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COPD and cancer

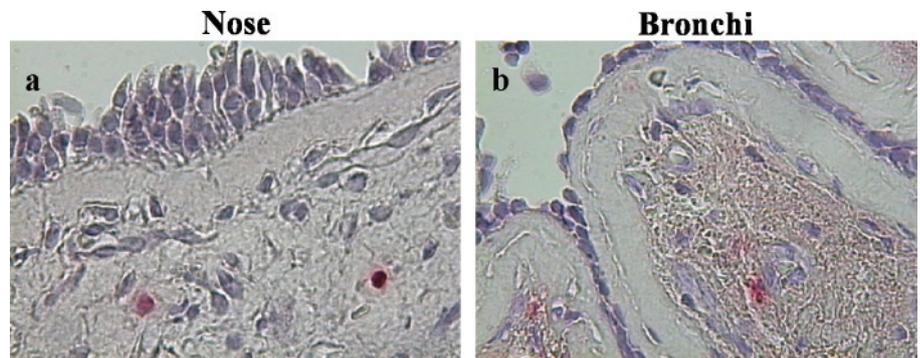
It is well known that chronic obstructive pulmonary disease (COPD) is a risk factor for lung cancer. In this month's *Thorax*, van Gestel and colleagues report on a study investigating the relationship between COPD and total cancer mortality in patients with peripheral vascular disease. COPD was associated with increased lung and extrapulmonary cancer mortality and the risk of lung cancer mortality increased with disease severity. Previous epidemiological studies have suggested that statins may reduce cancer risk. This study also reported that statins were associated with a reduced risk of extrapulmonary cancer in patients with COPD but statins did not affect the risk of lung cancer. *See page 963*

Understanding the upper airway

This month we start a review series that concentrates on the importance of the upper airway in lung disease. We start with a review on allergic rhinitis and asthma by Bourdin and colleagues and, over the next few months, reviews will follow on COPD, bronchiectasis and sarcoidosis. We are grateful to Scadding and Kariyawasam who have written an excellent editorial to introduce the series. They point out that upper and lower airway disease coexist and upper airway involvement may precede that of the lower airway. This has led to the development of the terms "united airways" and "one airway, one disease". They conclude by emphasising the importance of a multidisciplinary approach to upper airways disease and the need for more training of respiratory physicians in upper as well as lower airways medicine. I am grateful to John Hurst, associate editor, who has organised and edited this series for the Journal. *See pages 923 and 998*

Adherence to treatment in COPD

It is known that improved adherence to treatment in COPD leads to a better outcome. Although COPD requires long term treatment, there is little information on the effect of adherence to treatment in this condition, especially for inhaled treatment. In this issue of *Thorax*, Vestbo and colleagues present a sub-analysis of the



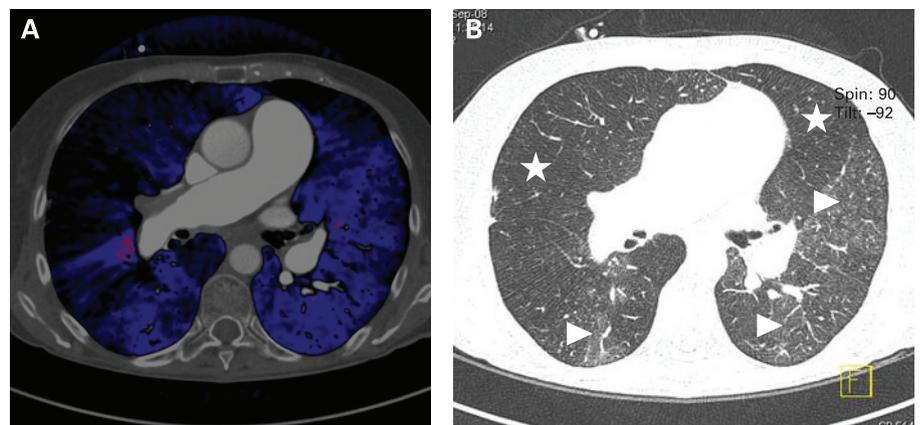
(a) Nasal and (b) bronchial biopsies obtained from the same patient with mild asthma showing CD8 T lymphocyte immunoreactivity of nasal and bronchial biopsies, epithelial columnar cells, epithelial shedding and basement membrane (personal unpublished data). Original magnification x400. *See page 999.*

TORCH study, with an emphasis on the effect of adherence on outcomes. Good adherence was defined as >80% use of study medication and good adherence was significantly related to a reduced risk of death and admission to hospital due to COPD exacerbations. In the accompanying editorial, Han discusses the results and factors affecting adherence to medication in COPD. We clearly need much more information about the barriers to adherence with COPD treatment and the strategies required for improving adherence and thus disease management. *See pages 922 and 939*

Airborne pathogen transmission in cystic fibrosis

As Saiman points out in her editorial accompanying the paper by Wainwright

and colleagues, the source of pathogens for patients with cystic fibrosis (CF) is unknown and the contribution of different sources is unknown. Infection control guidelines aim to prevent transmission via contact and respiratory droplets but there is little information on the potential for airborne transmission. Wainwright and colleagues report that during coughing, patients with CF produce viable aerosols of *Pseudomonas aeruginosa* and other Gram-negative bacteria. Saiman concludes that additional studies are now needed to expand these observations and to demonstrate that actual transmission occurs via the airborne route in CF. *See pages 921 and 926*



Transaxial images at the level of the main pulmonary artery. See Images in *Thorax*, *page 1012.*