

Bond University
Research Repository



Screening and surveillance in respiratory medicine

Dobler, Claudia C

Published in:
Breathe

DOI:
[10.1183/20734735.0038-2020](https://doi.org/10.1183/20734735.0038-2020)

Licence:
CC BY-NC

[Link to output in Bond University research repository.](#)

Recommended citation(APA):
Dobler, C. C. (2020). Screening and surveillance in respiratory medicine. *Breathe*, 16(1), Article 200038.
<https://doi.org/10.1183/20734735.0038-2020>

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

For more information, or if you believe that this document breaches copyright, please contact the Bond University research repository coordinator.

Editorial

Screening and surveillance in respiratory medicine

We are already a couple of months into 2020 and I hope you had a good start to the new year. I wish you, our readers, reviewers, authors and editors, happiness, success and health in this new decade.

In 2019, *Breathe* continued to grow its readership, increasing online views by 60% compared to the previous year. Readers in the USA and India constitute some of our largest reader groups, illustrating the worldwide reach of the journal. Online content of *Breathe* is accessed via mobile devices in 38% of all page views, aligned with how web content is accessed in general. The March 2019 issue entitled “Too much or too little medicine? Overdiagnosis, underdiagnosis, overtreatment and undertreatment in respiratory diseases” proved particularly popular. Two articles in that issue, one on over- and misdiagnosis of COPD [1] and the other one on over- and under-diagnosis of asthma [2], were among the top three articles that received the most attention last year (based on Altmetric scores). Another favourite with our readers was the article “Introduction of the harmonised respiratory physiotherapy curriculum” [3].

Most of the spontaneous submissions that *Breathe* receives are interactive case reports but we also welcome spontaneous submissions in most other categories; for details refer to the *Breathe* Instructions for authors (<https://breathe.ersjournals.com/authors/instructions>). Each issue of *Breathe* will continue to be dedicated to a specific topic; reviews aligned with the issue topics are currently all commissioned. However, we hope to see spontaneous submissions of thematic reviews in the future. Due

to this, the topics of forthcoming issues are listed on the *Breathe* website (<https://breathe.ersjournals.com/forthcoming>). The topics for 2020 are: Rare and orphan lung diseases (submission closed); Models of care in respiratory medicine (submission deadline April 2020); and Systemic diseases and the lung (submission deadline July 2020).

We plan to introduce a new article type called “Ask the expert” in which a topic expert will succinctly answer and discuss a specific question in the field of respiratory medicine. Please send any questions you may have to the *Breathe* editorial office (breathe@ersnet.org).

From this year, *Breathe* will be an online only publication. The interest in paper copies has been dwindling over recent years, and giving up paper copies altogether will contribute to the environmental sustainability of our publication.

The current issue focuses on screening (and surveillance) in respiratory medicine. The topic is timely in light of the current discussions about the implementation of lung cancer screening programmes in Europe and beyond, and the re-emergence of occupational dust lung diseases such as coal workers’ pneumoconiosis and silicosis in the USA and Australia [4].

I would like to thank all contributors to this issue, as well as the hard-working members of the editorial office and leave you with the following quote:

“Do as much as possible for the patient, and as little as possible to the patient.”

Dr Bernard Lown

Cite as: Dobler CC. Screening and surveillance in respiratory medicine. *Breathe* 2020; 16: 200038.

 @ERSpublications

The March issue of *Breathe* focuses on screening and surveillance in respiratory medicine: read the introductory editorial by Chief Editor @ClaudiaCDobler <http://bit.ly/2018e5G>



CrossMark

Affiliations

Claudia C. Dobler^{1,2}

¹Institute for Evidence-Based Healthcare, Bond University, Robina, Australia. ²Dept of Respiratory Medicine, Liverpool Hospital, Sydney, Australia.

Conflict of interest

C.C. Dobler has nothing to disclose.

References

1. Thomas ET, Glasziou P, Dobler CC. Use of the terms “overdiagnosis” and “misdiagnosis” in the COPD literature: a rapid review. *Breathe* 2019; 15: e8–e19.
2. Kavanagh J, Jackson DJ, Kent BD. Over- and under-diagnosis in asthma. *Breathe* 2019; 15: e20–e27.
3. Troosters T, Tabin N, Langer D, *et al.* Introduction of the harmonised respiratory physiotherapy curriculum. *Breathe* 2019; 15: 110–115.
4. Wood C, Yates D. Respiratory surveillance in mineral dust-exposed workers. *Breathe* 2020; 16: 190362.