

0.36–5.86;  $P = 0.29$ ). In the four patients whose MXF treatment was interrupted following hepatotoxicity, one was reintroduced without further hepatotoxicity, deterioration in one ceased only after RMP co-therapy cessation, and two were recommenced on therapy at another hospital (reintroduction data not available).

Our retrospective cohort study shows that hepatotoxicity is a common adverse event during TB treatment. Despite using MXF-based therapy in a patient group particularly vulnerable to liver damage, we find no increase in treatment-related hepatotoxicity. Our numbers are too small to expect to see the reported idiosyncratic drug reaction, but do provide some reassurance for clinicians using prolonged treatment with MXF.

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## No time to be complacent with the performance of tuberculosis control activities in tribal areas of India

In India, Scheduled Tribes account for over 84 million people, representing 8.2% of India's population. They are spread out throughout the country, mainly in forest and hilly areas, and are generally of poor socio-economic status. Although tuberculosis (TB) is a major public health problem in India as a whole, information on the TB situation in the tribal population is limited, bar a few studies carried out in small populations and prior to widespread implementation of the Government of India's Revised National TB Control Programme (RNTCP).<sup>1,2</sup>

We carried out a series of TB disease prevalence surveys to understand the TB situation amongst the tribal populations of the central Indian state of Madhya Pradesh. The findings of these studies quite surprisingly suggest that the TB situation amongst the wider tribal population is generally not that different from the much larger non-tribal population of India, with a TB disease prevalence of 387 (95%CI 273–502) per 100 000 population, compared to a national figure of 299/100 000 in 2006.<sup>3</sup>

However, we found a much higher prevalence, of 1518 (95%CI 1208–1829), amongst the Saharia 'primitive' tribe, a small tribal group in Madhya Pradesh.<sup>4</sup> In contrast, the prevalence amongst two other 'primitive' tribal groups, the Bharias and Baigas, in the same state was respectively 432 (95%CI 121–742) and 146/100 000 (95%CI 0–318).<sup>5,6</sup> Studies amongst tribal communities in other parts of the country have reported prevalence rates ranging from 133/100 000 amongst the tribal population from Wardha district, Maharashtra, to 840/100 000 amongst Jawadhu tribals of Tamil Nadu, South India. Varying prevalence rates have been also reported elsewhere in the country.<sup>1,2</sup> In view of the observed wide variation in prevalence rates among the various tribal groups, it would be useful to have tribe-based disease burden data as well as an understanding of the factors responsible for the varying situations in the different tribes so as to develop appropriate intervention strategies. Although the performance in terms of case detection and cure rates of the RNTCP in the predominantly tribal districts is similar to, or even slightly higher than in the rest of India, we cannot afford to be complacent, especially in view of the variations in burden among the different tribes and their increasing exposure to the wider conditions of the country.

There is a need to undertake further operational research to understand the reasons for the varying TB burden observed in the different tribal communities, and the situation in relation to access to and utilisation of RNTCP services in the tribal areas of the country. This will assist in the development of innovative and locally appropriate interventions, which need to be adopted in these communities.

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## What is the role of autofluorescence bronchoscopy in screening lung cancer among silicotic subjects?

Among a sample of 48 silicotic patients with sputum cytologic atypia or abnormal cytometry, Lo and colleagues reported the use of white-light bronchoscopy (WLB) followed by autofluorescence bronchoscopy (AFB) in the detection of intraepithelial lung cancers in two subjects and preneoplastic lesions in 14 subjects.<sup>1</sup> Periodic follow-up with WLB and AFB showed no evidence of progression in the preneoplastic lesions. Although squamous metaplasia or dysplasia was significantly associated with current smoking as well as exposure to asbestos,<sup>1</sup> the impact of AFB on survival in lung cancer was not evaluated against a control group. Outcomes of nearly 700 patients screened by sputum examination, but not by WLB and AFB, were unknown. The reported findings are perhaps insufficient for determining the role of sputum examination

followed by AFB in screening lung cancer among silicotic smokers.

The rationale behind using AFB to detect early lung cancer is to improve survival through early detection of preneoplastic lesions. Although AFB may allow early detection of lung cancer by adding to the sensitivity of WLB for preneoplastic lesions,<sup>2</sup> it remains open as to whether a higher sensitivity for such lesions may be translated into better survival. The same problem applies to other screening methods. Sputum cytological atypia has been considered sensitive for central airway lung cancers,<sup>3</sup> but there is as yet a lack of evidence for screening lung cancer by sputum cytological examination.<sup>4</sup> Methodological issues such as selection bias, lead time bias and length of time bias have made it difficult for observational studies to properly evaluate a screening method. A well-designed randomised controlled trial is required to address the above methodological pitfalls.

It may not be surprising to find no association between early detection of precancerous lesions and better survival. A study of the natural course of preneoplastic lesions in bronchial epithelium demonstrated the difficulty in differentiating the potentially more malignant lesions among all detected preneoplastic lesions and the lack of reliability in using the initial World Health Organization classification of preneoplastic lesions to assess the risk of field carcinogenesis.<sup>5</sup> The lack of progression of preneoplastic lesions in the study by Lo and colleagues<sup>1</sup> is consistent with the observation of spontaneous regression in more than half of such lesions.<sup>5</sup>

It cannot be overemphasised that the best approach for reducing the health burden of lung cancer is still source control of exposure to carcinogens, especially tobacco.

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