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Letter to the Editor

Meta-analysis comparing higher and lower dose radiotherapy for palliation in locally advanced lung cancer

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D ear Editor, In the context of an update of the Dutch guideline on non-small-cell lung cancer, we performed a systematic review on the clinical effectiveness of low-dose (i.e. <30 Gy) *versus* high-dose palliative radiotherapy (i.e. ≥ 30 Gy). We identified the recent meta-analysis of Ma *et al.*⁽¹⁾ that included five randomized trials published until June 2013. Our systematic review confirmed the completeness of the search of Ma *et al.* However, when we examined the forest plot of the effect on 1-year overall survival, the Dutch trial of Kramer *et al.*⁽²⁾ was found to be discordant with the four other included studies. Verification of the full-text publication confirmed that Kramer's results were wrongly extracted by Ma *et al.* (highdose, 11% instead of 20%; low-dose, 20% instead of 11%), possibly resulting in an underestimation of the pooled effect and wrong conclusions. We would like to ask the authors to

References

1 Ma J-T, Zheng J-H, Han C-B, Guo Q-Y. Meta-analysis comparing higher and lower dose radiotherapy for palliation in locally advanced lung cancer. *Cancer Sci* 2014; **105**: 1015–22. redo the meta-analysis with the correct data, and to reconsider the conclusions based on the new results.

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Disclosure Statement

The authors have no conflict of interest.

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2 Kramer GW, Wanders SL, Noordijk EM *et al.* Results of the Dutch National study of the palliative effect of irradiation using two different treatment schemes for non-small-cell lung cancer. *J Clin Oncol* 2005; **23**: 2962–70.

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