

CORRESPONDENCE**Cutting edge genetic studies in primary ciliary dyskinesia**

We would describe our genetic studies in primary ciliary dyskinesia¹ as 'cutting edge', rather than 'beyond the fringe'.² Indeed, we predict that in 5 years genetic testing will be more readily available and used worldwide for diagnostic studies in primary ciliary dyskinesia than high speed ciliary waveform analysis. Would Drs Bush and Hogg like to make a wager?

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REFERENCES

1. **Knowles MR**, Leigh MW, Carson JL, *et al*. Mutations of DNAH11 in primary ciliary dyskinesia patients with normal ciliary ultrastructure. *Thorax*. Published Online First: doi:10.1136/thoraxjnl-2011-200301
2. **Hogg C**, Bush A. Genotyping in primary ciliary dyskinesia: ready for prime time, or a fringe benefit? *Thorax*. Published Online First: doi:10.1136/thoraxjnl-2011-201320