EDITORIAL

Pulmonary Therapy: Looking Back on 2018 and Forward to 2019

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Dear Readers,

As we reflect on *Pulmonary Therapy's* successes in 2018 and anticipate another rewarding year for the journal in 2019, it is important to acknowledge the tremendous support from our authors, readers, reviewers, Editorial, and Advisory Boards. The journal would not operate without the culmination of these groups and so for this we are truly grateful.

Thank you to all of our Editorial Board members who are responsible for assisting the in-house editorial team, contributing their own research, suggesting review topics, and generally supporting the journal in its development. Thank you also to our Advisory Board who are primarily responsible for providing peer-review comments. This support allows us to maintain our rapid publication timelines and publish research in the timely manner it deserves. Of course, we must thank all of our reviewers who we reward with a free publication (pending peer review) for every three reviews completed per calendar year. A complete list of our current Editorial and Advisory Board members can be found here.

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In 2018, total downloads across all publications was over 67,000. Some of the most highly read articles within 2018 included:

- Improving the efficiency of respiratory drug delivery: a review of current treatment trends and future strategies for asthma and chronic obstructive pulmonary disease. Shakshuki, A. & Agu, R.U. <https://doi.org/10.1007/s41030-017-0046-2>. A narrative review article with over 12,000 downloads to date.
- The role of the body clock in asthma and COPD: implication for treatment. Krakowiak, K. & Durrington, H.J. <https://doi.org/10.1007/s41030-018-0058-6>. A narrative review article with 4500 downloads and a notably high number of shares through social media to date at 71.
- Identifying critical errors: addressing inhaler technique in the context of asthma management. Bosnic-Anticevich, S.Z., Cvetkovski, B., Azzi, E.A. et al. <https://doi.org/10.1007/s41030-018-0051-0>. A narrative review article written by our Editorial Board member Sinthia Bosnic-Anticevich, which has over 900 downloads to date.
- A network meta-analysis of long-acting muscarinic antagonist (LAMA) and long-acting β_2 -agonist (LABA) combinations in COPD. Sion, K.Y.J., Huisman, E.L., Puneekar, Y.S. et al. <https://doi.org/10.1007/s41030-017-0048-0>. An original research article with over 13,000 downloads and 5 citations to date.

- Real-world practice patterns for prevention and management of potential adverse events with pirfenidone in patients with idiopathic pulmonary fibrosis. Wencel, M.L., Haselkorn, T., Limb, S.L. et al. <https://doi.org/10.1007/s41030-018-0056-8>. A real-world original research article with over 5400 downloads to date.

We are really pleased to be publishing more enhanced digital content such as videos and slide sets. These peer-reviewed features accompany the main article and are designed to increase the educational value of the content. We have also begun publishing optional Plain Language Summaries alongside the standard abstract to aid understanding and increase dissemination of research to non-experts, including non-specialists, patients, caregivers, and others. An example from Wencel, ML et al.'s original research article, published earlier this year, can be found <https://www.springer.com/medicine/internal/journal/41030?detailsPage=editorialBoard>.

In 2018, the journal launched a new topical collection "Patient and Physician Perspectives". In light of the growing support for greater patient involvement, these commentary articles are co-authored by a patient and a physician. The first half of the article, authored by the patient, describes their experience of living with their particular condition. The second half is authored by either the patient's treating physician or a physician with experience treating similar patients. The physician will comment on these experiences with reference to the published literature. We published our first article in this series last year with more to follow in 2019. The collection can be found https://link.springer.com/journal/41030/topicalCollection/AC_450cc146be7a92bfec5f45e7ab9e7737.

Looking ahead to 2019, we hope to see reports of many interesting and important developments in the field of pulmonary therapy. The novel Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2019 strategy has suggested novel pathways for patient escalation and de-escalation pharmacotherapy. As we move towards a more precision-based approach to management of COPD, we hope to see more prospective trials or post hoc analyses

to further inform these pathways and add evidence, as to which extent patient features or even biomarkers like, e.g., eosinophils, can guide therapeutic preferences. As more clinical data on various inhaler combinations (dual LABA/LAMA combinations as well as fixed dose "triple" LABA/LAMA/ICS) will be published in the upcoming year, it may become easier to get a more consistent picture of the relative efficacy of these different combinations, even in the absence of direct head-to-head studies. This may also include more "real-world" data on the performance of different inhaler devices or posologies in everyday clinical practice and the implications for relevant outcomes. In addition, add-on strategies beyond LAMA/LABA/ICS inhaler therapy for patients with more severe disease are eagerly awaited, and many registered studies are already underway or await activation of recruitment.

Likewise in asthma, we await more clinical information on different targeted therapies, with market introduction of one more "type 2" drug (dupilumab; anti IL-4/IL-13 receptor blockage) pending in many European countries, and a plethora of pipeline molecules under clinical evaluation. Without doubt, asthma management pathways, in particular in severe patients, will very soon enter the age of "switch-or-cycle" algorithms, comparable to other therapeutic areas like, e.g., rheumatoid arthritis. However, a long road must be traveled before firm evidence-based conclusions can be drawn about the question of which individual patient "trait" is the most attractive target for any available biological therapy. As overlap of these traits are more general rule than exception in most patients, "trial-and-error" and individual preferences will likely have a major impact on long-term management. Nonetheless, even the longest journey starts with the first step—so we should not shy away from addressing these important questions at an early stage!

In interstitial lung disease (ILD), it will be interesting to observe if the small buds of therapeutic hope for patients affected by the "idiopathic" form can also be offered for patients with other forms of lung fibrosis, e.g., autoimmune disease-associated ILD. There is also much to learn about new and valid clinical

tools, including biomarkers, indicators of progression, and patient-reported outcomes, to specifically address the needs of patients affected by fibrosing lung diseases. The same applies to many other—in comparison to COPD and asthma often neglected—respiratory conditions with great importance to physicians' everyday work, including bronchiectasis, lung infections, or the still enigmatic challenge of chronic cough. Optimism is always justified, but much work lies ahead!

Finally, we invite our readers to consider submitting their work to *Pulmonary Therapy*. As discussed, there are a number of exciting developments in the field, on which we look forward to publishing in 2019.

Kai-Michael Beeh, Editor-in-Chief

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