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Authors' Reply

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We appreciate the letter of Krenke et al. [1] and their kind words regarding the new review series 'New Hope with the Scope' [2]. It is good to know that topics of interest have been chosen.

The authors of the letter raise several issues with our review on endoscopic lung volume reduction [3]: (1) a citation error regarding the papers of Springmeyer et al. [4] and Wood et al. [5] as you correctly realized and (2) the challenge regarding the choice of endpoints and the physiologic sense associated with them. As is pointed out, the ideal endpoints have not yet been identified. There are still a lot of questions on what should be used: FEV₁ or RV/TLC, lobar volume reduction on CT imaging, 6-min walk tests or quality of life or any combination thereof. We believe that all ongoing and future trials have the potential to increase our knowledge and will help us to select the right patients for the right technique and the tests we need to identify those patients and follow them accordingly.

Unfortunately, in some European countries the valves are already reimbursed and are used outside of clinical trials, often

without proper patient selection and uncertain follow-up. In our opinion it is still too early to regard endoscopic lung volume reduction as a standard of care for emphysematic patients. All eligible patients should be included in clinical trials or registries, so that we will be able to increase our information about the effects and the limitations of the different techniques for the patients we take care of.

References

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