- 14 Reid MB, Lannergren J, Westerblad H. Respiratory and limb muscle weakness induced by tumor necrosis factor-alpha: involvement of muscle myofilaments. Am J Respir Crit Care Med 2002;166:479–84.
- 15 de Godoy I, Donahoe M, Calhoun WJ, et al. Elevated TNF-alpha production by peripheral blood monocytes of weight-losing COPD patients. Am J Respir Crit Care Med 1996;153:633–7.
- 16 Takabatake N, Nakamura H, Abe S, et al. The relationship between chronic hypoxemia and activation of the tumor necrosis factor-alpha system in patients with chronic obstructive pulmonary disease. Am J Respir Crit Care Med 2000; 161:1179-84.
- 17 Vernooy JH, Kucukaycan M, Jacobs JA, et al. Local and systemic inflammation in patients with chronic obstructive pulmonary disease: soluble tumor necrosis factor receptors are increased in sputum. Am J Respir Crit Care Med 2002;166:1218-24.
- 18 Mannino DM, Buist AS, Petty TL, et al. Lung function and mortality in the United States: data from the First National Health and Nutrition Examination Survey follow up study. Thorax 2003:58:388–93
- Survey follow up study. *Thorax* 2003;**58**:388–93.

 19 **Spruit MA**, Gosselink R, Troosters T, *et al*. Muscle force during an acute exacerbation in hospitalised patients with COPD and its relationship with CXCL8 and IGF-I. *Thorax* 2003;**58**:752–6.
- Eid AA, Ionescu AA, Nixon LS, et al. Inflammatory response and body composition in chronic obstructive pulmonary disease. Am J Respir Crit Care Med 2001;164:1414–8.
- 21 Visser M, Kritchevsky SB, Goodpaster BH, et al. Leg muscle mass and composition in relation to lower extremity performance in men and women aged 70 to 79: the health, aging and body composition study. J Am Geriatr Soc 2002;50:897–904.
- 22 Hankinson JL, Odencrantz JR, Fedan KB. Spirometric reference values from a sample of the general US population. Am J Respir Crit Care Med 1999;159:179–87.
- 23 American Thoracic Society. Lung function testing: selection of reference values and interpretative strategies. Am Rev Respir Dis 1991;144:1202–18.
- 24 American Thoracic Society. Standardization of spirometry: 1994 update. Am J Respir Crit Care Med 1995;152:1107–36.

- 25 Macy EM, Hayes TE, Tracy RP. Variability in the measurement of C-reactive protein in healthy subjects: implications for reference intervals and epidemiological applications. Clin Chem 1997;43:52–8.
- 26 Simonsick EM, Montgomery PS, Newman AB, et al. Measuring fitness in healthy older adults: the Health ABC long distance corridor walk. J Am Geriatr Soc 2001;49:1544–8.
- 27 Corrigan CJ, Kay AB. The roles of inflammatory cells in the pathogenesis of asthma and of chronic obstructive pulmonary disease. Am Rev Respir Dis 1991;143:1165–8.
- 28 Yap SH, Moshage HJ, Hazenberg BP, et al. Tumor necrosis factor (TNF) inhibits interleukin (IL)-1 and/or IL-6 stimulated synthesis of C-reactive protein (CRP) and serum amyloid A (SAA) in primary cultures of human hepatocytes. Biochim Biophys Acta 1991;1091:405–8.
- Neta R, Sayers TJ, Oppenheim JJ. Relationship of TNF to interleukins. *Immunol Ser* 1992;56:499–566.
- Bazzoni F, Beutler B. The tumor necrosis factor ligand and receptor families. N Engl J Med 1996;334:1717–25.
- 31 Fernandez-Real JM, Vayreda M, Richart C, et al. Circulating interleukin 6 levels, blood pressure, and insulin sensitivity in apparently healthy men and women. J Clin Endocrinol Metab 2001;86:1154–9.
- 32 Ridker PM. Role of inflammatory biomarkers in prediction of coronary heart disease. *Lancet* 2001;358:946–8.
- 33 Visser M, Pahor M, Taaffe DR, et al. Relationship of interleukin-6 and tumor necrosis factor-alpha with muscle mass and muscle strength in elderly men and women: the Health ABC Study. J Gerontol A Biol Sci Med Sci 2002;57:M326-32.
- 34 Reid MB, Li YP. Cytokines and oxidative signalling in skeletal muscle. Acta Physiol Scand 2001;171:225–32.
- 35 Héijdra YF, Pinto-Plata V, Frants R, et al. Muscle strength and exercise kinetics in COPD patients with a normal fat-free mass index are comparable to control subjects. Chest 2003;124:75–82.
- 36 Sciurba FC. Physiologic similarities and differences between COPD and asthma. Chest 2004;126(2 Suppl):117–124S.

LUNG ALERT.....

Role of EGFR mutations in the pathogenesis of lung adenocarcinomas

▲ Tang X, Shigematsu H, Bekele BN, et al. EGFR tyrosine kinase domain mutations are detected in histologically normal respiratory epithelium in lung cancer patients. Cancer Res 2005;65:7568–72

The epidermal growth factor receptor (EGFR) is found in 40–80% of non-small cell lung cancers (NSCLC). Somatic mutations of the tyrosine kinase domain of *EGFR* have been reported in patients with NSCLC who had clinical responses to treatment with tyrosine kinase inhibitors targeted against *EGFR*. However, little is known about the early pathogenesis of lung adencarcinomas and whether *EGFR* mutations are involved in this process.

The authors obtained surgically resected tissue specimens from 20 patients with adenocarcinomas and one with adenosquamous carcinoma, all with *EGFR* gene mutations. Most patients were women and never or former smokers. They also obtained tissue specimens from 16 patients with adenocarcinomas without *EGFR* mutation as a control group. Microdissection was done to obtain multiple foci of normal epithelium within the tumour and from adjacent normal lung tissue. DNA was extracted from cells obtained from these foci and analysed for *EGFR* mutation (axons 19 and 21).

Nine of the 21 patients with mutant lung adenocarcinomas (43%) were found to have identical *EGFR* mutations in normal epithelium foci within the tumour. However, none of the 16 patients in the control group (without tumour *EGFR* mutations) had mutations in the normal respiratory epithelium. Interestingly, *EGFR* mutations in normal respiratory epithelium were more frequent within the tumour (43%) than in adjacent sites (24%).

The findings of *EGFR* mutations in histologically normal epithelium have not been reported before and provide a new insight into the possible mechanisms involved in initiation of peripheral airway tumours such as lung adenocarcinoma. This may provide a future target for detection or treatment.

M Ali

Specialist Registrar in Respiratory Medicine, Basildon University Hospital, Basildon, Essex, UK; masoodali@doctors.org.uk