

Corrections

Predictive value of sputum cytology

The paper by Dr J Benbassat and others (March 1987;42:165-72) contained miscalculations in two areas. The first relates to the calculated age and sex specific annual incidence rates (per 100 000 population) of cancer of the lung and bronchi by smoking habit in table 3. This should read as in the table below.

The second error relates to the calculation of the prevalence of presymptomatic squamous cell lung cancer in the population. In calculating it the authors did not consider the fact that almost all occult cancers are squamous cell cancer, which comprises only 40-60% of all histological types of

lung cancers. Thus the correct calculation of the pretest probability of squamous cell lung cancer in a 60 year old non-smoking woman would be 10.2 (incidence of lung cancer in general per 100 000 non-smoking women aged 60-64) divided by 2 (to obtain the incidence of squamous cell cancer) and multiplied by 4.48 years (the estimated duration of detectable preclinical disease from exfoliation of cells with marked atypia to detection of lung cancer), which equals 22.8/100 000. The corrected likelihood that a non-smoking 60 year old woman with positive sputum cytology actually has lung cancer is therefore 24.9% and not 20.1% as erroneously calculated in the paper.

The authors point out that these corrections do not invalidate their conclusion that exfoliative sputum cytology is not a definitive diagnostic test for lung cancer.

Age and sex specific annual incidence rates (per 100 000 population) of cancer of the lung and bronchi by smoking habit*

| Age (y) | Annual incidence per 100 000 population | | | | | |
|---------|---|-------------|---------|-------|-------------|---------|
| | Men | | | Women | | |
| | All | Non-smokers | Smokers | All | Non-smokers | Smokers |
| 50-54 | 48.1 | 10.6 | 105.6 | 16.6 | 5.3 | 53.0 |
| 55-59 | 84.9 | 18.6 | 186.4 | 33.3 | 10.6 | 106.3 |
| 60-64 | 110.2 | 24.2 | 241.9 | 31.8 | 10.2 | 101.5 |
| 65-69 | 176.9 | 38.8 | 388.4 | 50.2 | 16.0 | 160.2 |
| 70-74 | 247.6 | 54.4 | 543.6 | 60.9 | 19.4 | 194.4 |
| 75+ | 283.1 | 62.2 | 621.5 | 80.5 | 25.7 | 256.9 |

*These figures apply to Israel and they are based on the assumptions that (a) the relative risk for lung cancer in all smokers is 10.0, and (b) the incidence of smoking in all age groups is 39.5% for men and 23.7% for women.

Rapid diagnosis of sputum negative miliary tuberculosis using the flexible fibrooptic bronchoscope

In the letter by Dr WS Kwee (May 1987;42:399-400) the first sentence on page 400 should read "Twenty one cases were diagnosed by this combination of ZN (12 positive cases) and AR (19 positive cases) staining techniques . . ."

Role of the neodymium YAG laser in the management of tracheal tumours

Reprints of the paper by Dr PJM George and others (June 1987;42:440-4) are available; we regret it is stated that they are not.

Notices

Epidemiology and medical statistics course

An intensive course in epidemiology and medical statistics will be held at the Cardiothoracic Institute, Brompton Hospital, from 26 to 30 October 1987 (course fee £20). Inquiries to postgraduate course secretary, Cardiothoracic Institute, Fulham Road, London SW3 6HP (01 352 8121 ext 8003).

Symposium on cardiorespiratory emergencies

The Fourth International Symposium on Cardiorespiratory Emergencies will be held from 16 to 20 November 1987 at the Doelen Concert Hall, Rotterdam, The Netherlands. Tutorials, exhibits, and posters as well as scientific papers will be included. Further information from Dr Omar Prakash, Erasmus University, PO Box 1738, 3000 DR Rotterdam, The Netherlands (tel 010-4635212; telex 25267).