

## Correction

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D Mifsud Bonnici, T Sanctuary, B Creagh-Brown, *et al.* S133: Observational cohort study of outcome of patients referred to a regional weaning centre. *Thorax* 2013;63(Suppl 3):A68. doi: 10.1136/thoraxjnl-2013-204457.140

The results section of this abstract should read:

**Results** A total of 369 patients were referred over the 6 year period. Of these, 194 (52.6%) were admitted. The largest outcome group was total liberation from all forms of MV (45%). The remainder were shown to (1) require nocturnal non-invasive ventilation (NIV) (21%); (2) require nocturnal and intermittent daytime NIV (1%); (3) require long-term tracheostomy ventilation (19%); and (4) died in hospital (15%). Post-surgical and COPD patients had the highest rate of total liberation from mechanical ventilation at 60% and 54%, respectively. The median time from admission to tracheostomy decannulation was 18 days (9–33). NMD-CWD patients had the lowest hospital mortality (7%), whereas COPD patients had the highest hospital mortality (29%). The overall survival at 12 and 24 months was 55% and 47%, respectively. 25% of the COPD patients were alive and 59% of the NMD-CWD patients were alive at 24 months (Figure 1).

*Thorax* 2014;69:279. doi:10.1136/thoraxjnl-2013-204457.140.corr1