



Thomson, N. C., McSharry, C., and Chaudhuri, R. (2015) Response. CHEST Journal, 148(1), e33-e34.

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Letter re CT Chest paper

Thomson and colleagues conclude that airway lumen is reduced in asthmatics who smoke compared to those who have never smoked, although they did not detect an expected increase in wall thickness¹.

1. An alternative explanation not discussed would be that both smoking and airway size reflect socioeconomic status (SES) in early life. The association of lower SES with poorer lung function persists throughout life² and smoking is strongly correlated with social class in the UK³. It is unfortunate the paper presents BSA rather than height, as the latter is a marker of childhood SES⁴ and might be more informative.

Charlie Could you provide a comparison of height between groups?

	Asthma			Healthy control		
	Never smoker	Smoker	p-value	Never smoker	Smoker	p-value
Height						
BMI	28.5 (24.9, 34.7)	25.7 (22.8, 29.8)	p=0.009	26.0 (23.2, 29.4)	26.6 (22.2, 29.5)	p=1.000
BSA	1.90 (1.74, 2.18)	1.84 (1.69, 2.02)	p=0.132	1.76 (1.69, 1.93)	1.86 (1.68, 2.00)	p=0.283

2. On a prosaic note, the LB3 (ie more proximal airway) lumen area in both columns of table 1 is 8mm² (with appropriate confidence intervals), much smaller than both the equivalent on the right (22mm²) and in the more distal airways. Hopefully this is a transcription error as such internal inconsistency could undermine an otherwise comprehensive and excellent body of work.

Charlie Could you check the LB3 lumen area results?

LB 3 lumen area, mm²	Never smoker n=47 8.4 (6.1, 13.1)	Smoker n=46 8.2 (5.1, 11.8)	p-value p=0.257
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