Seventy-three patients received chemotherapy plus PF-3512676 and 37 patients received chemotherapy alone. The observed response rate (assessed as a complete or partial response based on investigator assessment) was higher in the PF-3512676 group than in the group receiving chemotherapy alone (38% vs 19%). Although not all responses were confirmed radiologically, the authors felt that the response rate would have been even higher in the PF-3512676 arm if this had been the case. Despite more patients with stage IV disease in the PF-3512676 group, the median survival was 12.5 months compared with 6.8 months in the group receiving chemotherapy alone, with 1-year survival rates of 50% and 33%, respectively.

The addition of PF-3512676 was generally well tolerated. Phase III trials are in progress and may provide further evidence that the addition of PF-3512676 to taxane/platinum chemotherapy is safe and may prolong survival.

The authors suggest that the functional limitations found are specifically attributable to COPD; however, the impact of any co-morbidities is unclear. Interestingly, the majority of patients with COPD studied were GOLD stage 0–2 and therefore it seems that systemic manifestations have an impact even in mild patients. The age range of the participants means that the applicability of the study findings to those aged >65 years is uncertain and most likely underestimated.

Influenza vaccine may not protect elderly subjects from pneumonia

Influenza and complications associated with influenza including pneumonia impose a significant burden on the healthcare system, particularly in elderly individuals. Although the influenza vaccine could potentially reduce the risk of complications, its benefit in this group remains doubtful.

This population-based nested case-control study investigated whether the influenza vaccine reduced the risk of community acquired pneumonia in immunocompetent elderly individuals. The cohort comprised people aged 65–94 years who had enrolled in a health maintenance organisation in Washington State during the pre-influenza and influenza seasons in 2000, 2001 and 2002.

A total of 1173 individuals with pneumonia confirmed by medical records or chest radiography were included (714 of whom had been vaccinated against influenza). 2346 individuals without pneumonia (two age- and sex-matched for each case) served as controls (1838 of whom had not received the influenza vaccination). The presence of heart and lung diseases, frailty indicators, smoking history, use of respiratory medications and routine prescriptions were reviewed and adjusted to reduce confounding factors. After adjustment, influenza vaccination was not associated with a reduction in community acquired pneumonia during the influenza season. The authors suggested two potential explanations; either influenza caused a small proportion of pneumonia in elderly people or the available vaccine was less effective in reducing the risk of pneumonia.

Although this was a large population-based study and raises important questions, more robust randomised controlled trials are needed to determine the effectiveness of the influenza vaccine in reducing influenza-related morbidity in this age group. Until this happens, the influenza vaccination will continue to be used as a health protective measure worldwide.