



Leuven



## History

### Katholieke Universiteit Leuven (KU-Leuven)



The KU-Leuven, our 'Alma Mater' was founded in 1425 by pope Martinus V and is the oldest university in the Benelux and the oldest still existing catholic university in the world. In the fifteenth century the university had following faculties: arts, ecclesiastical law, civil law, medicine and theology. The beginning of the sixteenth century marked a high point in the history. This was the era of the theologist Adriaan Van Utrecht, later to become pope Adrianus VI, and of Erasmus, who turned his Trilingual College into a famous intellectual centre. In the wake of the humanist movement, new research was conducted by scientists of world

reputation: Mercator in the science of cartography, the botanist Doddens and Andreas Vesalius, father of modern anatomy who wrote his first article while he was a student in Leuven. In the seventeenth and eighteenth centuries, Leuven became the foremost educational centre for catholic intellectuals from protestant countries. In the nineteenth and twentieth centuries, its catholic climate came to attract students from all over the world. The last thirty years witnessed the democratisation of the educational processes and the Dutch language was adopted. The Francophone sister university, the 'Université Catholique de Louvain', founded a new campus at the other side of the linguistic border. The now completely Dutch-spoken KU-Leuven remained in its trusted Leuven quarters and developed into an independent and international university of world renown.

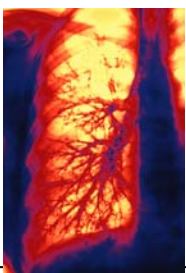


**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



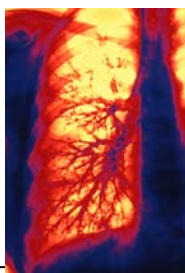
### KATHOLIEKE UNIVERSITEIT LEUVEN (2006-2007)

- 14 faculties
- 32,534 students: of which 4,998 in medicine
- 8,107 personnel: 2,278 academic staff
- organizes 60 basic academic programs and  
160 advanced programs
- total revenue: €547 million (2005)
- active spin-offs: 60





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## Faculty of Medicine and University Hospitals Leuven

In 1080 the Sint-Pietershospital is built in Leuven and since the foundation of the University in 1425 the practical medical teaching is organised in this hospital. The medical education consisted of six years: two 'candidate' years, and four 'licenciate or doctorate' years, which more recently were changed in three and four years. In 1928 the medical campus Sint Rafaël is built at the other side of the river the Dijle, and becomes the main working area for the Flemish Faculty of Medicine, while the Francophone Medical Faculty works in the Sint Pieters hospital till their move to the St.-Luc hospital in St. Lambrechts Woluwe at the splitting in 1968.

In 1975 the first hospital wing of a new campus was built on the Gasthuisberg, which was followed by further enlargements (phase 2 in 1980; phase 3 in 1989) and the progressive integration of the different medical departments from the other hospitals, and the research facilities. Today the fourth phase of the master plan is in preparation, it is an ambitious plan that is expected to be finished by 2015.



