



What's hot that the other lot got

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EX-VIVO LUNG PERFUSION AS STANDARD PROTOCOL

Perfusion of the lung after harvest was developed to assess the suitability of borderline organs, or those not fully assessed at the donor centre. In this randomised control trial Slama *et al* (*J Heart Lung Transplant* 2017;36:744–53) examine ex-vivo lung perfusion (EVLP) versus standard transplant. 76 single sequential lung transplants at Medical University of Vienna between October 2013 and May 2015 were included. CIT (duration from aortic clamp to reperfusion within the recipient minus the duration of EVLP) was significantly longer in the EVLP group (first side, 372 min vs 291 min, $p < 0.001$; second side 437 min vs 370 min; $p = 0.001$). All transplants were done on arterio-venous ECMO; two patients in the EVLP group and five in the control group required prolonged ECMO. At 24 hours primary graft dysfunction (PGD) score was > 1 for two patients in the EVLP group, and seven in the control group, which is lower than previously reported series. There were 3 deaths within 90 days, all in the EVLP group, 1 at 24 hours due to haemorrhage and two due to infection at 61 and 80 days. The authors highlight the need to take into account local practice in this single centre study; however the results suggest EVLP could extend procurement time with no detrimental effect on graft function, and with development and further study could improve graft function.

IS OBSTRUCTIVE SLEEP APNOEA ASSOCIATED WITH SLOW WALKING AND REDUCED COGNITION?

It has been hypothesised that reduced muscle tone in older people contributes to both slow gait speed and obstructive sleep apnoea (OSA). Lee and Shin (*Age*

and Ageing 2017;46:653–9) take this a step further to examine if these factors are also associated with reduced cognition. They utilised the Korean Genome and Epidemiology Study (KoGES) cohort to recruit 2222 participants aged 50 to 80. A four metre walk, overnight polysomnography and Korean mini mental state examination (K-MMSE) were each done every 4 years for three visits; OSA was defined as $AHI \geq 15$. OSA was significantly associated with lower K-MMSE score, but there was no significant difference in time taken to walk four metres with or without OSA. However, the time taken to walk 4 m was significantly longer in those with cognitive impairment and OSA than those with cognitive impairment but no OSA ($\beta = -0.70$ vs $\beta = -0.21$, p value for interaction = 0.003), even after adjustment for confounding factors. The authors discuss that OSA treatment could improve cognition and gait speed as suggested in previous studies, but recognise the difficulty of adjusting for co-variables.

SMOKING CESSATION SERVICES

Smoking cessation services have been changed and cut around the UK due to pressure on budgets, this makes Mullen *et al*'s study of hospital initiated smoking cessation support topical (*Tob Control* 2017;26:293–9). This Canadian study included 736 smokers or recent quitters and 641 controls recruited consecutively from 14 hospitals in Ontario. The intervention group had in hospital assessment and nicotine replacement followed by telephone support over the following 6 months. In the intervention group there were statistically significant absolute risk reductions (ARR) for readmission at 30 days, 1 year and 2 years, and ARR for mortality at 1 and 2 years. Some data was available at 6 months on smoking cessation; 45 of 221 (20.4%) control patients had quit compared with 90 of 256 (35.2%) intervention patients

(X^2 12.8; $p < 0.001$). Although not statistically significant, those who had quit smoking by 6 months were less likely to be readmitted at 2 years (HR, 0.78 (0.58 to 1.03); $p = 0.04$) or die at 2 years (HR, 0.53 (0.32 to 0.83); $p = 0.07$). This study supports the provision of hospital initiated smoking cessation services, to help stop the most preventable cause of lung disease.

COCHRANE NEWS FLASH

Chest physiotherapy helps clear airway secretions in people with cystic fibrosis (CF). Oscillating devices generate oscillations orally or externally to the chest wall. A Cochrane Review including 35 studies (1138 participants) ranging in duration from 2 days to 18 months compared oscillating devices with conventional physiotherapy or breathing techniques, evaluating respiratory function parameters, frequency of exacerbations, personal preference and quality of life. While one study identified an increase in frequency of exacerbations when using high frequency chest wall oscillation compared with positive expiratory pressure, overall there is no clear evidence that oscillation is more or less effective than other physiotherapy techniques. Furthermore there is no evidence that one device is superior to another. Cost implications of devices over other equally advantageous airway clearance techniques should be considered when making treatment decisions. Evidence is needed for the effectiveness of combining oscillating devices with other forms of airway clearance in CF. Morrison L, Innes S. Oscillating devices for airway clearance in people with cystic fibrosis (*Cochrane Database Syst Rev* 2017;5:CD006842).

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