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# Title

Reply to Lee and Strek: Occupational Burden in Chronic Respiratory Disease: Call for Recognition, Training, and Data Capture

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- Knoeller GE, Mazurek JM, Moorman JE. Work-related asthma among adults with current asthma in 33 states and DC: evidence from the Asthma Call-Back Survey, 2006-2007. *Public Health Rep* 2011;126: 603–611.
- De Matteis S, Jarvis D, Hutchings S, Darnton A, Fishwick D, Sadhra S, et al. Occupations associated with COPD risk in the large populationbased UK Biobank cohort study. Occup Environ Med 2016;73:378–384.

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## Reply to Lee and Strek

#### From the Authors:

We welcome the comments by Dr. Lee and Dr. Strek calling for increased recognition, training, and data capture to address unrecognized occupational attributions in response to the recently published work entitled "The Occupational Burden of Nonmalignant Respiratory Diseases. An Official American Thoracic Society and European Respiratory Society Statement." Indeed, those were implicit goals that led our international taskforce members to undertake this in-depth review (1). From the onset, we recognized that in focusing on selected nonmalignant respiratory conditions, there would be other occupational associations that we would not be able to address in depth. For example, Table E2 in the online supplement of Reference 1 describes a number of other pulmonary disorders associated with occupational exposures (with supporting citations in the main publication). These include acute eosinophilic pneumonia, bronchiolitis (obliterative, proliferative, and lymphocytic), cryptogenic organizing pneumonia, desquamative interstitial pneumonia, diffuse pulmonary hemorrhage, lipoid pneumonia, nonspecific interstitial pneumonia, and respiratory bronchiolitis interstitial lung disease (1). Many of these disorders fall into the interstitial lung disease group emphasized in the letter by Dr. Lee and Dr. Strek.

The authors also raise the important point that autoimmune conditions such as rheumatoid arthritis may not be appreciated as occupationally triggered by silica and other workplace exposures. In that context, it is important to note that concomitant lung disease may not be overt in such syndromes (2). It is our hope that further research and in-depth reviews will continue to shed light on underappreciated occupational contributors to disease and prioritize a reduction in the burden of these preventable conditions.

Author disclosures are available with the text of this letter at www.atsjournals.org.

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### Expression of Concern: Inhaled Ethyl Nitrite Prevents Hyperoxia-impaired Postnatal Alveolar Development in Newborn Rats

The *Journal* is publishing this expression of concern about an article in the August 1, 2007, issue (1) because of potential problems with the reliability of its data. The authors have informed us that, although the data appear to be accurate, they have uncertainty about the validity of the data described in Figure 7 because of irregularities in the procedures of a lab that generated those data.

#### Reference

 Auten RL, Mason SN, Whorton MH, Lampe WR, Foster WM, Goldberg RN, Li B, Stamler JS, Auten KM. Inhaled ethyl nitrite prevents hyperoxia-impaired postnatal alveolar development in newborn rats. *Am J Respir Crit Care Med* 2007;176:291–299.

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