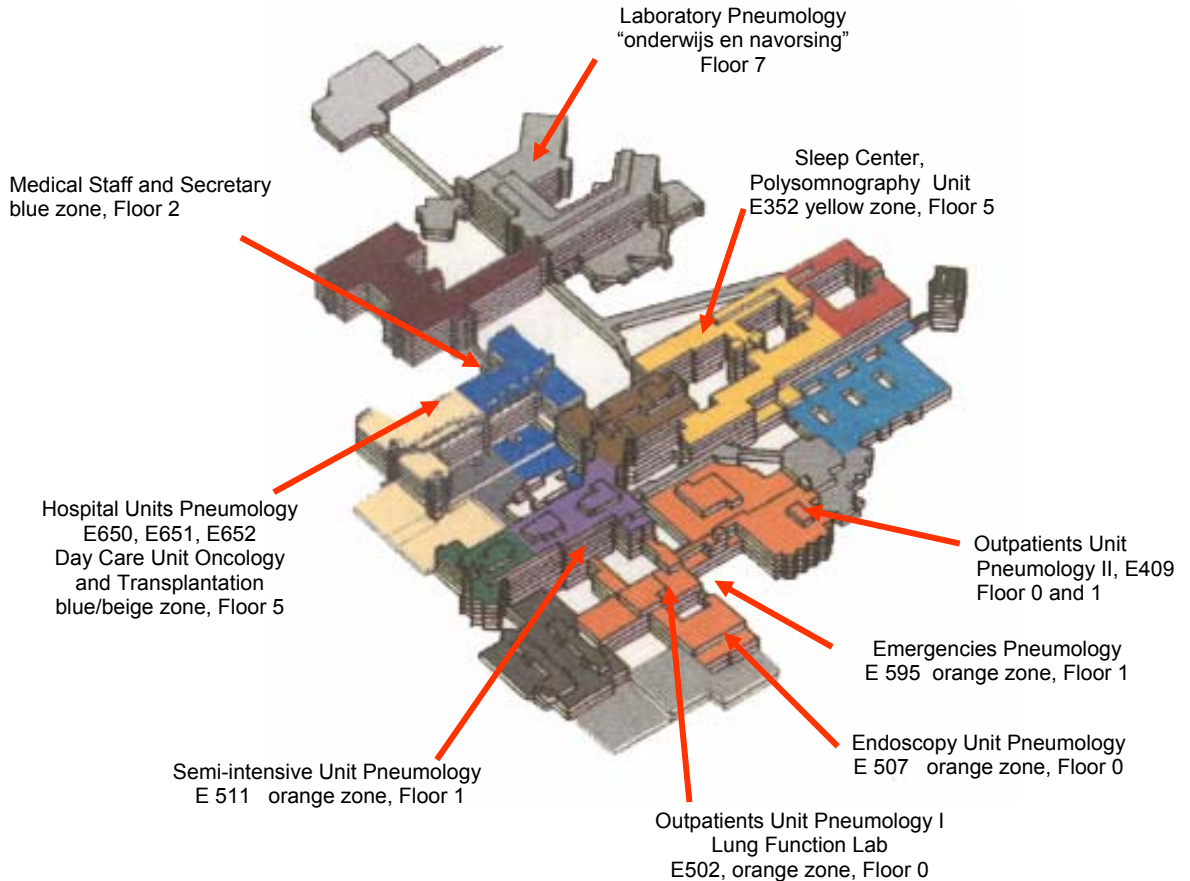
The Faculty of Medicine has fourteen research and educational departments. The scientific output is first class and its citation index is ranked on the fifth place amongst the European Universities and is only preceded by Oxford, Cambridge, Geneva and Leiden.

<b>Key data Univ. Hospitals</b>	<b>2002</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>hospital days (N)</b>	534,652	531,271	527,497	536,478
<b>hospital admissions (N)</b>	62,626	63,836	64,516	63,791
<b>mean length of stay (days)</b>	8.53	8.32	8.18	8.41
<b>day care visits(N)</b>	93,116	103,231	106,599	
<b>out patients visits (N)</b>	541,307	568,254	589,805	557,818
<b>hospital beds (N)</b>	1,897	1,895	1,894	1,912
<b>personnel (N)</b>	7,823	8,172	8,482	8,704
<b>turnover (€)</b>	514,755,173	588,180,465	587,011,777	



## Department Pneumology

In the last 50 years the Department of Pneumology encountered two very important opportunities. First, in 1958 the Sanatorium St. Barbara in Pellenberg was opened. Initially beds were largely occupied by patients with lung tuberculosis but soon also by patients with COPD, coal workers pneumoconiosis or lung tumours, etc. Secondly, in 1993 the department moved to the University Hospital Gasthuisberg which opened the possibilities for pulmonary urgencies, lung transplantation and other highly specialised programmes such as pulmonary vascular pathology. The department developed ten specialised patient care programmes with written diagnostic and therapeutic guidelines, and eight research units with long term as well as current programmes.

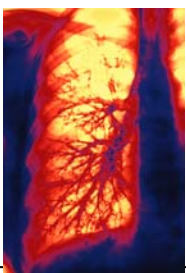


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### Key data Pulmonary Department

- Beds: 84 hospitalisation, 5 medium care, ± 3 urgency, 6 polysomnography
- Medical staff: 12 full time and 4 part time
- Fellows in training: 12
- Patients care programmes: 10
- Research laboratory: research units: 8  
members: 57



