

Letter to the Editor

Response to “A meta-analysis comparing higher and lower dose radiotherapy for palliation in locally advanced lung cancer”

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Dear Editor,
We have read the Letter to the Editor by Vlayen *et al.* carefully. We apologize for the wrongly extracted data in our meta-analysis.⁽¹⁾ The 1-year overall survival (OS) rate in the Dutch trial by Kramer *et al.*⁽²⁾ was 19.6% for the high-dose group and 10.9% for the low-dose group. We have redone the statistical analysis. The below paragraph shows the corrected results and our conclusion was also revised as: “This meta-analysis indicates that high-dose (≥ 30 Gy) radiotherapy provides higher 1-year OS rate than low-dose (< 30 Gy) radiotherapy in patients with locally advanced lung cancer; however, the symptom palliation and 2-year OS are similar between high-dose and low-dose radiotherapy.”

Overall survival rate. The forest plot of the meta-analysis for the 1-year OS rate is presented in Fig. 1. After pooling of the data,

no significant heterogeneity among the studies was found ($Q = 3.07$, d.f. = 4, $P = 0.547$; $I^2 = 0.0\%$); therefore, a fixed-effects model was used for the meta-analysis of the 1-year OS rate. The combined odd ratios (ORs) revealed significant difference in 1-year OS between patients treated with a higher radiotherapy dose compared to those treated with a lower dose. Among the five studies, ORs ranged from 1.04 to 1.99, with the combined OR = 1.28 (95% confidence interval, 1.03–1.60; $P = 0.029$; Fig. 1).

Disclosure Statement

The authors have no conflict of interest.

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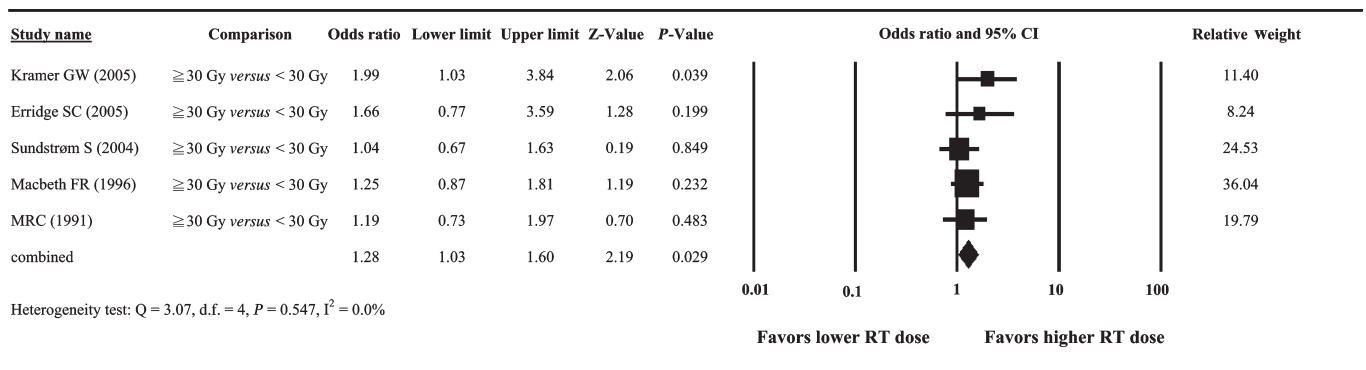


Fig. 1. Forest plots of the meta-analysis comparing higher dose (≥ 30 Gy) versus lower dose (< 30 Gy) radiotherapy for 1-year overall survival (OS) in locally advanced lung cancer.

References

1 Ma JT, Zheng JH, Han CB, Guo QY. Meta-analysis comparing higher and lower dose radiotherapy for palliation in locally advanced lung cancer. *Cancer Sci* 2014; **105**: 1015–22.

2 Kramer GW, Wanders SL, Noordijk EM *et al.* Results of the Dutch National study of the palliative effect of irradiation using two different treatment schemes for non-small-cell lung cancer. *J Clin Oncol* 2005; **23**: 2962–70.

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