Correspondence

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Reply to the letter to the Editor by Laney et al: The association between tobacco burden and “dirty chest” is unlikely to follow a linear dose-response pattern

The Editor,

We appreciate the extensive experience of Laney et al in the field of pneumoconiosis. Concerning their critical comments on our study, we would like to make some remarks.

We have to admit that the method of interpretation in our study could have been more detailed. Therefore we would like to explain that as a first step, the International Labour Office (ILO) classification was independently assessed by the two chest radiologists. Readings were then summarised in consensus. We took it for granted that the radiologists mentioned in our study were experienced and had regularly undergone training in the interpretation of lung opacities.

We stated clearly that our results should be considered as preliminary and should therefore be regarded with great caution owing to the relevant limitations of our study (no age-matched non-smoking control, small study group, lack of gold standard). In addition, the occupational exposure history of our patients was evaluated and, with silicosis, an occupational exclusion criterion was explicitly given. This exclusion criterion was of utmost importance, as many of our male patients with lung diseases were former steel workers or coal miners, having worked in the most extensive European coal-mining area in the 1950s and 1960s.

In our opinion, the conclusion of Franzblau et al [1], that ILO classifications from laser-printed transparencies show a significantly higher profusion of small opacities than “soft copy” or traditional film-based radiography, has become relative, as the same authors describe the similarity of those radiographs in subsequent studies [2, 3].

We substantially agree with Laney et al that the operation with guidelines is reasonable to obtain reliable classifications of digital images for pneumoconiosis, thus more easily rendering a direct comparison of studies. Therefore, we will consider those recently published standardised criteria in future investigations.

As a consequence of the study’s major limitation—the lack of an age-matched non-smoking control group—we

inaugurated a corresponding follow-up study. This prospective blinded control study on 200 patients (100 smokers, 100 non-smokers) has already been approved by the ethics committee of the Ruhr-University Bochum and started in August 2011.

Yours etc.,

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