

## Letters to the Editor

have demonstrated that genetic testing is a useful tool for identifying a high-risk population with a systemic inflammatory response syndrome after cardiopulmonary bypass (CPB), we would temper the assumption that “IL-6 and IL-10 now can be considered as the master predictive control mediators of the post-CPB inflammatory response” because of the multiplicity of the intermingled pathways involved in that response<sup>2</sup> and our obvious inability to explore the genetic determinants of all of them. Further clinical investigations with larger cohorts are clearly needed to precisely identify the specific contribution of interleukin-6 and -10 to each of the clinical complications composing our clinical end point and to unravel potential other mediators that could also modulate the CPB-induced inflammatory response, such as chemokines that are currently under investigation and may be potential therapeutic targets in the prevention of systemic inflammatory response syndrome.<sup>3</sup>

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### INVASIVE ADENOCARCINOMA WITH BRONCHOALVEOLAR FEATURES: A POPULATION-BASED EVALUATION OF THE EXTENT OF RESECTION IN BRONCHOALVEOLAR CELL CARCINOMA

#### To the Editor:

The article by Whitson and colleagues<sup>1</sup> in the March 2012 issue has what appears to be an error that would benefit from clarification.

In the Methods section of their article, they state that the time period of interest for the evaluation of overall and cancer-specific survival is from 1988 to 2007. In the first analysis they compare those patients undergoing lobectomy with those undergoing an unspecified sublobar resection. They then undertake a second analysis of those patients undergoing specific types of sublobar resection (wedge and segmentectomy). To undertake this second analysis, they state that only data from 1998 to 2007 are included as the necessary information is only available in patients undergoing surgery after 1998.

However, on inspection of their tables and figures it appears that in both sets of analysis there are 5532 patients undergoing lobectomy. It cannot be the case that there were 5532 lobectomies from 1988 to 2007 and 5532 patients undergoing lobectomy from 1998 to 2007. It appears that their analysis included patients undergoing lobectomy from 1988 to 2007 and those undergoing sublobar resection from 1997 to 2007, that is, the 2 groups are not contemporaneous.

Is this an error? If not an error, how do the authors justify this analysis as these 2 populations are not comparable?

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#### Reply to the Editor:

We thank Dr Srinathan for his thoughtful review of our article. His review has raised a valid question regarding the analysis. It would seem that our description of the dataset used was not as clear as we had intended, and we offer this clarification.

We limited our analysis to data collected from January 1, 1988 (the year Surveillance, Epidemiology, and End-Results [SEER] registries began collecting American Joint Committee on Cancer staging data), through December 31, 2007. Because the SEER registries did not differentiate between the various types of sublobar resections (ie, wedge resections and segmentectomies) until 1998, our survival analysis for wedge resections and segmentectomies is limited to data obtained from January 1, 1998, through December 31, 2007. The published graphs and tables display data comparing survivals after wedge resection and segmentectomy (1998 through 2007) with survivals after lobectomy (1988 through 2007).<sup>1</sup>

When we limited our analysis (for all groups) to data obtained from January 1, 1998, through December 31, 2007, our results were unchanged. By Kaplan-Meier analysis, we noted significantly better overall ( $P < .0001$ ) and cancer-specific survivals ( $P < .0001$ ) after lobectomy ( $n = 3846$ ) and segmentectomy ( $n = 152$ ) as compared with wedge resections ( $n = 768$ ). There was no significant difference between the survivals of patients who underwent lobectomies as compared with those who underwent segmentectomies.

After adjusting for potential confounding covariates (using the same