

Cohorts and Teams

Cohort: A company, a band especially of people united in some common purpose, or having a common statistical characteristic.

Team: A number of people associated in some joint action, a group of people collaborating in their professional work.

Shorter Oxford English Dictionary

Reams of literature have been devoted to evidence based medicine and the science of the randomised placebo-controlled trial, to which we all should and do aspire. However, there are circumstances where the collection and audit of well conducted prospective cohorts of cases provide important information and this issue contains a number of excellent examples. Major nasal reconstruction is relatively rarely undertaken so the group of 95 cases audited by Wild et al. collected during a 16 year period in a tertiary centre with a special interest in this problem is an important collection⁽¹⁾. These largely arose from resection of skin cancers and benefited from attention to functional as well as cosmetic considerations. This is an elegant example of the multidisciplinary approach as we increasingly interface with many specialities such as plastic surgery, ophthalmology, neurosurgery, oncology and of course, respiratory medicine.

The ARIA initiative⁽²⁾ brought together respiratory specialists of many hues and general practitioners in the recognition of the 'unified airway' and the inter-relationship between allergic rhinitis and asthma. However, modern medicine is awash with guidelines on every conceivable topic so it is always a revealing exercise to examine 'market penetration'. It is therefore, gratifying to learn that the majority of Belgian otorhinolaryngologists are aware of the guidelines and were receptive to their utilisation, especially amongst younger colleagues⁽³⁾. Nonetheless primary care remains the principle point of contact with asthma and allergic rhinitis so the organisers of the RINOASMAIR study are to be commended for recruiting over 1000 Spanish GPs to examine prospectively the relationship between these entities⁽⁴⁾ adding to the body of literature on this topic⁽⁵⁾. It is also interesting to reflect that a study conducted in geographical proximity in a large cohort of patients showed asthma more frequently associated with non-allergic patients than allergics so as always the relationship is not clear-cut and subject to other influences⁽⁶⁾.

Team working is also evident at the sino-orbital interface, in the management of nasolacrimal obstruction⁽⁷⁻¹⁰⁾, thyroid eye disease⁽¹¹⁾ and optic nerve compression⁽¹²⁾ at the skull base. Chemoradiation has remained the mainstay of treatment of nasopharyngeal malignancy but since the advent of the maxillary sinus swing procedure⁽¹³⁾, limited recurrences or residual disease can sometimes be resected successfully. The applications of endoscopic techniques are a natural evolution as long as vascular complications can be anticipated and dealt with⁽¹⁴⁾.

As these cases are relatively uncommon, the pooling of data from several centres is usually required and speaks to the standardised prospective collection of data in the future, a topic that will be addressed in the next issue of the journal.

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Finally I would like to draw your attention to the fellowship the journal *Rhinology* is offering. A sum of € 10,000,- will be provided during 2010 to enable a young researcher or clinician to visit another academic department with an established reputation in rhinology. The purpose of the visit is to observe or participate in clinical or basic research.

Furthermore, the European Rhinologic Society awards two Research Prizes; one prize is awarded for original basic

research, and the second for an original clinical research in the field of Rhinology. In 2010 again, these prizes will be awarded, and therefore ENT Residents and Fellows are kindly requested to apply. The prizes, each of which amounts to € 1.500,- will be awarded during the Opening Ceremony of the forthcoming ERS Congress in Geneva (Switzerland), June 20-24, 2010. The prizewinners will be invited to attend the congress, free of charge. I sincerely hope that many of you will apply.

Valerie J. Lund,
Editor-in-Chief



FELLOWSHIP JOURNAL RHINOLOGY - 2010

The journal 'Rhinology' is offering a Fellowship of € 10,000.- during 2010 to enable a young researcher or clinician to visit another academic department with an established reputation in rhinology. The purpose of the visit is to observe or participate in clinical or basic research. It is specifically not intended to finance attendance at a meeting.

1. Candidates for **"Rhinology"** Travelling Fellowship should be under 40 years of age and either a medically qualified trainee or research worker in a University Department.
2. The Travelling Fellowships are tenable anywhere in the world, preferably at a single medical centre with an established interest in rhinology.
3. There is no period prescribed for the duration of a visit but it is anticipated that Fellows will spend at least 4-6 weeks.
4. The Award will cover travel and assist with living expenses. Any part of a grant which is unexpended must be returned to the Rhinology Foundation.
5. Each Rhinology Travelling Fellow will be required to write a report on his or her visit which should also include where appropriate scientific work resulting from the Fellowship. This must be offered to **"Rhinology"** within six months of the return of the individual from the Fellowship.
6. A presentation based on the work undertaken during the Fellowship will be given by the Fellow at the next ERS meeting following the conclusion of their Fellowship.
7. Applications for the Awards for 2010 must reach the offices of **"Rhinology"** before April 1st 2010 and must include the following:
 - a) Curriculum Vitae.
 - b) An outline of the aims and objectives of the visit.
 - c) Letters of support from the applicant's present consultant/chief.
 - d) Letter of acceptance from the head of the department, which they wish to visit.
 - e) An outline of expenses.

These should be sent to Mrs. Margalith van Huiden, by e-mail (m.b.vanhuiden@amc.uva.nl).