
LETTERS TO THE EDITOR

DE O'Donnell, P Hernandez, A Kaplan, et al. Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease – 2008 update – highlights for primary care. Can Respir J 2008;15(Suppl A):1A-8A.

To the Editor:

Dr Denis O'Donnell's review of the recent Canadian Thoracic Society guidelines for the management of chronic obstructive pulmonary disease was a worthwhile summary for primary care providers. However, it was surprising to see lung volume reduction surgery given such superficial treatment in the review. The opportunity for referral to a surgeon for consideration of this physiologically effective and life-prolonging treatment, although usually made by a respirologist, should not be taken away from primary care providers. Similar to smoking cessation and supplemental oxygen, lung volume reduction surgery is one of the very few proven treatments that offer survival benefit. It earned its own section in the guidelines, and it would have been worthy of more thorough discussion in the summary for primary care providers.

Sincerely,

Marcel Tunks MD
Resident, Respiratory Medicine
McMaster University
Hamilton, Ontario

D Miller MD FRCSC
Principal Investigator, Canadian Lung Volume Reduction Study
Professor, Thoracic Surgery
McMaster University
Hamilton, Ontario

From the Authors:

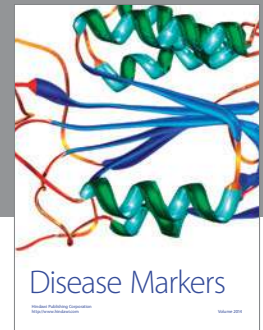
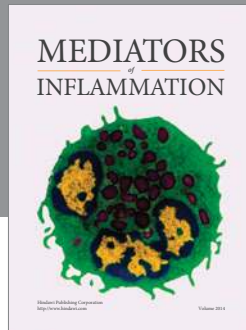
I would like to acknowledge Drs Tunks' and Miller's constructive remarks concerning the recent 2008 Canadian Thoracic Society guidelines for family physicians.

The 2008 update focused exclusively on three key messages for family physicians: the importance of early diagnosis, the optimal management of symptomatic chronic obstructive pulmonary disease, and the prevention and aggressive treatment of infective exacerbations.

The importance of lung volume reduction surgery as an effective and life-prolonging intervention in highly selected patients with advanced chronic obstructive pulmonary disease has been emphasized in some detail in previous Canadian Thoracic Society guideline documents. The failure to discuss surgical options and, indeed, several other successful interventions in this summary document merely reflects the panel's decision to prioritize key messages. In doing so, we acted on the sage advice of the family physicians on the panel, and in accordance with current principles of knowledge translation.

Yours sincerely,

DE O'Donnell MD FRCPI FRCPC
Professor, Medicine and Physiology
Division of Respiratory and Critical Care Medicine
Chair, CTS Guideline Committee



Hindawi
Submit your manuscripts at
<http://www.hindawi.com>

