In Response:

We thank Guo et al. for their comment on our article entitled “A Meta-

Analysis of Randomized Controlled Trials Comparing Irinotecan/Platinum with Eto-

poside/Platinum in Patients with Previously Untreated Extensive-Stage Small Cell Lung Cancer.”[1] The meta-analysis was completely accepted for publication in February 2010, and the new clinical trial reported by Zatloukal et al.[2] was published online in March 2010; therefore, we were unable to add the new trial to the meta-analysis. Both trials given carboplatin or cisplatin were included into the meta-analysis. We also performed sensitivity analysis, after the trial using carboplatin treatment was ex-

cluded, to identify whether there was bias caused by different platinum. We inte-

grated two forest plots into one figure when the overall analysis and sensi-

tivity analysis were conducted. So, in this figure, the subgroup of carboplatin that included only one trial should be considered as a removed trial by the sensitivity analysis. This management did not affect the results of overall anal-

ysis and sensitivity analysis.

Although there is some difference in the odds ratio (OR) and relative risk (RR), both OR and RR are effective measures for dichotomous outcomes in meta-analysis. The risk ratio (RR) is the ratio of the risk of an event in the two groups, whereas the OR is the ratio of the odds of an event. For both measures, a value of one indicates that the estimated effects are the same for both treat-

ments, but the interpretation of an OR is

more complicated than for a RR (see page 75 in Cochrane Reviewers’ Hand-

book 4.2.3). Our results calculated by OR were also confirmed by RR.

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