

## Diabetes and TB

Both diabetes and tuberculosis (TB) are global health problems though diabetes as a risk factor for TB receives little attention. As Moore-Gillon discusses in his editorial to the paper by Walker and Unwin, the number of cases of TB continues to rise and co-existing conditions such as diabetes may play a part in progression of infection or reactivation. Walker and Unwin have estimated the proportion of incident cases of pulmonary TB attributable to diabetes in different ethnic groups in England. The results show that around 11% of cases of TB may be attributable to diabetes and over half will be in people of Asian origin. In black and white subjects 8% of cases of TB were attributable to diabetes. Moore-Gillon warns that we are confronted with

an explosive and apparently inexorable rise in the prevalence of diabetes particularly in ethnic minority populations. Thus the interaction between TB and diabetes is a major issue of global TB control and deserves more attention. *See pages 571 and 578*

## Lung cancer screening and smoking

The introduction of lung cancer screening programmes has provided an opportunity to reinforce smoking cessation and there has been some evidence that this approach may be successful though it may also delay smoking cessation. In this month's *Thorax* van der Aaist and colleagues describe data from the Dutch-Belgian randomised controlled cancer screening

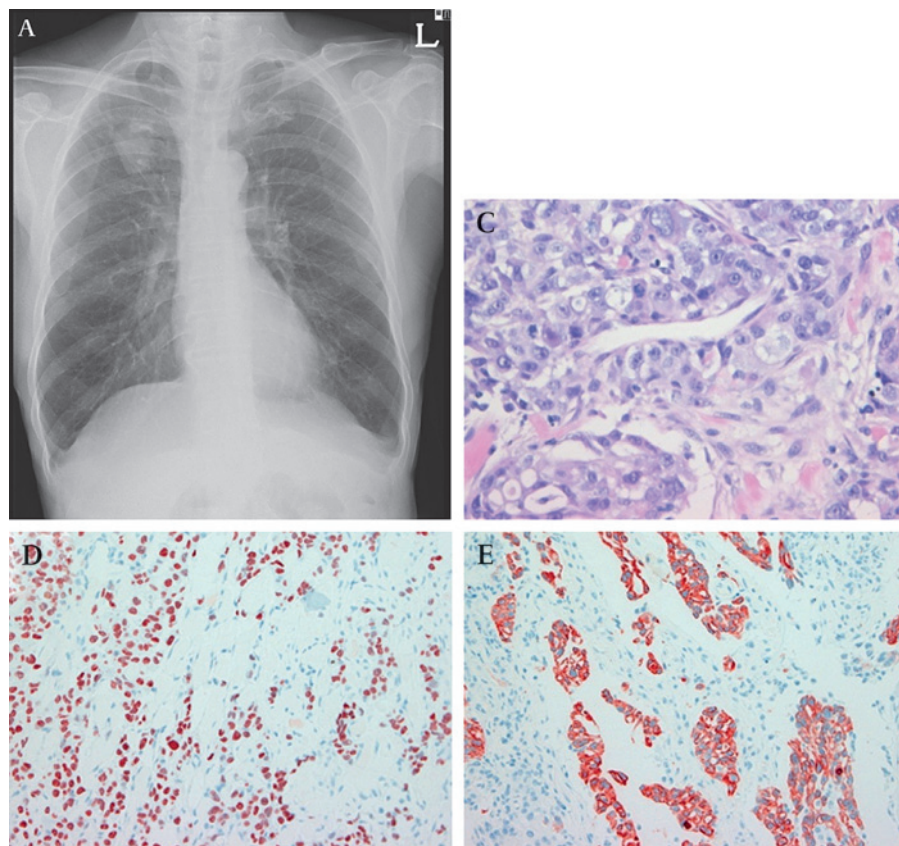
trial (NELSON). Up to 17% of the trial participants quit smoking compared to 3 to 7% quitting in the adult population. Screening was associated with a lower prolonged abstinence rate compared with no screening that was not observed after an intention to treat analysis. The data is encouraging and suggests that lung cancer screening is a teachable moment to influence smoking behaviour. *See page 600*

## UK data on risk factors for A/H1N1 influenza

During the first wave of pandemic H1N1 influenza in 2009, most cases outside North America occurred in the UK. In this issue of *Thorax*, Nguyen-Van-Tam and colleagues on behalf of the Influenza Clinical Information Network describe risk factors for hospitalisation and poor outcome with H1N1 influenza. The results show that 13% of cases were admitted to high dependency or intensive care and 5% died. 36% of cases were under 16 years of age. H1N1 was over-represented in pregnant and non-white patients and 45% had at least one underlying condition. A number of risk factors were found including an abnormal chest x-ray, elevated CRP, obesity and pulmonary conditions. The findings support the use of vaccine for H1N1 in pregnant women, young children and those with chronic lung disease. *See page 645*

## Asthma and comorbidity

Although there has been considerable attention given to the role of co-morbidity in chronic obstructive pulmonary disease, there has been little study of comorbidity in asthma probably due to the fact that asthma occurs in younger patients that are assumed to be healthy. In this month's *Thorax*, Gershon and colleagues report on a study of co-morbidity in asthma from Ontario, Canada. They show that asthma co-morbidity is common and has a significant impact on the healthcare system, both hospitalisations and emergency room visits. We now need more studies to assess why this increase in co-morbidity occurs and how it is related to such factors such as asthma control, obesity, inactivity or associated with long term asthma therapy. *See page 612*



**Figure 1** (A) Chest x-ray shows a round mass in the right upper lobe measuring about 4 cm. (C) Hematoxylin and eosin staining in the lung mass tissues. It shows a papillary pattern and undifferentiated diffuse proliferation with minimal glandular formation and the neoplastic cells including a large nucleus with prominent nucleoli, findings compatible with poorly differentiated adenocarcinoma. The positivity of TTF-1 (D) and CK-7 (E) stained in brown color was determined by immunohistochemistry. (See Images in *Thorax*, *page 661*)