

Hybrid surgery–radiosurgery therapy for metastatic epidural spinal cord compression: A prospective evaluation using patient-reported outcomes

Ori Barzilai, Mary-Kate Amato, Lily McLaughlin, Anne S. Reiner, Shahiba Q. Ogilvie, Eric Lis, Yoshiya Yamada, Mark H. Bilsky, and Ilya Laufer

Erratum to Barzilai et al. Hybrid surgery–radiosurgery therapy for metastatic epidural spinal cord compression: A prospective evaluation using patient-reported outcomes. Neurooncol Pract (first published online July 22, 2017 doi:10.1093/nop/np017).

Corrections have been made to Table 1; Preoperative ASIA C – 3 patients, Preoperative ASIA E – 96 patients.

Table 1 Patient and tumor characteristics

Variable	Category	N	%
Age	—	111	100
	Median 63.9 years		
	Mean 61.4 years		
Sex	Female	44	40
	Male	67	60
Surgical treatment level	Cervical	12	11
	Thoracic	75	67
	Lumbar	24	22
Histology		26	23
	RCC	25	23
	Sarcoma	13	12
	Thyroid	8	7
	Prostate	7	6
	Head and neck	6	5
	Breast	4	3
	Hepatocellular	3	3
	Melanoma	3	3
	Colorectal	3	3
Preoperative SINS	Other	13	12
	Stable	10	9
	Intermediate	63	57
	Unstable	19	17
	n/a	19	17

Table 1 Continued

Variable	Category	N	%
Preoperative ECOG	0	10	9
	1	88	79
	2	2	2
	3	7	6
Preoperative ASIA	4	4	4
	C	3	3
	D	12	11
Prior spinal procedure	E	96	86
	At surgical level	12	11
	At other level	12	11
	None	87	78

Abbreviations: NSCLC, non-small cell lung carcinoma; RCC, renal cell carcinoma; SINS, Spinal Instability Neoplastic Score; ECOG, Eastern Cooperative Oncology Group performance status; American Spinal Injury Association Impairment Scale score.