## Department of Pneumology

### Medical staff

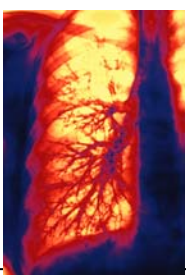
NAME	FUNCTION	FIELDS OF INTEREST
<a href="#">M. Decramer</a>	Head of Dept.	COPD, revalidation and functional evaluation
<a href="#">G. Verleden</a>	Head of Clinic	asthma, lung transplantation, lung vol. reduction
<a href="#">J. Vansteenkiste</a>	Head of Clinic	lung tumours, endoscopy
<a href="#">B. Buysse</a>	Ass.. Head of Clinic	polysomnography, home ventilation, emergencies
<a href="#">M. Delcroix</a>	Head of Clinic	pulmonary circulation, emergencies, lung transplantation
<a href="#">K. Nackaerts</a>	Adj. Head of Clinic	lung tumours, smoking cessation
<a href="#">P. Van Bleyenbergh</a>	Adj. Head of Clinic	respiratory infections, emergencies
<a href="#">L. Dupont</a>	Adj. Head of Clinic	asthma, cystic fibrosis, lung transplantation
<a href="#">A. van den Eeckhout</a>	Adj. Head of Clinic	general lung diseases, tuberculosis, endoscopy
<a href="#">C. Doods</a>	Ass. Head of Clinic	endoscopy, lung tumours
<a href="#">W. Wuys</a>	Supervisor	Interstitial lung diseases
<a href="#">W. Janssens</a>	Supervisor	COPD, revalidation and functional evaluation
<a href="#">P. Van den Brande</a>	Part time collaborator	Tuberculosis, oncology
<a href="#">M. Thomeer</a>	Part time collaborator	interstitial lung diseases
<a href="#">L. Schrevels</a>	Part time collaborator	lung tumours
<a href="#">I. Wauters</a>	Part time collaborator	lung tumours
<a href="#">B. Nemery</a>	Special collaborator	occupational and environmental diseases

### Secretariat

*M. Lefever, H. Santermans, A. Vandeborne, E. Lahousse, K. Herbiest, M. Vanstallen, E. Vleminck, S. Meers, A. De Bruyne*



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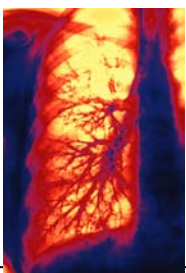




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## Paramedical staff

TASK	NAME
<i>psychology</i>	V. Lemaigre, L. Van Houdenhove, L. Stans
<i>social division</i>	D. Delva, S. Denis, J. Servaes, K. Mulders
<i>physiotherapy</i>	R. Gosselink, T. Troosters, A. Cattaert, I. Muylaert, V. Barbier, I. Coosemans, M. Jorissen, C. Burtin, D. Langer
<i>ergotherapy</i>	P. Baten
<i>diet division</i>	K. Timmermans, M. Droogmans, S. Vanhaesebrouck
<i>datanurse pulmonary circulation</i>	E. Smeyers, V. Debroyer, E. Vandevelde
<i>datanurses respiratory oncology</i>	B. Anrys, C. Oyen, M. Vanhoven
<i>specialist nurse pulmonary circulation</i>	E. Smeyers, E. Van de Velde, V. De Broyer
<i>specialist nurse transplantation</i>	C. Jans, C. Rosseel, N. Cuvillier
<i>specialist nurse COPD</i>	C. Lodewijckx
<i>Datanurse COPD</i>	G. Celis
<i>specialist nurse adult cyst. fib.</i>	K. Colpaert
<i>head nurse E650 (ILD, muco, infection, etc)</i>	A. Schoonis
<i>head nurse E651 (transpl., COPD, etc)</i>	P. Janssens
<i>head nurse E652 (resp. tumours, etc)</i>	M. Peys
<i>head nurse E511 (medium care)</i>	J. Bruggeman
<i>head nurse E352 (sleep center)</i>	G. Aerts
<i>head technician lung function lab</i>	F. Rochette
<i>head nurse endoscopy</i>	J. Foulon/W. Claes

## Clinical Output

	1996	1998	2000	2002	2004	2005
<b>hospital admissions (N)</b>	2,960	3,369	3,879	4,383	4,710	4,538
<b>length hospital stay (day)</b>	10.4	8.4	6.8	6.0	5.4	6.0
<b>out patient visits (N)</b>	7,810	8,477	9,067	10,240	11,323	11,856
<b>day care visits (N)</b>	352	1,406	1,537	1,893	975	938
<b>emergency admissions (N)</b>	1,209	1,488	1,479	1,343	1,302	1,467
<b>(heart) lung transplantation (N)</b>	12	13	20	33	39	39
<b>Pulm. rehabilitation visits(N)</b>	9,787	13,036	13,078	15,980	16,785	16,784
<b>polysomnographies (N)</b>	540	751	1,181	1,420	1,487	1,159
<b>home ventilation convention (N)</b>	142	318	531	688	1,014	1,275
<b>O2 convention (N)</b>	149	157	168	145	141	159

