

HFCWO is not better than standard airway clearance in CF. As Bradley points out in her editorial accompanying the paper by Osman and colleagues in this month's *Thorax*, airway clearance is rated as one of the most troublesome components of treatment of cystic fibrosis (CF). The active cycle of breathing techniques (ACT) has been the standard airway clearance protocol in the UK, although in the USA high frequency chest wall oscillation (HFCWO) has been promoted. However, there has been some demand from patients with CF for HFCWO even though the evidence for its effectiveness has been limited. Osman and colleagues describe a crossover trial comparing HFCWO with standard ACT. Surprisingly less sputum was cleared with HFCWO than with ACT and there were no effects on other outcomes in this trial. Although further work is required on HFCWO and bearing in mind its higher cost, it seems unlikely that HFCWO will play a key part in CF management. **See pages 189 and 196**

Anxiety in COPD

We now recognise chronic obstructive pulmonary disease (COPD) as a progressive disorder modulated by complex comorbidities including psychological problems. There have been a number of recent papers on the importance of depression in COPD including its effect on exacerbation frequency. In this issue, Eisner and

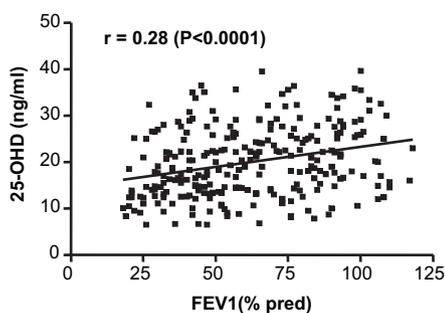


Figure 1 25-Hydroxyvitamin D (25-OHD) serum levels plotted as a function of the forced expiratory volume in 1 s (FEV₁) levels (% predicted FEV₁ was used). Pearson's coefficient of determination was calculated as indicated. **See page 218**

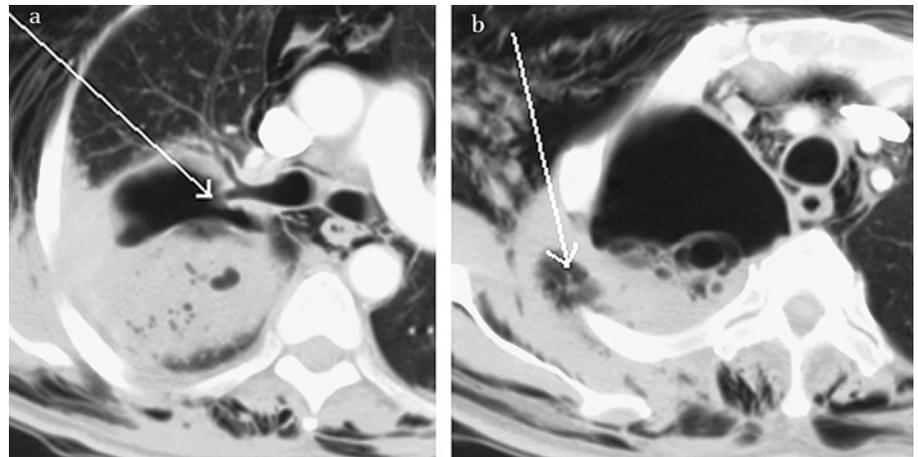


Figure 2 CT scan of the chest showing a cavitary lesion in the upper lobe of the right lung, communicating with the posterior segmental bronchus of the right upper lobe (arrow in a), with rupture into the chest wall (arrow in b). See Images in *Thorax*, **page 280**

colleagues describe a large cohort study of anxiety in COPD. The authors report that as expected COPD is associated with increased anxiety especially with increased disease severity, worse exercise performance and more functional limitation. Anxious patients with COPD also had a higher risk of exacerbation. Thus we now need well designed intervention trials with appropriate outcomes of therapy for anxiety in COPD. **See page 229**

Biomarkers for ventilator-associated pneumonia

We are aware that ventilator-associated pneumonia (VAP) is associated with considerable morbidity and mortality, yet the differential diagnosis of VAP is difficult. In this month's *Thorax*, Conway-Morris and colleagues describe a study that concludes that levels of the biomarkers interleukin-1 β (IL-1 β) and IL-8 in the bronchoalveolar lavage (BAL) can be useful in the differential diagnosis of VAP. Although BAL is required for application of these biomarkers, results can be quickly obtained for clinical purposes thus targeting clinical decision making. In the accompanying editorial, Johnston and colleagues discuss these interesting results and limitations of the studies. However, the challenge is now to see whether use of these biomarkers can truly reduce antibiotic prescribing in the intensive care unit. **See pages 190 and 201**

Prognosis after resection for non-small cell lung cancer

It is accepted that the presence of distant metastasis after surgical resection of stage 1 non-small cell lung cancer is related to mortality. In this issue, Hung and colleagues describe a cohort of patients from Taipei who had lung resections performed. The results show that there is considerable heterogeneity in this patient population with respect to outcome. A longer disease-free interval and treatment of distant metastasis are associated with better survival after resection for non-small cell lung cancer. Thus the authors conclude that aggressive treatment of distant metastasis in selected patients is now warranted. **See page 241**

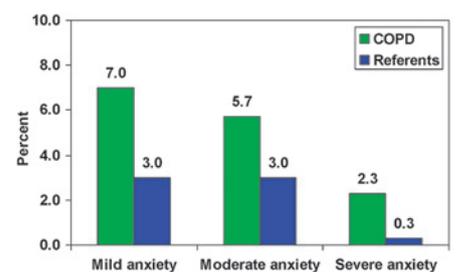


Figure 3 Prevalence of mild, moderate and severe anxiety in chronic obstructive pulmonary disease (COPD) and referents. The overall prevalence of anxiety is 15 and 6%, respectively, among persons with COPD and referents. **See page 231**