

CORRESPONDENCE

Assessing reproducibility: agreement vs correlation

To the Editor:

I have read with interest the paper by SENÉTERRE *et al.* [1]. However, perhaps the method used to assess the reproducibility of the measurements is not the best one. The authors use Spearman's rank test, and they find an "excellent and highly significant" reproducibility, since *r*-value is 0.99 in all cases.

Considering that correlation is different from agreement, BLAND and ALTMAN [2] have proposed a method for assessing observer agreement and variability in continuous measurements.

It would be interesting to know if such high reproducibility would have been obtained had the proper statistical method been used, most of all because from their figure 4 [1] it seems that in several cases the difference between first and second slice, or between first and second observer, may be as high as about 500 pixels.

Should a high reproducibility be obtained, this test must be correlated with physiological tests, but if reproducibility is low this technique cannot be recommended for clinical use in bronchoprovocation tests.

References

1. Senéterre E, Paganin F, Bruel JM, Michel FB, Bousquet J. Measurement of the internal size of bronchi using high resolution computed tomography (HRCT). *Eur Respir J* 1994; 7: 596–600.
2. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. *Lancet* 1986; i: 307–310.

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CORRIGENDUM

"The expression of intercellular adhesion molecule-1 and the β 1-integrins in asthma". N.D. Manolitsas, C.J. Trigg, A.E. McAulay, J.H. Wang, S.E. Jordan, A.J. D'Ardenne, R.J. Davies. *European Respiratory Journal* 1994; 7: 1439–1444.

Unfortunately, during printing the photo-micrographs of figures 3 and 4 were inadvertently reversed. Photo-micrographs shown for **Figure 4** *should be*, in fact, **Figure 3**, and that shown for **Figure 3** *should be* **Figure 4**. The legends are correct as printed.