FE DE ERRORES

En los resúmenes publicados en inglés de los artículos "Alta prevalencia de oxigenoterapia crónica domiciliaria, con bajo porcentaje de indicación incorrecta en un área de salud de Madrid. Valoración del uso correcto" (*Arch Bronconeumol* 2000; 36: 139-145 y "Pronóstico tras resección quirúrgica del carcinoma broncogénico no anaplásico de células pequeñas según la nueva normativa de estadificación: análisis de 1.433 pacientes" (*Arch Bronconeumol* 1999; 35: 483-487), hemos detectado deficiencias que dificultan la comprensión del resumen. Por tal motivo publicamos de nuevo los resúmenes, una vez realizadas las correcciones.

High prevalence of long-term home oxygen therapy with a low percentage of inappropriate indication in a Madrid health care area. Evaluation of correct use.

The effectiveness of long-term home oxygen therapy is assumed in patients who comply with agreed guidelines; however, its prevalence in different populations varies greatly, although no satisfactory explanation has been found for this.

OBJECTIVES: To assess the prevalence and the degree of incorrect use of long-term home oxygen therapy in Health Care Area 11 of the Comunidad de Madrid (Autonomous Region of Madrid), an area with well-defined demographic and health care features.

MATERIAL AND METHODS: A cross-sectional, population-based study including all patients receiving long-term home oxygen therapy in our Health Care Area over a period of one year (May 1994 to May 1995). Inappropriate use is defined as being characterized by at least one of the following conditions: inappropriate indication, poor compliance, or continued smoking.

RESULTS: The total number of patients was 860, the prevalence for the period being 179.3 per 100,000 inhabitants. Ninety-three refused to undergo supervision. Nearly 50% of the patients had been receiving oxygen therapy for over two years. Seventy percent were under the supervision of the Pneumology Service. Seventy-four percent were male, with a mean age of 70 ± 9. Criteria for indication were not fulfilled in 9.7% of the cases. In 59.7% long-term home oxygen therapy had been prescribed for chronic obstructive pulmonary disease. All data required for the analysis of correct use could be gathered in 719 cases. Evidence of incorrect use was found in 337 cases (46.9%), of which 60.5% involved poor compliance, 11% current smoking, 5.6% inappropriate prescription, and 22.8% more than one cause.

CONCLUSIONS: The prevalence of long-term home oxygen therapy in our health care area is very high. The percentage of inappropriate use is high, although similar to that of other populations, and is closely related to poor compliance. The percentage of inappropriate indication is low. Possible reasons for the high prevalence are discussed.

Key words: *Chronic respiratory insufficiency. Long-term home oxygen therapy. Compliance.*

(*Arch Bronconeumol* 2000; 36: 139-145)

Prognosis after surgical resection of non-small cell lung cancer based on the new staging guidelines: analysis of 1,433 patients

OBJECTIVE: To validate current guidelines for staging bronchogenic carcinoma.

METHODS: Between 1969 and 1996, we resected 1,433 patients with non-small cell lung cancer (NSCLC), staged using the recently proposed TNM classification of the Spanish Society of Pneumology and Thoracic Surgery. We used the Kaplan-Meier method to calculate survival and compared the curves using a log-rank test.

RESULTS: One hundred and forty two patients were staged IA and 575 were staged IB. Thirty-seven cases were staged IIA and 336 were staged IIB, 177 T2N1M0 and 159 T3N0M0. Two hundred and forty-eight patients were staged IIA, 54 T3N1M0, 23 T1N2M0, 120 T2N2M0 and 51 T3N2M0. Ninety-five patients were staged IIIB, 37 T4N0M0, 35 T4N1M0 and 23 T4N2M0. Five-year survival for stage IA was 75%, significantly better than the 60% survival for stage IB (p = 0.0021). Likewise, prognosis was better for stage IIA (57%) than for stage IIB (39%) (p = 0.0434). The prognosis for patients classified as T1N1M0 was better than for those classified as T2N1M0, which was 38% (p = 0.032). Survival of patients classified as T3N0M0 (42%) was not significantly different from that of T1N1M0 (p = 0.1754) or T2N1M0 (p = 0.5360). We found no difference in survival between stage IIIA and IIIB (p = 0.1914). In stage IIIA, patients classified as T3N2M0 had a significantly lower survival rate (p = 0.0399). The presence of affected mediastinal nodes in stage IIIB was associated with a lower survival rate (p = 0.0328).

CONCLUSION: According to the prognosis, at least for some categories, new guidelines for staging NSCLC do not form homogeneous groups of patients.

Key words: *Guidelines. Non-small cell lung cancer.*

(*Arch Bronconeumol* 1999; 35: 483-487)

FE DE ERRORES

En el trabajo de S. Batle, A. Ladaria y F. Barbé, "Insuficiencia respiratoria aguda en la enfermedad pulmonar obstructiva crónica" *(Arch Bronconeumol* 2000; 36 [Supl 1]: 10-14", existe un error en la Introducción. En la línea 4, la frase "Su prevalencia aproximada es del 20%" no es correcta. El texto correcto es "Su prevalencia aproximada es del 20% de fumadores".