## Output specialised care programmes pneumology (2006)

Care programme	Hospital admissions		Out patients visits	Complexity Level*		
	Number	Nursing-days		A	B	C
	%	%	%	% of care programme		
General pneumology	9.0	9.4	12.2	51.3	43.3	5.4
Asthma	2.6	3.4	10	49.7	45.3	5
COPD	11.4	18.8	13.3	38.6	54.9	6.5
Infections (incl. tbc)	5.0	6.7	6.3	36	59.8	4.2
ILD /toxicol	2.6	4.3	9.2	10.5	72.8	16.7
Lung transplantation	10.0	15.8	0.9	0	3.4	96.6
Pulm. circulation	3.7	5.2	7.7	3.7	18.1	78.2
Respir. tumours	30.0	22.8	17.5	9.6	70.1	20.3
Sleeping problems	22.5	10.7	20.3	0.2	93.2	6.6
Cystic fibrosis	3.2	2.9	2.6	0	4.8	95.2

\* A: routine, regional care

B: supra regional care, patients referred by other specialists

C: highest level care, developmental medicine

## Output endoscopy

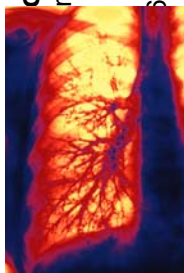
	1996	1998	2000	2002	2004
fibroscopy	1703	1924	1792	1898	1934
fibro + biopsies	571	648	517	560	623
brushing	209	207	175	191	207
BAL	142	178	269	372	640
transcarinal puncture	9	9	8	12	35
lasercoagulation	205	181	211	196	212
stent insertion	26	19	33	12	14
extraction foreign body	16	13	23	13	27
brachytherapy	2	8	1	3	1
thoracoscopy	80	109	102	95	108
chest tube insertion	32	70	55	54	32
general anesthesia	124	177	170	184	267
<b>total procedures</b>	<b>2847</b>	<b>3110</b>	<b>3078</b>	<b>3240</b>	<b>3583</b>



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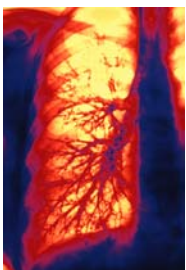
## Output lung function

	1998	1999	2000	2001	2002	2003	2004	2005	2006
<b>spirometry</b>	12,299	11,281	10,947	11,564	11,900	11,849	12,069	11,670	12,426
<b>reversibility test</b>	4,267	4,793	5,202	5,725	6,006	5,747	5,558	5,458	5,304
<b>static lung volumes (TLC, RV)</b>	9,140	9,586	9,651	9,361	9,910	9,746	9,976	9,942	9,541
<b>diffusing capacity</b>	6,259	6,440	6,454	6,668	7,132	7,349	7,792	7,845	7,548
<b>airway resistance</b>	13,748	12,655	13,556	15,374	15,450	18,518	19,918	19,041	16,002
<b>challenge test (hist., specific), compliance, breathing regulation test, hyperventilation synd. test</b>	1,473	1,451	1,304	1,289	1,127	1,477	1,451	2,665	5,910
<b>Ergospirometry</b>	329	312	260	505	638	628	665	526	528
<b>Others: NO<sub>ext</sub>/sputuminduction, etc.</b>	1,398	1,839	1,964	1,480	2,000	1,610	1,749	1,346	1,630
<b>total measurements (* without blood gas analysis)</b>	48,913	48,357	*49,338	*52,466	*54,253	*56,924	*59,178	58,493	58,889



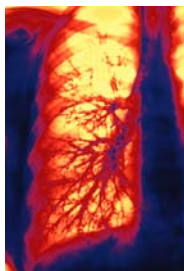
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## Research Laboratory Pneumology

### Members laboratory pneumology

#### Academic:

M. Decramer (head), B. Buyse, M. Delcroix, L. Dupont, G. Gayan-Ramirez, R. Gosselink, P. Hoet, K. Nackaerts, T. Troosters, B. Nemery, J. Vansteenkiste, G. Verleden, W. Wuyts, W. Janssens

