

reporting, and verifying signals in the community, there is no standard CEBS for emerging or novel viruses affecting humans and their companion animals. We propose closely monitoring these urban human–animal interfaces using standardised One Health disease surveillance within households. Household transmission investigations (HHTIs)⁶ have been successfully implemented to investigate human disease dynamics by collecting high-quality epidemiological, clinical, virological, and serological data in a well defined, closed setting. We propose expanding WHO's HHTI protocol^{5,6} into a One Health HHTI, capturing companion animal data and characterising the interactions at the human–companion animal interface. The phased expansion requires veterinary public health expertise to revise and adapt protocols to include companion animals, develop multi-species case and contact definitions, and determine minimum data requirements for timely public health decision making. Once the One Health HHTI protocol is created, determining processes for specimen collection, analytics, and data governance is essential to ensure the cross-sectoral feasibility and sustainability of the approach. The One Health HHTI protocol is needed to address the full spectrum of disease control necessary for global health security.

We declare no competing interests.

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Biodiversity and planetary health: a call for integrated action

In the face of escalating biodiversity loss, the imperative role of comprehensive research and conservation strategies has never been more pressing. The National Biodiversity Future Centre (NBFC) in Italy stands at the forefront of tackling biodiversity loss, pioneering innovative approaches within the Mediterranean's biodiversity hotspot. In this Correspondence, we aim to highlight the pressing need for synchronised efforts in protecting our planet's biological wealth, which is fundamental to sustaining life as we know it.

Biodiversity's influence extends to cultural and mental wellbeing, intertwined with cultural practices and contributing to identity and belonging. The need for cohesive strategies and the innovative, pivotal role of a centre on biodiversity research in the Mediterranean is crucial to advancing our understanding of monitoring,

conservation, and restoration of biodiversity and to drive sustainable biological resource use.

Further research is essential as biodiversity is a cornerstone of wellbeing, providing essential resources and regulating services such as climate moderation, flood mitigation, and nutrient cycling, crucial for maintaining ecological equilibrium.¹ The connection between biodiversity, sustainable development, and planetary health becomes imperative as we face global diseases and environmental crises. Biodiversity loss endangers essential ecological services, affecting billions of people globally.² Environmental degradation and biodiversity loss contribute to a substantial portion of the global disease burden.³ The emergence of infectious diseases underscores the necessity of preserving biodiversity for global health security, stressing the importance of adopting integrated strategies at various levels.⁴

The NBFC, established under the Post-Covid Recovery and Resilience Plan, is at the forefront of this endeavour. It advocates nature-based solutions to harmonise human requirements with biodiversity conservation, ensuring ecosystem services and preserving environmental resources that are essential for human survival and prosperity. The NBFC works in close synergy with institutions and private companies for the protection of the environment and the enhancement of biodiversity. In Italy and the Mediterranean, the rejuvenation of biodiversity is essential for sustainable development. Mediterranean biodiversity, a wealth of bioactive compounds, is crucial for pioneering treatments against non-communicable diseases. Natural substances are key in creating innovative health solutions that blend wellbeing with economic growth.⁵

The conservation of biodiversity is, therefore, not just a matter of environmental stewardship but a critical component in the continuing

For more on the NBFC see <https://www.nbfc.it>

advancement of pharmaceutical sciences and public health. The NBFC's integrated approach is pivotal as we face challenges of urbanisation and environmental degradation, focusing on enhancing biodiversity, fostering green jobs, and improving global health by integrating biodiversity and human wellbeing indices. Aligned with the European Resilience Plan and focusing on the youth, the NBFC is committed to ensuring future generations live in harmony with nature and achieve the Sustainable Development Goals. We trust that this Correspondence will underscore the importance of biodiversity in safeguarding not only our planet's health, but also the health and prosperity of its inhabitants.

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Immunotherapy in frail non-small-cell lung cancer patients

We read the study published by Siow Ming Lee and colleagues¹ with great interest. The authors concluded that atezolizumab monotherapy was associated with better outcomes for patients deemed ineligible for platinum-based chemotherapy. However, the study raised two substantial concerns regarding the heterogeneity of the study population and the single-agent treatment of the control group.

First, the trial combined frail and very frail patients with an Eastern Cooperative Oncology Group performance status (ECOG PS) 2 and 3 with a substantial number of fit (ECOG PS 0–1) older patients. These are three very distinctive groups who respond differently to treatment.² There was no difference between immunotherapy or chemotherapy in ECOG 2 (hazard ratio [HR] 0·86, 95% CI 0·67–1·10). The paper even stated that the median overall survival of ECOG PS 2 patients treated with chemotherapy was better than those treated with immunotherapy (9·7 vs 10·4 months). The question here is whether the benefit of the total group might be driven by the fit older patient ECOG PS 0–1 group.

Second, IPSOS investigators possibly deemed platinum-based therapy unsuitable for patients primarily by their performance score. A 2023 Cochrane review, with IPSOS data included, showed that patients with ECOG PS 2 should be treated with platinum doublet therapy first, not non-platinum monotherapy (HR 0·67 [0·57–0·78]), contrary to its use in this trial.³ Furthermore, the observed crossing of the survival curve during the first months could be attributed to withholding chemotherapy in a substantial part of the atezolizumab group. Consequently, the findings

from this study for patients with ECOG PS 2, should be interpreted with caution.

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Comprehensive inclusion: demographics of clinical trials

We read with great interest Siow Ming Lee and colleagues¹ study on the efficacy and safety of atezolizumab in patients with non-small-cell lung cancer. The research commendably addresses a broader demographic of lung cancer patients who are less commonly included in clinical trials compared with patients who have solid organ tumours.² But an unmistakable concern arises: the grave under-representation of Black patients.

See Online for appendix