils in stable disease

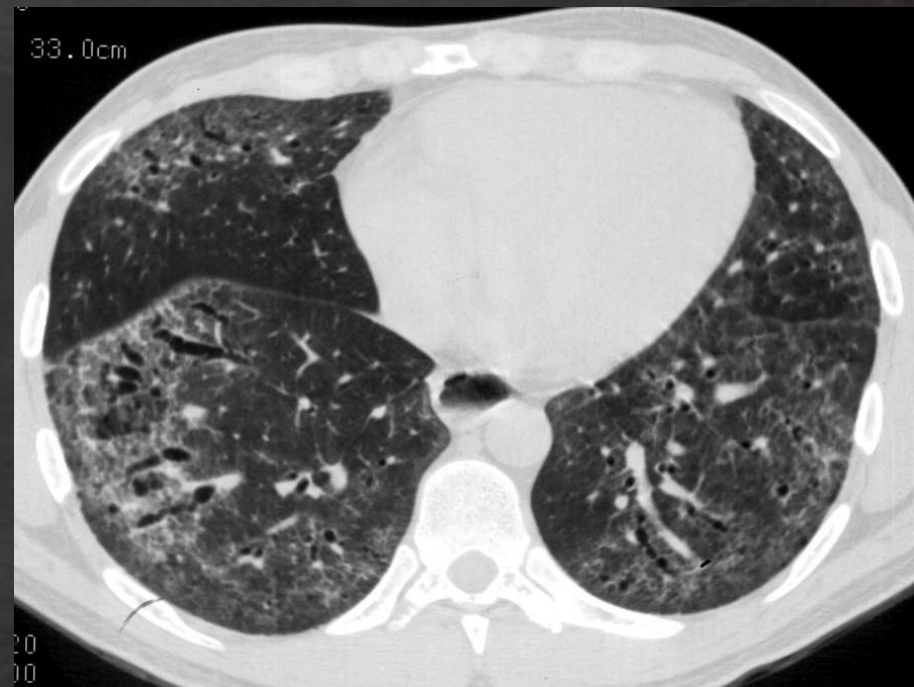
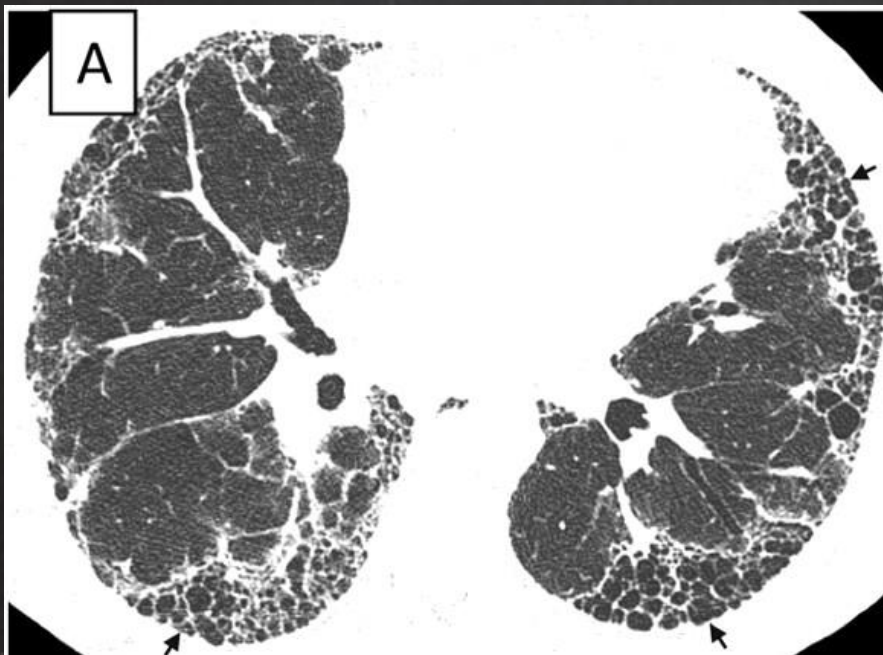


Velcro



UIP





UIP : Usual Interstitial Pneumonia

Bij IPF : idiopathische longfibrose

Geen corticoiden

Altijd progressief

**NSIP : Non Specific Interstitial Pneumonia
(of beter : Non-Usual)**

Vaak bij medicatie, systeemziekte, ..

