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Regulatory T Cells, Allergic Diseases, and Cancer

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To the Editor:

Larchè in his excellent review in a recent issue of *CHEST* (September 2007)¹ highlighted the potential defective function of regulatory T cells (Tregs) in patients with allergic diseases, and suggested that the induction of Treg development might be useful in this field. However, he did not discuss the effects of Tregs on immunopathology in cancer patients.

Tregs play an essential role in immune homeostasis and protection against autoimmunity, but also exert a detrimental action in the generation of host-vs-tumor immunity via the suppression of tumor-specific effector T-cell responses and the development of immune tolerance to neoplastic cells.² Indeed, many of the mechanisms that impede antitumor immunity result in the development of Tregs.³ Animal models for cancer have shown that Treg depletion improves antitumor immunity and the success of immunotherapy⁴; the hypothesis that a reduction of Treg function in cancer patients could be therapeutic is currently

investigated.⁵ Therefore, the therapeutic manipulation of Tregs should always consider the double-edged sword of this action.

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Errata

In the January 2008 issue, in the editorial by Irwin and Welch, "Becoming the Journal of the Future" (*Chest* 2008; 133:1–3), on page 2, the sentence beginning on line 3 of the first column contained errors. It should read: "In the spirit of improving the accuracy of reporting results, we will be requiring that all new submissions of the following types of studies, beginning February 4, 2008, follow the standardized requirements of reporting that can be found in the Uniform Requirements and our Instructions to Authors: randomized controlled trials must follow the Consolidated Standards of Reporting Trials (CONSORT) requirements; studies of diagnostic accuracy, the Standards for Reporting of Diagnostic Accuracy (STARD) requirements; meta-analyses and systematic reviews, the Quality of Reporting of Meta-Analyses (QUOROM) requirements; observational studies in epidemiology, the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) requirements; and meta-analyses of observational studies in epidemiology, the Meta-Analyses of Observational Studies in Epidemiology (MOOSE) requirements."

In the January 2008 issue, in the article by Swigris et al, "Pulmonary and Thrombotic Manifestations of Systemic Lupus Erythematosus" (*Chest* 2008; 133: 271–280), the third author's name was misspelled. It is Joann Gillis.

In the January 2008 issue, in acknowledgement of reviewers, "CHEST Reviewers 2007" (*Chest* 133:322–332), two names were inadvertently omitted: they are Ephraim Bar-Yishay, PhD, and Scott Woller, MD.

An erratum published in the February issue (*Chest* 2008; 133:588) did not contain the information to complete the correction. The erratum should have read as follows: In the Meeting Abstracts supplement to the October 2007 issue, in the Abstract by Rachel A. Heft "Electrophoretic Respiration (EPR) in Chronic Respiratory Failure" (*Chest* 2007; 132(suppl):574S), the authorship is displayed incorrectly. It should read Rachel Heft BSc, RRT, MEd, West Park Health Care Center, Toronto, Ontario; Roger Goldstein, MB ChB, West Park Health Care Center, Toronto, Ontario; Amir Ariel West Park Health Care Center, Toronto, Ontario; Ken Aron Avery Biomedical Devices, Inc.

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