Bronchoscopic Intervention and Thoracic Oncology

Tom G. Sutedja

Honorary Senior Consultant Erasmus Medical Center Rotterdam & NiMiT Health Indonesian Diaspora Network, Rotterdam, Netherlands

Advances in non-invasive and minimally-invasive technologies (NiMiT) provide opportunities for earlier medical interventions in the field of thoracic oncology, especially with regard to global lung cancer epidemic. (1-4) The dismal survival rate of lung cancer has long been the primary driver for composing an integral more cost-effective strategy. However, survival improvement in the last decades for advanced lung cancers has been very modest, which creates much controversy on its cost-effectiveness. (5,6) Current global health care burden in chronic respiratory diseases imposes another great challenge of our ageing population together with our inability to adhere to quality performance in daily medical practices despite all existing guidelines. (7-8)

Competency and skill in medical practice should also be properly addressed regarding high quality multidisciplinary performance. (9-11) These are essential elements for aiming at sustainable health care provisions that can guarantee the 4A’s: accessibility, assessibility, affordability and appropriateness of medical technological applications in current era of globalization. (12)

Bronchial carcinoids and squamous carcinogenesis longitudinal studies will be taken as examples in efforts to understand the natural history of diseases in which endoscopic methods as minimally invasive tools may increasingly play an important role to give answer to basic questions such as “when, how and what” will be the optimum for “early medical interventions”. Cost-effectiveness analysis should be performed. (13-16) while keeping in mind that quality of life, maintaining independence and being able to perform normal activities are still the top 3 priorities of daily life in lung cancer patients. (17)

Current advances in bronchoscopy and its integration within the NiMiT platform may indeed offer a more cost-effective integral medical service for “a one stop visit daycare intervention” that encompass, early diagnosis, staging and treatment in anticipation of the demographic challenges we are facing. (18)

References:
Tom G. Sutedja
Honorary Senior Consultant Erasmus Medical Center Rotterdam & NiMiT Health Indonesian Diaspora Network, Rotterdam, Netherlands

Born: in Jakarta, Indonesia 20 December 1953

Faculty of Medicine Raboud University in Nijmegen, the Netherlands from 1973–1980. MD.


Associate Professor Department of Pulmonary Medicine Vrije Universiteit Medical Center Amsterdam 1987


PhD VU Amsterdam "Therapeutic Bronchoscopy" 1995.