following reversal of nocturnal apneas. I agree that more studies are needed to clarify the pathophysiological links between OSAS and LV systolic dysfunction.

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Risk of Cancers in COPD Patients

To the Editor:

Patients with COPD often experience peptic ulcers, sleep problems, and depressive disorders.1–3 However, it is not clear whether COPD patients have a higher incidence of cancers originating from the lung or other organs. To ascertain the risk, we investigated the incidence of cancers in 127 patients in whom COPD had been diagnosed in our hospital between 1996 and 2002. The diagnosis of COPD was based on medical history and the results of pulmonary function tests, which confirmed the presence of severe irreversible bronchial obstruction (ie, FEV₁ < 1.5 L or < 70% of predicted), hyperinflation (total lung capacity > 100% of predicted), and reduced diffusing capacity of the lung for carbon monoxide (ie, < 70% of predicted).4 We compared these patients with 140 age-matched, sex-matched, and smoking history-matched patients who had benign respiratory disease (128 men; median age, 71 years) diagnosed during the period. The median age of 127 COPD patients was 72 years, and 115 were men. Among them, 23 metachronous cancers and 22 synchronous cancers were found in 34 patients with COPD. On the other hand, 19 of 140 control subjects had a medical history of cancer. The relative risk of cancer occurring in COPD patients compared with control subjects was 2.32 (95% confidence interval, 1.24 to 4.27; p = 0.0069). The most common cancers in COPD patients were those of the lung (18 cancers), the head and neck (15 cancers), and the urinary tract (6 cancers). Nineteen cancers in 34 COPD patients, whose lesions were detected at an early stage, were treated successfully. Patients with COPD seem to have a high incidence of lung cancer,4 however, little attention has been given to the incidence of cancers originating in other organs. In the present study, we compared COPD patients with age-matched, sex-matched, and smoking history-matched control subjects, and found possible evidence that COPD patients have a higher incidence of cancer. Although smoking is a major cause of COPD and certain cancers, other risk factors may play certain roles in developing cancers in COPD patients. Cancers of the aerodigestive tract and lung were the most common in the patients in our study. Moreover, not a few cancers in COPD patients were detected at an early stage, were treated properly, and were cured. Therefore, physicians should be alert to the development of malignancies in COPD patients in order to detect them at an early stage and administer proper treatment.

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To the Editor:

Wang et al.² describe an elegant minimally invasive double-balloon pericardiotomy procedure for large malignancy-related pericardial effusions, and appropriately point out that it has less morbidity and is just as effective as a conventional surgical subxiphoid pericardial window; however, they do not address simple pericardial drainage and sclerosis, an even less invasive, lower-cost procedure, just as effective and with considerably less morbidity than either a surgical window or a balloon pericardiotomy.

Pericardiocentesis and intrapericardial sclerosis has essentially replaced surgical drainage in many thoracic surgical oncologic practices.²–⁴ Without addressing this simpler procedure, I do not think their conclusion that double-balloon pericardiotomy is “the treatment of choice in this population” is justified.⁵–⁶

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REFERENCES


To the Editor:

Effusions...