Cancer Science

Letter to the Editor

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

Cancer Sci 106 (2015) 783

doi: 10.1111/cas.12660

ear 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 (\geq 30 Gy) radio-therapy 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 $(Q = 3.07, \text{ d.f.} = 4, P = 0.547; I^2 = 0.0\%)$; therefore, a fixedeffects 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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| Study name | Comparison | Odds ratio | Lower limit | Upper limit | Z-Value | P-Value | | Od | ds ratio and 95% | 6 CI | 1 | Relative Weight |
|--------------------------|---|---------------|-------------|-------------|---------|---------|----------------------|-----|------------------|-----------------------|-----|-----------------|
| Kramer GW (2005) | \geq 30 Gy versus < 30 Gy | y 1.99 | 1.03 | 3.84 | 2.06 | 0.039 | | | -∎- | - | | 11.40 |
| Erridge SC (2005) | \geq 30 Gy versus < 30 Gy | y 1.66 | 0.77 | 3.59 | 1.28 | 0.199 | | | | . | | 8.24 |
| Sundstrøm S (2004) | \geq 30 Gy versus < 30 G | y 1.04 | 0.67 | 1.63 | 0.19 | 0.849 | | | - | | | 24.53 |
| Macbeth FR (1996) | \geq 30 Gy versus < 30 Gy | y 1.25 | 0.87 | 1.81 | 1.19 | 0.232 | | | - | | | 36.04 |
| MRC (1991) | \geq 30 Gy versus < 30 Gy | y 1.19 | 0.73 | 1.97 | 0.70 | 0.483 | | | | | | 19.79 |
| combined | | 1.28 | 1.03 | 1.60 | 2.19 | 0.029 | | | • | | | |
| Hataroganaity tast: O - | 2.07 df - 4 P - 0.547 | $I^2 - 0.0\%$ | | | | | 0.01 | 0.1 | 1 | 10 | 100 | |
| riciciogeneity test. Q - | neity test: Q = 3.07, d.f. = 4, $P = 0.547$, $I^2 = 0.0\%$ | | | | | | Favors lower RT dose | | | Favors higher RT dose | | |

Fig. 1. Forest plots of the meta-analysis comparing higher dose (\geq 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.

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commercial and no modifications or adaptations are made.

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