

X INTERNATIONAL WORKSHOP ON LUNG HEALTH

Respiratory Diseases and
Immune Response

NICE, JANUARY 19 - 21 2023

X IWLH
Hybrid event

Abstract Book

17

UEMS/EACCME Credits

17,5

EBAP Credits
EBAP Mark of Excellence

PCO - Organising Secretariat


**LENA
GROUP**
Your Preferred Partner

Organised by


AFISM
Association Internationale pour la Promotion de Formations
Spécialisées en Médecine et en Sciences Biologiques

Organising Committee:

F. Blasi (Italy)
G. W. Canonica (Italy)
S. Centanni (Italy)
J. C. Virchow (Germany)
T. Welte (Germany)

Scientific Committee:

S. Aliberti (Italy)
J. D. Chalmers (UK)
F. Di Marco (Italy)
E. M. Heffler (Italy)
D. Stolz (Germany)



10TH INTERNATIONAL WORKSHOP ON LUNG HEALTH

NICE

Hybrid Edition

19-21 January 2023

Presidents

Francesco Blasi, Italy
G. Walter Canonica, Italy

Chairmen

Stefani Centanni, Italy
Johann Christian Virchow, Germany
Tobias Welte, Germany

Important note:

*The abstracts in this book are listed in alphabetical order
(First author, last name)*

*The number next to each abstract title correspond to the position in
the IWLH 2023 On site Posters' List*

*The contents of the present booklet cannot be modified, utilized
and/or copied. For more information: info@lung-health.org*



Table of contents

RISING STARS	5
Sex dimorphism contributes to initiation and progression of bleomycin-induced pulmonary fibrosis in mice.....	6
Nintedanib and its outcome among post-COVID pulmonary fibrosis patients residing in high altitude. Case report	7
ABSTRACTS FOR POSTERS	8
12. Sphingosine-1-phosphate signaling as a sexually dimorphic target for asthma treatment.....	9
20. Influence of dose and exposition time in the effectiveness of NAC treatment in human bronchoalveolar basal epithelial cells	10
26. D-dimer levels and response to respiratory support with helmet CPAP in patients with COVID-19 pneumonia	11
16. Blood eosinophil counts as a predictor of COPD exacerbations.....	13
21. TELEMONITORING: improving multidisciplinary care in lung transplanted patients	14
22. Procalcitonin and C-reactive protein to rule out early bacterial coinfection in COVID-19 critically ill patients	17
17. Lung cancer as a comorbidity of Chronic Obstructive Pulmonary Disease (COPD).....	20
18. PREVALENCE OF BRONCHIECTASIS IN COPD PATIENTS	21
11. Neutrophilic inflammation.....	22
1. LTBI (Latent Tuberculosis Infection) mobile screening for refugees in Milan metropolitan area. Efficacy of the intervention	23
2. HUMORAL IMMUNITY AND BRONCHIECTASIS (BE) EXACERBATION RATE (ER)	25
3. Rate of sputum culture conversion on extensive drug resistance treatment TB patients with the backbone regimen of bedaquiline	26
23. CORRELATION OF VARIOUS BIOMARKERS WITH DISEASE SEVERITY IN COVID-19- A PROSPECTIVE COHORT STUDY	27
4. Immunodeficiency in cystic fibrosis and cystic fibrosis-related disease: results from a systematic screening in an adult cohort.....	28
8. Testing at-risk patients for NTM-PD in current clinical practice: results of an international survey.....	29
7. A systematic literature review and meta-analysis of patient risk factors for non-tuberculous mycobacterial pulmonary disease (NTM-PD)	30
19. EFFECTS OF BRONCHODILATION ON FLOW LIMITATION AND ON MORPHOLOGY OF THE LOOP OF SPECIFIC LUNG RESISTANCE IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE PATIENTS	32
9. The Hospitalization Burden Among Potentially Treatment-Refractory Nontuberculous Mycobacterial Lung Disease Patients in Japan.....	34
13. Relationship between Asthma Control and Obstructive Sleep Apnea in Vietnamese children with asthma	35



