PREDICT TB

Prevention of Resistance, Evaluation of Diagnostics and
Intensified or Custom-made Treatment of Tuberculosis

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1. The importance of rifampicin in the treatment of tuberculosis remains without any question; however one should question the currently recommended dosage. [this thesis]

2. The risk of emergence of antimicrobial resistance among endemic strains of Mycobacterium tuberculosis varies significantly by genotype. [this thesis]

3. Estimation of the therapeutic potential of anti-TB drugs should (in addition to MIC) be based on the analysis of the kinetics of drug-induced killing and the intrinsic rates of genomic mutations in mycobacteria. [this thesis]

4. Evaluations of the comparative therapeutic efficacy of novel anti-TB drugs should be based upon experimental data obtained in the same translational animal model. [this thesis]

5. The Interferon Gamma Release Assay (IGRA) is designed to diagnose latent tuberculosis, and should be used for that purpose only. [this thesis]

6. Patient's non-adherence alone does not explain the emergence of drug resistance in clinical practice, between-patients variability in the pharmacokinetic of anti-TB drugs plays a significant role as well. [J Infect Dis. 2011; 15; 204:1951-9]

7. In response to the rapid increase in antimicrobial resistance, the deployment of inhibitors of efflux-based resistance mechanisms cannot be ignored.
[FEMS Microbiol Rev. 2012; 36:340-63]

8. Galactomannan assays are no longer false-positive, due to piperacillin-tazobactam preparations. [J Antimicrob Chemother. 2012; 67:1746-8]

9. Introducing a single new drug for tuberculosis is no longer appropriate, newly designed drug regimens are required to improve therapeutic efficacy.

10. Marktwerking in de zorg is een illusie die we niet moeten nastreven.

11. Wetenschappers moeten werken met het motto:
    "Denk al eer gij doende zijt, al doende denk dan nog".