#### Clinical (full time):

C. Doms, W. Wuyts, W. Janssens, P. Van Bleyenbergh, A. van den Eeckhout, V. Lemaigre

#### Clinical (part time):

L. Schrevens, M. Thomeer, P. Van den Brande, I. Wauters

#### Technical and administrative:

Y. Dewandeleer, E. Lahousse, A. Vandeborne, H. Van Hooren, F. Rochette, A. De Bruyne

#### Temporary members (fellows):

A. Breysens, J. Vanoirbeek, B. Vanaudenaerde, T. Nawrot, C. Burtin, D. Langer, R. De Vos, J. Geys, E. Alfaro Moreno, B. Legiest, A. Widvastuti, D. Testelmans, E. Smeyers, E. Vandeveld, V. De Broyer, B. Anrijs, M. Vanhoven, K. Maes, T. Crul, J. Geys, S. Keirsebilck, R. Quarck, C. Oyen, D. Saey, V. De Vooght, L. Thomassen, A.I. Delattre

### Research units

#### Interstitial lung diseases, tuberculosis and respiratory infections, and lung function aspects (W. Wuyts, M. Thomeer, P. Van Bleyenbergh, P. Van den Brande)

##### *Interstitial lung diseases (W. Wuyts, M. Thomeer)*

- Epidemiologic survey on interstitial lung disease
- Role of perthene-gasscintigraphy in assessment of disease activity
- Comparison of HRCT and histologic diagnostic assessment
- Prognostic factors in interstitial lung disease
- Evaluation of new therapeutic regimens in idiopathic pulmonary fibrosis

##### *Lung Function (F. Rochette)*

- Lung function and blood gases at high altitude
- Reversibility testing during quiet and forced breathing manoeuvres

##### *Tuberculosis and respiratory infections (P. Van den Brande, P. Van Bleyenbergh, A. van den Eeckhout)*

- Prevalence and incidence of tuberculosis in risk groups
- Clinical pattern of tuberculosis in elderly
- Role of invasive techniques in diagnosis of community acquired pneumonia
- Ventilator-associated pneumonia in surgical patients

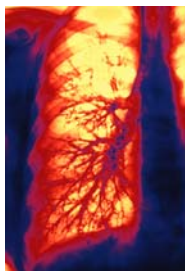
#### COPD, respiratory muscles and rehabilitation (M. Decramer, R. Gosselink, T. Troosters, G. Gayan-Ramirez, W. Janssens)

- Mechanism of airway obstruction in emphysema
- Expression of immunological markers of airway disease
- Effect of systemic inflammation on ventilatory and peripheral muscles in COPD
- Telemedicine and telematics in patients with COPD:
- Prevention of hospitalisation. Treatment of COPD exacerbation
- Effect of NAC on long-term outcome in COPD
- Diagnosis of COPD in general practitioner setting
- Effect of training on expression of transcription factors in respiratory muscles
- Effect of cytokines on effects of training in patients with COPD
- Effect of creatine on effects of training in patients with COPD
- Clinical results of rehabilitation in Belgium
- Effect of cardiac failure on respiratory muscles in animal models
- Effect of mechanical ventilation on respiratory muscles in animals
- Gene regulation and trophic status of the respiratory muscles
- LVRS model: Effect of LVRS in emphysematous hamsters



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### Lung toxicology (B. Nemery, P. Hoet)

Mechanisms in pulmonary toxicology  
In vitro toxicology  
Immunotoxicology: low molecular weight agents (metals, chemicals)  
Cardio-vascular toxicology of particulates  
Clinical-epidemiological research  
Asbestos-induced disorders  
Asthma in children  
Occupational asthma  
Occasional surveys & investigations  
Multiple chemical sensitivity

### Asthma and airway inflammation (G.Verleden, L. Dupont)

#### *In vitro experiments*

In vitro experiments on neurotransmission and modulation of neurotransmission in guinea-pig and human airways  
Effect of opioids, diuretics, 5-HT agonists/antagonists on airway smooth muscle contraction in human and animal airways  
Mechanisms of G-protein coupled receptor regulation and gene expression by means of biochemical (Ca<sup>2+</sup>-release and IP<sub>x</sub> formation) and molecular biology techniques  
Regulation of histamine H1 receptor coupling and gene transcription in bovine airway smooth muscle by phorbol esters and histamine  
Studies on the receptor cross-talk between  $\beta$ 2 and histamine H1 receptors on bovine and human airways  
The effects of pro-inflammatory cytokines on neurotransmission, contractility and receptor gene expression in human and animal airways  
C-C chemokine gene and protein expression in cultured bronchial epithelial cells, isolated tracheal smooth muscle cells and mechanisms of modulation

