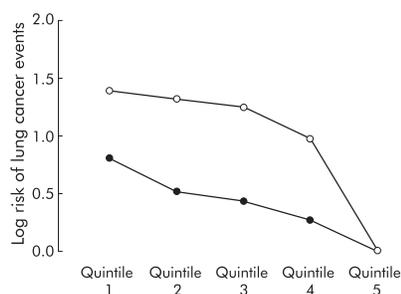


FEV₁ AND RISK OF LUNG CANCER

As Wasswa-Kintu and colleagues point out in their paper in this issue of *Thorax*, 328 million people died of lung cancer in the world in the year 2000 and lung cancer is the most lethal cancer in the world. Patients with markedly reduced lung function have a higher risk of lung cancer and, in this month's *Thorax*, these authors investigate in a systematic review whether milder reductions in FEV₁ are also associated with an increased risk from lung cancer. When the highest quintile of FEV₁ (>100% predicted) was compared with the lowest quintile (<70% predicted), the lowest quintile was associated with an increased risk of lung cancer in men and particularly in women. The authors also found that women were twice as likely as men to develop lung cancer for the same marginal decrements in FEV₁. These results have important implications for studies of screening for early detection of lung cancer. This paper also contributes to the debate as to whether women are more susceptible to the development of lung cancer.

See page 570



Risk of lung cancer in men (solid circles) and women (open circles) on a natural logarithmic scale; $p < 0.001$ for the comparison of slopes between men and women.

SMOKING INCREASES TB

Recent studies have suggested that there is an association between tuberculosis (TB) and cigarette smoking and, in this month's *Thorax*, den Boon and colleagues further report on this association and TB risk in a high TB incidence area in Cape Town, South Africa. The results showed that current or ex-smokers had a higher incidence of *Mycobacterium tuberculosis* infection than never smokers. There was also a suggestion that those smoking more than 15 pack years had a greater risk of infection. In the accompanying editorial, Bothamley discusses the reasons for the associations between smoking and TB and suggests that smokers with TB may have a reduced specific immunity and possibly an enhanced non-specific inflammatory response. Clearly, this is a topic for further study.

See pages 527 and 555

GENOTYPE-PHENOTYPE RELATIONSHIPS IN CF

Cystic fibrosis (CF) is associated with mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene and, although more than 1000 mutations have been identified, to date no relationship has been established between genotype and progression of lung disease in CF. In this month's *Thorax* de Gracia and colleagues report results from a prospective cohort of adult CF patients followed up from 1992 to 2002. Among the results, they found that patients with genotype I-II/I-II had lower current spirometric values, greater loss of lung function and, importantly, a lower probability of survival than those with other genotypes.

See page 558

RESPIRATORY EPITHELIUM AND BRONCHIOLITIS IN INFANTS

The ciliated epithelium of young children is frequently exposed to various respiratory viral infections and, after even one viral infection, abnormalities of ciliary function and ultrastructure have been reported. It is also well known that respiratory symptoms may persist for some time and, in this month's *Thorax*, Wong and colleagues describe for the first time the longitudinal effects of acute bronchiolitis on ciliary beat frequency and ultrastructure of the nasal epithelium. The authors found that ciliary loss and epithelial abnormalities persist for an average of 13–17 weeks after acute bronchiolitis in infants. This interesting longer term recovery of airway pathology in acute bronchiolitis explains the prolonged time course in some infants.

See page 582

PERFORMANCE ENHANCERS IN COPD?

Skeletal muscle wasting is an important predictor for poor outcome in COPD. Creatine nutritional supplements are used to increase exercise performance in healthy individuals and, in this issue, Fuld and colleagues describe a randomised placebo controlled study of creatine supplementation in COPD patients participating in a pulmonary rehabilitation programme. Creatine supplementation produced increases in fat-free mass, peripheral muscle strength and endurance, but exercise capacity—the primary end point of the study—was not increased. In the accompanying editorial, Griffiths and Proud discuss these intriguing results and the rationale for creatine supplementation. They conclude that a large randomised trial is required of creatine supplementation with multidisciplinary pulmonary rehabilitation that is adequately powered to detect changes in health status.

See pages 525 and 531