



“The CFTR and EGFR relationship in airway vascular growth, and its importance in cystic fibrosis.” Jay A. Nadel. *Eur Respir J* 2013; 42: 1438–1440.

One sentence in the concluding paragraph of this editorial contained an error. The corrected sentence is as follows.

An abnormality in the CFTR gene is responsible for CF disease, but the mechanism by which CFTR expression results in the pathological manifestation of CF disease is not clear.

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**“Bronchodilator combinations for COPD: real hopes or a new Pandora’s box?”
Nicolas Roche and Pascal Chanez. *Eur Respir J* 2013; 42: 1441–1445.**

Unfortunately, this editorial contains a misinterpretation of the results presented in the accompanying original article (Bateman ED, Ferguson GT, Barnes N, *et al.* Dual bronchodilation with QVA149 *versus* single bronchodilator therapy: the SHINE study. *Eur Respir J* 2013; 42: 1484–1494).

In the second paragraph of the introduction, it is written: “QVA149 was significantly more effective than its monocomponents, but not tiotropium in terms of lung function (as measured using trough forced expiratory volume in 1 s (FEV₁)).”

This is untrue, since the difference was also highly significant *versus* tiotropium (80 mL difference; $p < 0.001$), as clearly shown in table 2 and figure 3 of the article by BATEMAN *et al.*

Thus, this sentence should read: “QVA149 was significantly more effective than its monocomponents and tiotropium in terms of lung function (as measured using trough forced expiratory volume in 1 s (FEV₁)).”

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