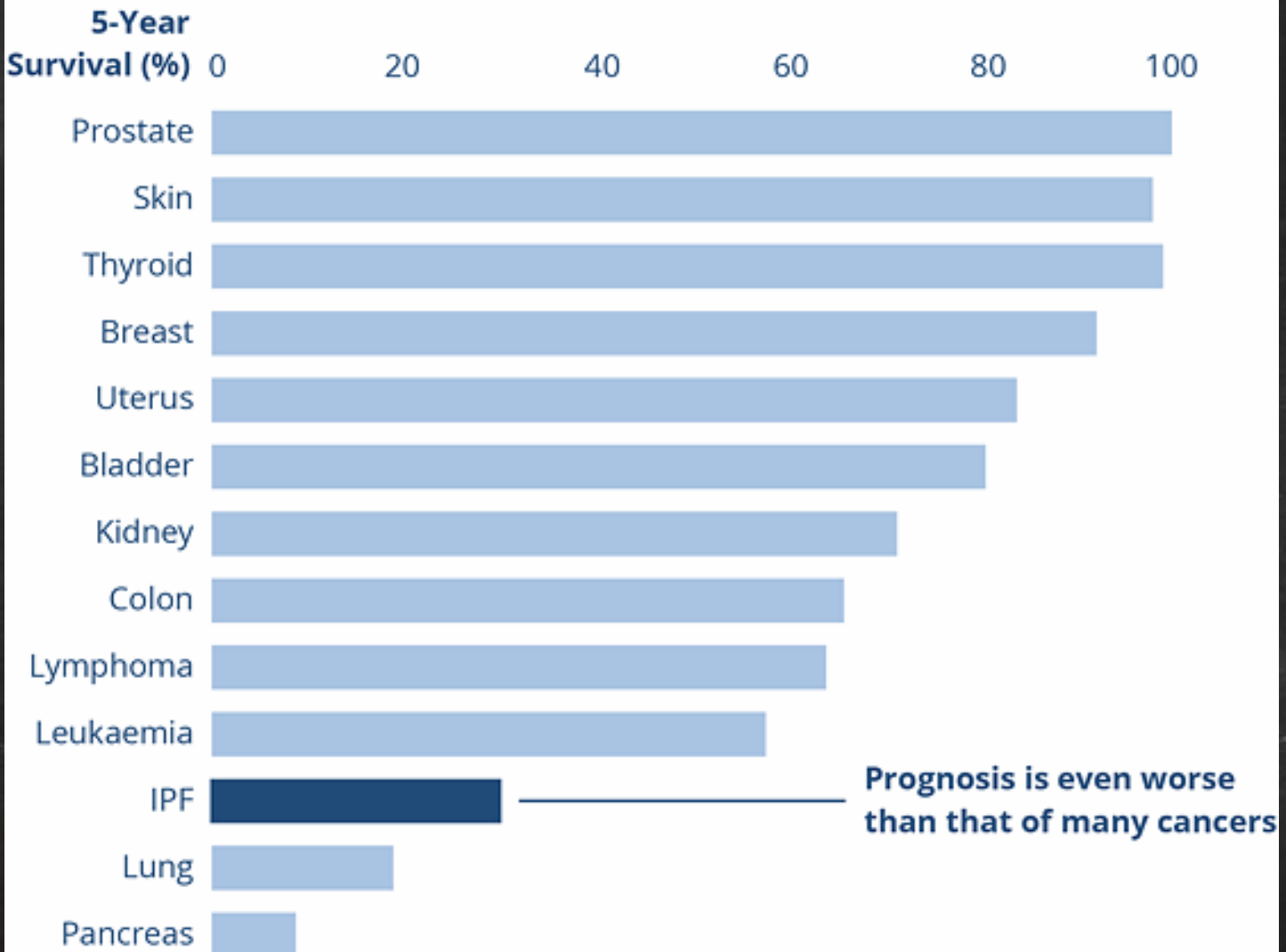
Wel corticoiden

Kans op omkeerbaarheid / stabiliteit

