

Validation of a Reverse Transcription-Polymerase Chain Reaction-Based Five-Gene Signature in Non-small Cell Lung Cancer

To the Editor:

Last year in the *New England Journal of Medicine* Chen et al.¹ stated that a five-gene quantitative polymerase-chain-reaction assay stratified

patients with early-stage lung cancer into low-risk and high-risk groups. Indeed, they concluded that patient with surgically resected non-small cell lung cancer that were classified as first group might be spared from adjuvant treatment. In contrast, Michiels and Hill² observed that to correctly validate such signature a different and independent group of patients needed to be used. In addition, Dobbin³ noted that the reuse of survival data to identify a predictor genes provide substantial bias. Taken together, these observations provide a rationale for an independent validation of such molecular signature. To do that, we analyzed a population of 38 non-small cell lung cancer patients with stage I disease and untreated after lobar resection. Using methods as described,¹ we did not find difference among 19 patients who had cancer-related death within 30

months after resection and 19 patients who were alive within 40 months after resection (5-gene high risk = 7/12 versus 8/11; Fisher's exact test $p = 1$).

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Disclosure: The authors declare no conflict of interest.

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2. Michiels S, Hill C. Five-gene signature in non-small-cell lung cancer. *N Engl J Med* 2007;356:1581–1582.
3. Dobbin KK. Five-gene signature in non-small-cell lung cancer. *N Engl J Med* 2007; 356:1582.

ERRATUM

Results of Systematic Nodal Dissection in Typical and Atypical Carcinoid Tumors of the Lung: Erratum

In the article "Results of Systematic Nodal Dissection in Typical and Atypical Carcinoid Tumors of the Lung," which appeared in volume 4 of the *Journal of Thoracic Oncology* on pages 388–394, there was an error in Table 2. The corrected table is below. This error has also been noted in the online version of the article, which is available at www.jto.org.

TABLE 2. Location, Macroscopic and Microscopic Aspect of Carcinoid Tumors of the Lung

Location Macroscopic and Microscopic Aspect	TC (42)	AC (12)	Total %
Central:	39	9	89
–Endoluminal	12	0	22.2
–Mural	11	1	22.2
–Peripheral	3	3	44.6
Peripheral	3	3	11

TC, Typical Carcinoid; AC, Atypical Carcinoid.

REFERENCE

Wurtz A, Benhamed L, Conti M, Bouchindhomme, Porte H. Results of systematic nodal dissection in typical and atypical carcinoid tumors of the lung. *J Thorac Oncol*. 2009;4:388–394.