

ERRATA

“ERS/ESTS CLINICAL GUIDELINES ON FITNESS FOR RADICAL THERAPY IN LUNG CANCER PATIENTS (SURGERY AND CHEMO-RADIOTHERAPY)”. A. BRUNELLI, A. CHARLOUX, C.T. BOLLIGER, G. ROCCO, J-P. SCULIER, G. VARELA, M. LICKER, M.K. FERGUSON, C. FAIVRE-FINN, R.M. HUBER, E.M. CLINI, T. WIN, D. DE RUYSSCHER AND L. GOLDMAN ON BEHALF OF THE EUROPEAN RESPIRATORY SOCIETY AND EUROPEAN SOCIETY OF THORACIC SURGEONS JOINT TASK FORCE ON FITNESS FOR RADICAL THERAPY. *EUR RESPIR J* 2009; 34: 17–41.

Unfortunately, an incorrect value was given in the second paragraph of the Exercise tests section of the above manuscript. The penultimate sentence should have read as follows: “Between both values, post-operative FEV₁ and DL_{CO} were estimated and, in those cases having either one >40% and ppo-VO_{2,peak} >35% and >10 mL·kg⁻¹·min⁻¹, surgical resection was performed.”

Additionally, in figure 2 of the above manuscript, two of the values relating to exercise testing peak oxygen consumption (VO₂) were presented incorrectly. The correct figure is shown below:

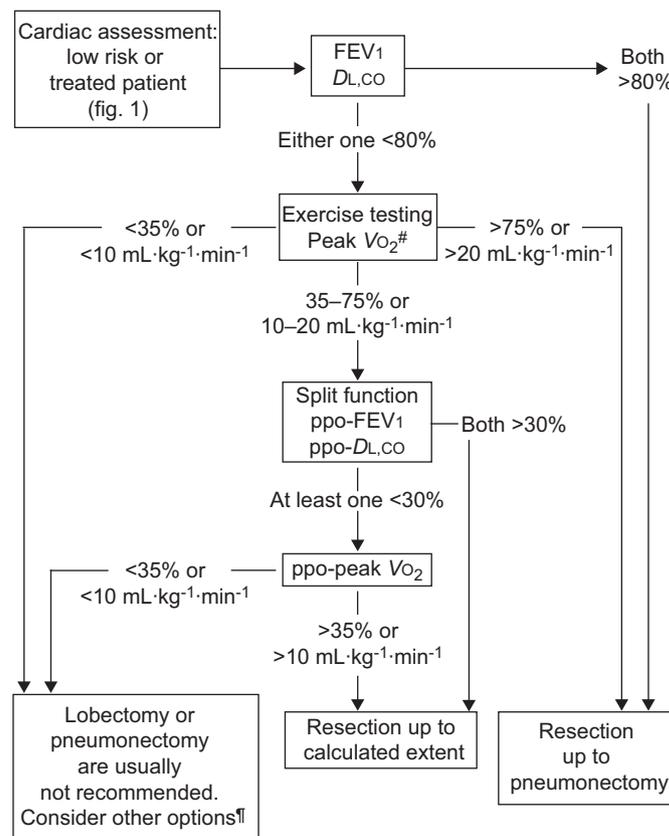


FIGURE 2. Algorithm for assessment of cardiopulmonary reserve before lung resection in lung cancer patients. FEV₁: forced expiratory volume in 1 s; DL_{CO}: diffusing capacity of the lung for carbon monoxide; VO₂: oxygen consumption; ppo: predicted post-operative. #: If peak VO₂ is not available, cardiopulmonary exercise testing can be replaced by stair climbing (see subsection entitled Exercise tests); however, if altitude reaching during stair climbing is <22 m, cardiopulmonary exercise testing with peak VO₂ measurement is highly recommended; †: see sections entitled Surgical techniques in lung cancer and Chemo-radiotherapy in lung cancer. Modified from [59], with permission from the publisher.