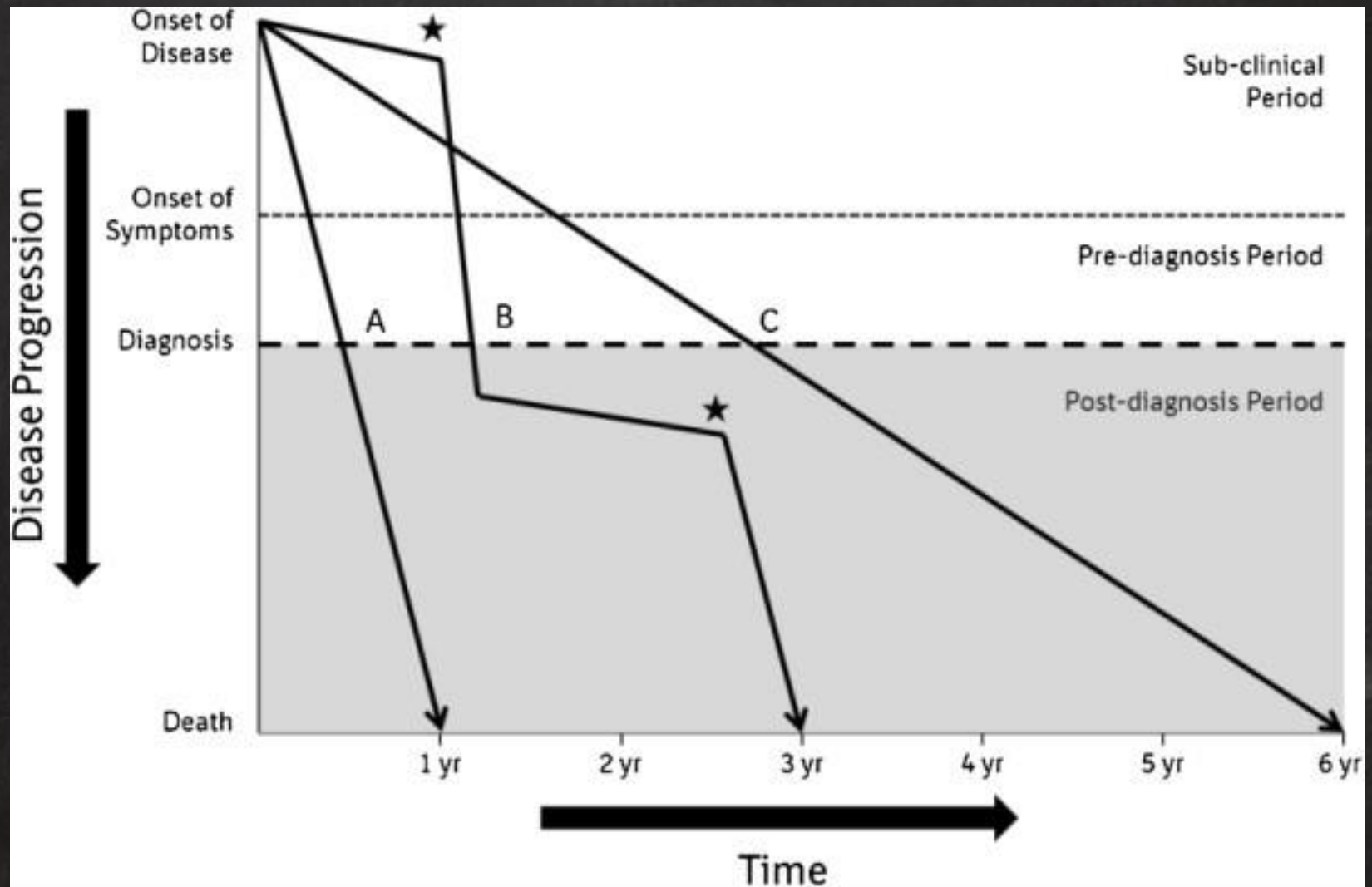
M Multidisciplinair
I Interstitieel
L Longziekten
O Overleg