5. TUBERCULOSIS AND ITS PREVALENCE AMONG RESIDENTS RESIDING IN HIGH ALTITUDES OF NEPAL.....	36
6. Amikacine Liposome Inhalation Suspension (ALIS) for refractory Mycobacterium Avium Complex (MAC) pulmonary disease: our experience.....	37
24. Shunt fraction in Covid-19 related Acute Respiratory Failure	39
27. Development and validation of a novel deep learning model for diagnosis of Ventilator-associated pneumonia (AI-VAP).....	40
14. Improvement in Health-Related Quality of Life questionnaires with biologic therapies in severe asthma and comorbid chronic rhinosinusitis with or without nasal polyposis: a real-life experience.....	42
15. Delineating the molecular mechanism of tslp-driven non type inflammation in SA.....	44
28. Ribavirin for Treatment of Subjects with Respiratory Syncytial Virus-Related Infection: A Systematic Review and Meta-Analysis	45
10. Trends in Hospitalizations and Outpatient Visits with Early or Delayed Antibiotic Treatment Initiation in Nontuberculous Mycobacterial Lung Disease	46
29. Effects of antiviral therapy on mortality and hospital stay duration in COVID - 19 patients: a retrospective analysis	47
25. COVID – 19 in patients with organ transplants.....	48



17. LUNG CANCER AS A COMORBIDITY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Daniela Buklioska Ilievska¹; Adriana Buklioska¹; Ivana Mickovski¹; Vesna Trajkova¹; Jordan Minov¹; Sasho Stoleski¹; Dragan Mijakoski¹

¹Ss. Cyril and Methodius University in Skopje, Skopje, Macedonia (North)

COPD is a risk factor for lung cancer development independent of smoking status, with three to six times more likely to develop lung cancer at a rate of 0.8–1.7%/year. This may be associated with genetic susceptibility to cigarettes, chronic inflammation caused by toxic gases. Inflammatory mediators may promote the growth of bronchioalveolar stem cells, and activation of nuclear factor- κ B and signal transducer and activator of transcription 3 play crucial roles in the development of lung cancer from COPD. The aim of the study is to evaluate the prevalence of lung cancer in patients with COPD.

We performed a retrospective study, from 2012 to 2022, among patients with pathologically confirmed diagnosis of lung cancer, aged 40-75 years. Patients with lung cancer that had COPD diagnosed ≥ 10 years before lung cancer diagnosis, were investigated group. Histological subtypes of lung cancer were determined based on histopathology reports and were categorized as squamous carcinoma, adenocarcinoma, small cell lung cancer (SCLC), large cell lung cancer (LCLC; including large cell neuroendocrine carcinoma), and other histological types according to 2015 WHO classification of lung tumors. At the time of registration, sex, age, BMI, smoking status, treatment history, and symptoms, including the CAT score, were recorded. In addition, at the time of registration, spirometry was performed both before and after inhalation of a bronchodilator, and a blood test and chest CT were also performed. The GOLD criteria was used to diagnose and assign severity of COPD: patients with a postbronchodilator FEV₁/FVC < 0.70 were classified as having COPD; FEV₁ ≥ 0.8 was defined as mild, $0.5 \leq$ FEV₁ < 0.8 as moderate, $0.3 \leq$ FEV₁ < 0.5 as severe, and FEV₁ ≤ 0.3 as extremely severe. Patients were excluded if they presented with simultaneous or sequential second primary cancers or had a history of asthma, bronchiectasis, tuberculosis, pulmonary fibrosis, or other confounding diseases.

The middle age of lung cancer diagnosis was 61.1 ± 8.5 years. Of the total number of patients with COPD and lung cancer (260), 195 (75.0%) were male and 65 (25.0%) female. 190 (73.07%) were current smokers or ex-smokers. The histological subtypes identified were as follows: squamous carcinoma (96 [36.9%]), adenocarcinoma (115 [44.2%]), SCLC (26 [10.0%]), LCLC (13 [5.0%]), and other histologic types (including adenosquamous, carcinoma carcinoid tumors, sarcomatoid carcinoma; 16 [6.15%]). The proportion of squamous carcinoma was higher in smokers/ex-smokers with COPD, while adenocarcinoma was more frequently observed in COPD non-smokers. Emphysema-predominant phenotype was an independent prognostic risk factor for squamous carcinoma. The prevalence of COPD in lung cancer patients was 35.5%. Compared with lung cancer patients with non-COPD, those with COPD were older ($P < 0.001$), had a lower BMI ($P < 0.001$), and majority were male ($P < 0.001$) and smokers ($P < 0.001$).

Annual low-dose computed tomography (LDCT) is an effective procedure for the early detection of lung cancer in high-risk patients like patients with COPD.