



Highlights from this issue

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The Triumvirate

With the release of the twenty fifth James Bond movie early next month, “No time to die,” this month’s Airwaves will whet your appetite with a Bond flavoured selection from *Thorax*.

ALTERED RELAXATION TIME

At the beginning of “No time to die,” Bond has left the service and is enjoying some relaxation time. Needless to say the relaxation time is brief and Bond is recruited on a mission to find a missing scientist abducted by the arch villain Safin. Altered relaxation times also feature in the paper by Kai Förster and colleagues in this month’s *Thorax* (see page 184). Their paper describes MRI relaxation times in 61 spontaneously-breathing infants with bronchopulmonary dysplasia. Their study includes both exploration (n=40) and validation cohorts (n=21). They found that increased T2 and decreased T1 relaxation time indicated BPD (area under the curve=0.80). See teaser image (figure 1) A linked editorial by Rosenow and Prayle (see page 100) discusses how we can “look under the bonnet” of bronchopulmonary dysplasia, where MRI has the potential to define phenotypes and explore mechanisms. No one has time to look under the bonnet of Bond’s Aston Martin in the new Bond movie but the trailer promises machine guns behind the headlights!

MORLAND OF GROSVENOR STREET

In the original novels by Ian Fleming, Bond smoked around 60 cigarettes per day and had these specially made by Morland of Grosvenor Street. They contained a mixture of Balkan and Turkish tobacco and had a higher nicotine content than normal. While there was nothing secondhand about Bond’s smokes, secondhand smoke does feature in the paper by Milanzi *et al* (see page 153) in the journal this month. The authors use data from the Dutch Prevention and Incidence of Asthma and Mite Allergy (PIAMA) cohort. They find that secondhand smoke exposure in childhood is associated with reduced lung function growth and a lower lung function achieved in adolescence. In the upcoming film, Bond shows no evidence of dyspnoea during the action sequences which might be attributed to reduced lung function. Indeed, in contrast to his first cinematic outings in the early 1960s, Bond is rarely if ever seen to smoke in recent movies. It’s never too late to quit!

QUANTUM OF SOLACE

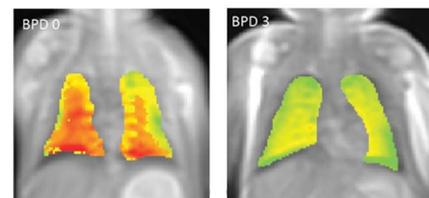
In the 22nd Bond film James Bond goes after an errant environmentalist who works for the secret organisation Quantum. The only solace is that Bond gets his guy and saves the world. However, in patients with advanced progressive lung disease anything that might help relieve symptoms of breathlessness would offer some quantum of solace. In this issue of *Thorax*, Higginson *et al* (see page 176) undertook a feasibility study using mirtazapine for severe breathlessness in advanced lung disease. Although they had to screen 409 patients to randomise 64 patients, 81% completed the 28 day trial without any differences in safety or tolerability compared with placebo. Much like the film this study is a multinational effort that offers promise that a full clinical trial will demonstrate more than a single quantum of solace for people with these devastating conditions.

FROM RUSSIA WITH LOVE

Bond films are notable for their villains, in *From Russia with Love* featured the particularly compelling Rosa Klebb. Klebb was the head of Operations and Executions and would have found room for Krebs von den Lungen-6 in her department, we could be sure. Although KL-6, as it is more commonly known, sounds like the member of Spektor it is actually a biomarker associated with lung injury and fibrosis and identifies Mucin-1 (MUC1). In this month’s *Thorax* Milara *et al* (see page 132) describe the mechanism by which high levels of phosphorylation of the cytoplasmic tail of MUC1 were associated with TGF β activation and demonstrate that the profibrotic mediator galectin-3 was also able to activate MUC1 and served as a link between TGF β and MUC1. This paper contains as many twists and turns as your average Bond movie and leaves you just as satisfied at the end.

SPECTRE

Members of the ‘Special Executive for Counterintelligence, Terrorism, Revenge and Extortion’ (SPECTRE), an organisation whose sole purpose is to instigate conflict between two superpowers, are referred to by number rather than by name. The numbers are initially assigned at random and then rotated up by two digits on monthly basis to avoid detection. It is fortunate that the health



data system used in Canada is more conducive to detection with Johnson and colleagues (see page 108) using this to improve early detection of COPD. In their registry-based longitudinal cohort study, 112 635 COPD and non-COPD pairs were reviewed with COPD patients demonstrating higher rates of outpatient services before diagnosis. Perhaps we need to incorporate some of the technology used by James Bond to develop a ‘Detector for Investigating COPD in Early’ disease (DICE). However, until then, we will just have to roll with it.

DR FENO

Dr. No, a Chinese-German criminal scientist is one of the lead operatives for SPECTRE. After enrolling, but not completing medical school, he adopted the title of doctor and subsequently changed his name to Dr Julius No. Dr Lo, and colleagues (see page 101), follow the ‘Dr No’ theme in their study but on this occasion Dr Lo used FeNO to study the childhood asthma managed in primary care. In this prospective observational cohort study, 612 children from 10 general practices were included in which spirometry, FeNO, asthma control test scores and unplanned healthcare attendances were measured. Dr Lo found that abnormal lung function and FeNO are common and relate poorly to symptom scores with a significant discrepancy between symptom-based assessment and objective testing such both are best combined to effectively manage childhood asthma. Combining Dr No and James Bond is unlikely to have the same positive outcome.

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