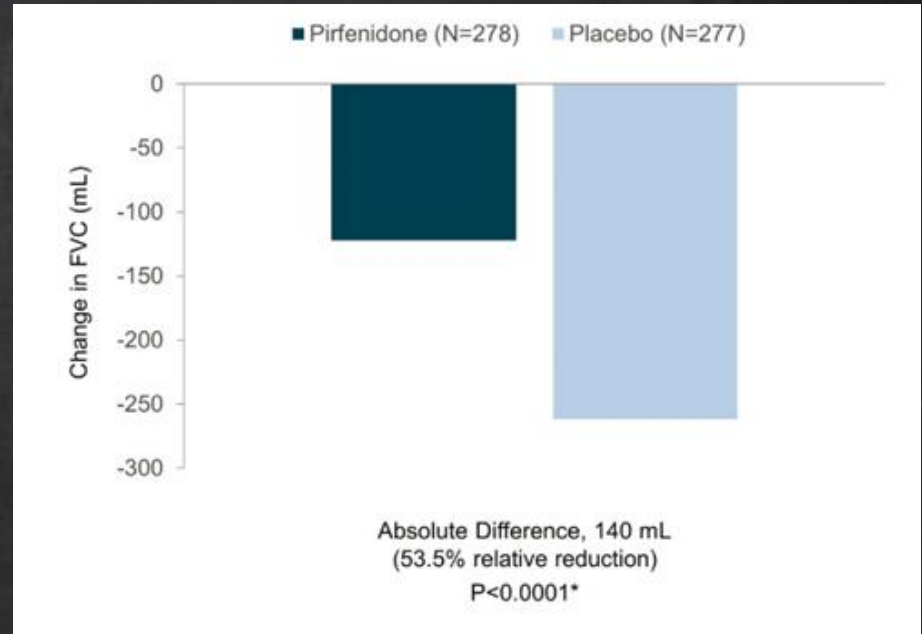
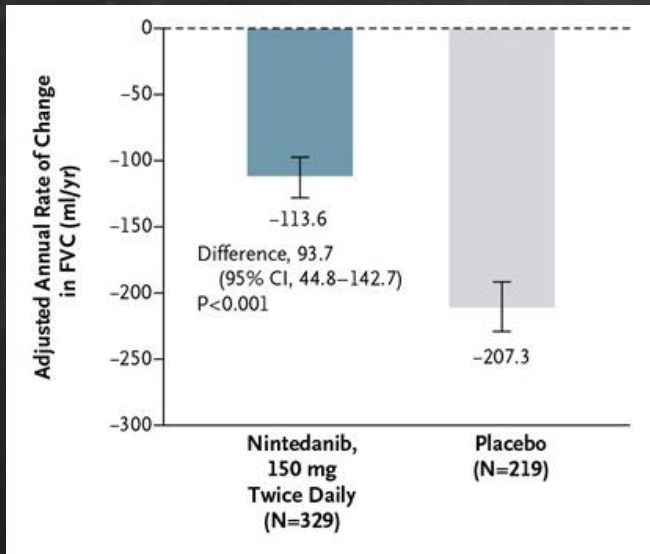
IPF prognose



IPF : evolutie



IPF : weesgeneesmiddelen



Bewijs rookstop nodig voor terugbetaling

Niet kleincellig long ca

Immunotherapie (check point inhibitoren) : revolutie ?

Obstructief longlijden

ACOS : belang opsporen kenmerken Astma en/of COPD

Inhalatiecorticosteroiden durven in vraag stellen bij COPD (niet bij astma !)

IPF (idiopathische longfibrose)

Centrale rol van huisarts bij vroege diagnostiek: velcro of klittenband

Multidisciplinair overleg (oa pneumo – radioloog - patholoog – rheumatoloog)