Of the 15,139 participants in the NVX-CoV2373 trial, 431 were included in the subgroup analysis, 217 were co-vaccinated with the seasonal influenza vaccine plus NVX-CoV2373 while 214 received the influenza vaccine plus placebo. Safety analysis demonstrated that the frequency of ‘adverse events’ and ‘severe adverse events’ in the co-vaccinated group (18.4% and 0.5%) was similar to those in the initial NVX-CoV2373 study cohort (17.6% and 0.4%), respectively. Geometric mean titre of haemagglutination were used as a measure of immunogenicity and both showed no difference in day 21 infection between the influenza vaccine plus NVX-CoV2373 group and the influenza plus placebo group. When assessing efficacy of vaccine, it was calculated to be 87.5% effective (95% CI 0.2 to 98.4) compared with vaccine efficacy of 89.8% in the same age group from the main study. The study provides reassurance that coadministration of the COVID-19 and influenza vaccine is safe and does not meaningfully reduce vaccine efficacy, which will simplify future booster dose administration. The study calls for further work looking at paediatric and over 65 populations.

ENDOBRONCHIAL ULTRASOUND
TRANSBRONCHIAL NEEDLE ASPIRATION
FOR NEXT-GENERATION SEQUENCING:
MORE PASSES PROVIDES HIGHER
SUCCESS RATE

Next-generation sequencing (NGS) is preferred to direct sequencing given its sensitivity with low tumour cellularity and ability to identify variants from hundreds of genes in a single test allowing for targeted therapies to be initiated. Endobronchial ultrasound transbronchial needle aspiration (EBUS-TBNA) is the recommended modality to stage non-small cell lung cancer, but the performance for NGS is not certain. Zhao et al (Lung Cancer 2022;166:17) completed a meta-analysis of 21 studies reporting data from 1,175 patients. They found that EBUS-TBNA was suitable in retrieving adequate samples for NGS and proportion of adequate samples for sequencing was 90.3%. Though the authors noted that with increasing number of passes there was an increase in the success of sampling they were not able to interpret this relationship to suggest an optimal number of passes. An important consideration regarding success depends on the amount of DNA required by molecular laboratories and the number of genes in the panel. However, seven studies (560 patients) reported pooled weight of DNA extracted from EBUS-TBNA samples at 868.7 ng (95% CI 446.3 ng to 1291.1 ng), and most NGS panels require a minimum of 50 ng. The review offers high-level evidence that shows EBUS-TBNA provides suitable samples for NGS and sampling success may be proportional to the number of passes.