



“Pulmonary arterial hypertension in patients treated with interferon.”

Laurent Savale, Caroline Sattler, Sven Günther, David Montani, Marie-Camille Chaumais, Swanny Perrin, Xavier Jaïs, Andrei Seferian, Roland Jovan, Sophie Bulifon, Florence Parent, Gérald Simonneau, Marc Humbert and Olivier Sitbon. *Eur Respir J* 2014; 44: 1627–1634.



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Unfortunately, a typographical error in the above article meant that the number of cases of pulmonary arterial hypertension in patients previously treated with interferon- β was overestimated; only two cases had been previously reported before the five cases included in the manuscript, not 10 as originally stated. Likewise, 10 cases of pulmonary arterial hypertension associated with use of interferon- α had been previously published, not two.

The following sentence from the third paragraph of the discussion section:

“Overall, two cases were attributed to IFN- α and 10 to IFN- β .”

Has been corrected in the online version of the article, and now reads:

“Overall, 10 cases were attributed to IFN- α and two to IFN- β .”

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“GINA 2015: the latest iteration of a magnificent journey.” Jean Bousquet and Marc Humbert. *Eur Respir J* 2015; 46: 579–582.



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The authors of the above mentioned editorial would like to clarify their statement regarding the evidence levels used in formulating the Global Initiative for Asthma report. Therefore, the closing sentences from the second paragraph of the editorial:

“Moreover, the evidence is drawn from randomised controlled trials only. Thus, recommendations do not apply for many patients due to the very strict inclusion criteria of patients in randomised controlled trials [10], such as smokers, obese patients and those with multimorbidity. Real life and observational studies should have been considered as well [11].”

Have now been corrected to read:

“In most guidelines, the evidence is drawn from randomised controlled trials only. Thus, recommendations do not apply for many patients due to the very strict inclusion criteria of these trials [10], for example excluding patients such as smokers, obese patients and those with multimorbidity. GINA should be commended for also considering real life and observational studies [11].”

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