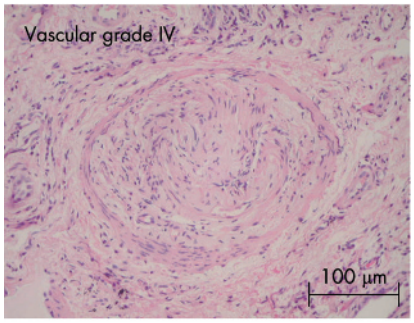
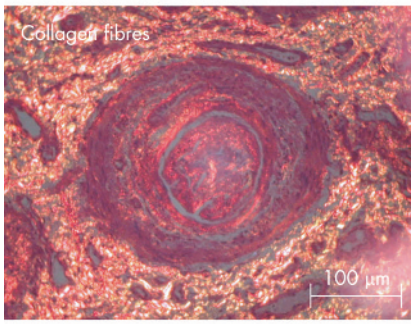
airwaves

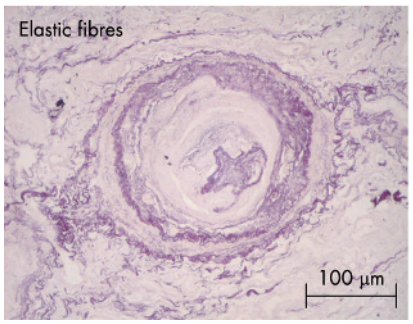
Wisia Wedzicha, *Editor in Chief*

Classification of cause-specific mortality (n = 911) in the TORCH trial

Classification	%
Yes (definite)	38
Probably	2
Possibly	1
Unlikely ,	1
No (not related)	50
Unknown	9







UIP lung vessel. Distortion of the vascular wall architecture, increase in red–orange birefringence of collagen fibres and major proliferation of elastic fibres in grade IV vascular obstruction.

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PREVIOUS TUMOURS AND LUNG CANCER

Prediction of risk for developing lung cancer is very important and in this issue López-Encuentra and colleagues describe a study evaluating prognostic factors in lung cancer. The study shows that a previous tumour is an independent prognostic factor for lung cancer and the probability of death at 5 years in a patient with a completely resected stage 1 non-small cell lung cancer (NSCLC) increases by 1.5 times. In the accompanying editorial, Toloza discusses these results and concludes that because of the increased risk of also developing a second lung cancer, careful follow up of patients with lung cancer and other malignancies is necessary.

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CLINICAL ENDPOINT COMMITTEES AND COPD MORTALITY

As Rudolf points out in his editorial in this issue, the recent publication of the TORCH chronic obstructive pulmonary disease (COPD) study has stimulated a lot of interest in COPD mortality and its various causes. The TORCH trial was the first large COPD trial where all cause mortality was the primary outcome and McGarvey and colleagues report on the activity of the Clinical Endpoint Committee, whose function was to ascertain the precise cause of death and its relationship to COPD (see table). This is important because in the TORCH trial only 35% of deaths were caused by respiratory illness and 27% were due to cardiovascular causes. McGarvey and colleagues describe in detail the methodology that was used to determine the cause of death and such endpoint committees should now become a standard for future mortality studies in COPD.

See page 378 and 411

ABBREVIATED SLEEP RECORDINGS FOR OSA

Obstructive sleep apnoea (OSA) is a common disorder and this has led to much interest in simpler monitoring techniques than the gold standard of overnight polysomnography. In this issue of *Thorax*, Jobin and colleagues report on a comparison of automated analysis of episodic nocturnal oxygen saturation with the manual scoring of polygraphic data by a more comprehensive respiratory monitor. There were significant discrepancies between the two instruments and the automated oxygen saturation analysis underestimated the numbers of apnoeas and hypopnoeas. In his accompanying editorial, Sériès describes some of the reasons for the discrepancies and argues that abbreviated recordings should be an integral part of the investigation of these patients, but must be interpreted in the light of the individual clinical findings.

See page 379 and 422

VASCULAR REMODELLING IN IIPS

Vasclar remodelling has been shown to be a feature of idiopathic interstitial pneumonia (IIP) and in this month's *Thorax* Parra and colleagues describe a study evaluating the relationships between collagen/elastic vascular fibres, survival and the major histological patterns of IIPs (see fig). Collagen/elastic vascular fibres were highest in usual interstitial pneumonia (UIP), those with diffuse alveolar damage and in non-specific interstitial pneumonia (NSIP). In UIP the number of vascular fibres was related to the degree and activity of the fibrosis and vascular remodelling was a predictor of survival, suggesting that vascular pathogenesis may play a part in pathogenesis.

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