#### *In-vivo experiments*

Bronchodilator-induced changes in inspiratory and expiratory lung densitometry by high resolution computed tomography in patients with COPD and asthma (in collaboration with M. Demedts and J. Verschakelen)  
Measurement of Nitric Oxide (NO) in exhaled air in asthma: correlation with airway hyperreactivity & atopy and value in diagnosis of asthma  
Assessment of asthma by means of non-invasive markers of airway inflammation: sputum eosinophils, exhaled nitric oxide, 8-isoprostane in breath condensate  
Symptom perception in asthma: identification of factors underlying over- and underperception  
Outcome evaluation of an individualized program for asthma self-management  
Non-adherence in asthma

### Lung transplantation (G. Verleden, L. Dupont)

Pathophysiology of obliterative bronchiolitis  
Assessment of chronic rejection in lung transplant recipients: role of noninvasive markers

### Respiratory oncology (J.Vansteenkiste, K.Nackaerts, C. Doms, L. Schrevens, I. Wauters)

Role of PET-scan in staging and assessment of therapy in lung cancer.  
Correlative studies of PET-scan and molecular biology of lung cancer.  
Clinical Research and combined modality treatment of NSCLC and SCLC.  
Phase I/II, II and III clinical research on chemotherapy in NSCLC and SCLC.  
Phase II and III clinical research on supportive care in cancer.  
Lung cancer screening with lower dose spiral CT.  
Clinical research on mesothelioma.

### Polysomnography (B.Buyse)

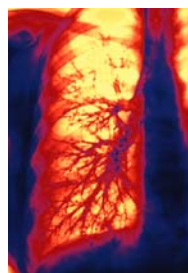
Studies on lung function regulation of breathing and sleep related disorders in MS and in obesity  
Correlation between lung function and polysomnography in pulmonary and neuromuscular pathology: influence of oxygen, cPAP, and noninvasive ventilation  
Sleep disturbances in pulmonary hypertension

### Pulmonary circulation (M.Delcroix)

Study on epidemiology and mechanisms of pulmonary hypertension  
Effect of NO-synthase gene transfer on hypoxic pulmonary vasoconstriction  
Experimental research on mechanical changes after induced pulmonary emboli



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## Scientific chairs

**M.Decramer:** AstraZenica Leerstoel in Respiratoire Pathofysiologie

**J. Vansteenkiste:** Eli Lilly L. Hertel chair in Respiratory Oncology

**J. Vansteenkiste:** Amgen Fund in supportive care of cancer.

**G.Verleden:** GlaxoSmithKline Leerstoel in de Pulmonale Farmacologie

**M. Delcroix:** Actelion Leerstoel voor Pulmonale Hypertensie

**B. Nemery:** Paul Tuytens Leerstoel voor Toxicologie

## Yearly international symposium pneumology on: “a clinical update”

23/ 25-3-2000: **Interstitial Lung Disease**

29/ 31-3-2001: **Respiratory Oncology**

07/ 09-3-2002: **Pulmonary Vascular Pathology**

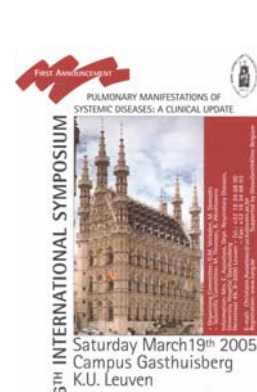
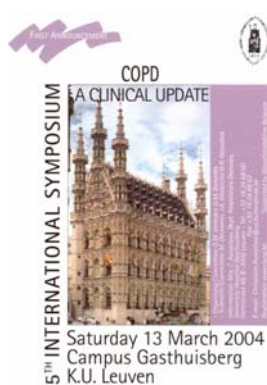
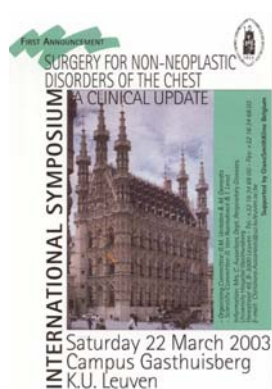
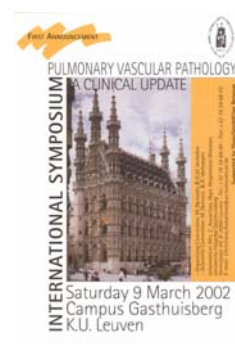
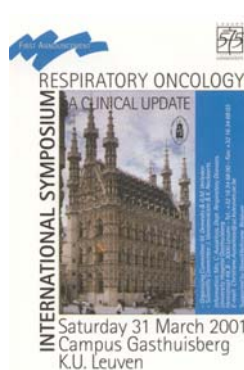
20/ 22-3-2003: **Surgery for Non-neoplastic Disorders of the Chest**

