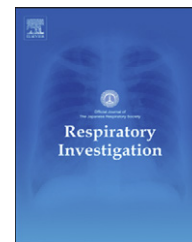




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Editorial

Why do we need an official journal in English?

Respiratory Investigation, formerly labeled as *Nihon Kokyuki Gakkaizasshi* in Japanese (The Journal of the Japanese Respiratory Society), is the first official journal of the Japanese Respiratory Society (JRS) in English. It was launched as a quarterly journal in March 2012. It reports original manuscripts on investigations of any respiratory diseases from bench to bedside. Our journal is particularly interested in publishing articles that focus on the diversity of disease manifestations based on genetic and/or environmental differences between the East and West. The journal enthusiastically welcomes contributions not only from the Japanese members of our Society but also from non-members hailing from neighboring countries in Asia.

In recent years, the progress of medical science and technology has been astounding, and we are fortunate to get access to such progress wherever we are on the globe. Thanks to the internet, we can easily obtain novel information in any field of medicine, and the huge amount of available new information may be overwhelming even if limited to one's field of expertise. We often find ourselves easily convinced and persuaded by articles published in worldwide prestigious journals such as *The New England Journal of Medicine* and *The Lancet*. However, being Japanese, it is not uncommon for us to feel a certain uneasiness when we encounter such highly influential articles. This is because a majority of such articles come from Western societies.

"Phenotyping" is a fashionable term used to describe the variable forms and clinical manifestations of common diseases such as asthma and COPD. This is because we tend to feel that precise "phenotyping" may lead to personalized medicine in the future. Large-scaled, multi-center, randomized clinical trials provide us high-quality evidence; however, such data do not always give us the best answer on an individual basis. In COPD, for instance, although the concept of the BODE index is well accepted worldwide, direct application of BMI scores to Asian patients would not be feasible. This is because of the tremendous five-point difference in the average BMI score between Eastern and Western populations (21–22 vs. 26–27). Such marked differences in clinical manifestations may also exist in comorbidities and causes of deaths in patients with COPD.

As respiratory physicians, we see patients with a variety of lung diseases, and we know that remarkable phenotypic differences may also exist in other major lung diseases. In our society, acute exacerbation of idiopathic pulmonary fibrosis has drawn attention for many years as a major threatening event and even as a cause of death, but it has been only recently recognized in Western societies. In patients with severe asthma, serious concerns surround elderly individuals, many of whom are smokers with or without COPD. In lung cancer, it is well known that the EGFR driver mutation is much more prevalent in non-smoking Asian women compared to their Western counterparts, which certainly accounts for a favorable response to a selective tyrosine kinase inhibitor in the former ethnic group. These clinical characteristics of the Japanese (and potentially other Asians as well) may or may not be linked with genetic differences. In some cases, environmental factors may influence phenotypic expressions. Evidence for this can be seen in the dramatic changes in the phenotype of COPD for the last three decades. In the past, many patients would complain of voluminous sputum and were hospitalized because of exacerbation, particularly in the winter; however, we rarely see patients like these with bronchial hypersecretion nowadays. Far more dramatic is the case of diffuse panbronchiolitis (DPB), which used to be found exclusively in East Asia. Nowadays, it is rarely seen in Japan.

Considering such remarkable phenotypic differences between the East and West and/or between Japan and other parts of the world, it would indeed be an excellent opportunity and an exciting challenge for the JRS to have our own journal, "*Respiratory Investigation*", in English. I hope that by studying the mechanisms behind such phenotypic differences we may help establish and further develop personalized medicine.

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