11/ 13-3-2004: **COPD**

17/ 19-3-2005: **Pulmonary Manifestations of Systemic Diseases: a Clinical Update**

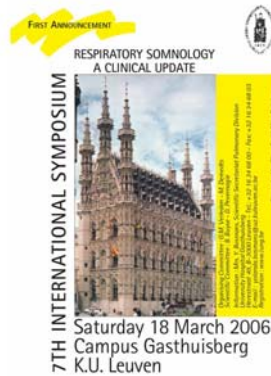
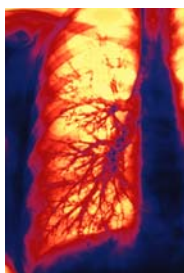
16/ 18-3-2006: **Respiratory Somnology: a Clinical Update**

08/ 10-3-2007: **Asthma: a clinical update**





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## Relevant Publications of Recent Years

### 1996-1997

#### Books

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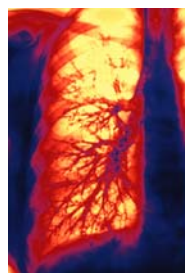
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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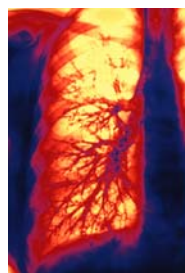
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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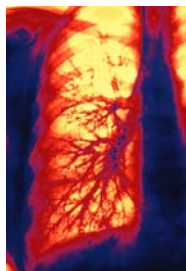
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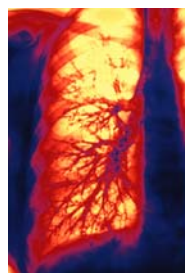
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03





**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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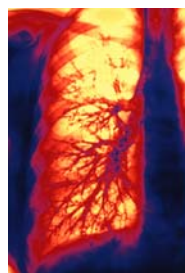
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## Pneumologie

Universitair Ziekenhuis Gasthuisberg  
Katholieke Universiteit Leuven  
Herestraat 49 B-3000 Leuven België  
tel + 32 16 34 68 00 fax + 32 16 34 68 03



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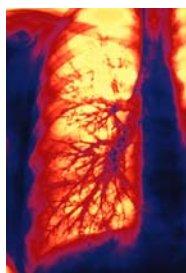
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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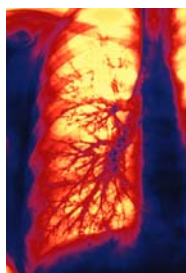
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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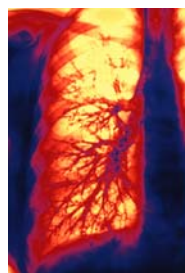
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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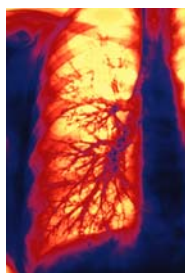
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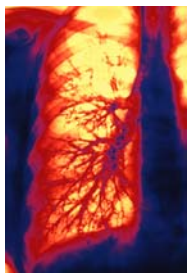
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 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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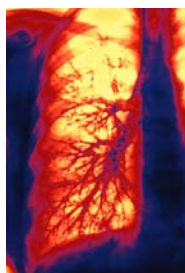
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**Pneumologie**  
 Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03

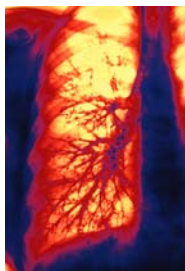


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## Pneumologie

Universitair Ziekenhuis Gasthuisberg  
 Katholieke Universiteit Leuven  
 Herestraat 49 B-3000 Leuven België  
 tel + 32 16 34 68 00 fax + 32 16 34 68 03



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