

Correction

Correction: Effects of cyclophosphamide on pulmonary function in patients with scleroderma and interstitial lung disease: a systematic review and meta-analysis of randomized controlled trials and observational prospective cohort studiesCarlotta Nannini¹, Colin P West^{2,3}, Patricia J Erwin⁴ and Eric L Matteson¹¹Division of Rheumatology, Mayo Clinic College of Medicine, 200 First Street SW, Rochester, MN 55905, USA²Division of General Internal Medicine, Mayo Clinic College of Medicine, 200 First Street SW, Rochester, MN 55905, USA³Division of Biostatistics, Mayo Clinic College of Medicine, 200 First Street SW, Rochester, MN 55905, USA⁴Medical Library, Mayo Clinic College of Medicine, 200 First Street SW, Rochester, MN 55905, USACorresponding author: Carlotta Nannini, nannini.carlotta@mayo.edu

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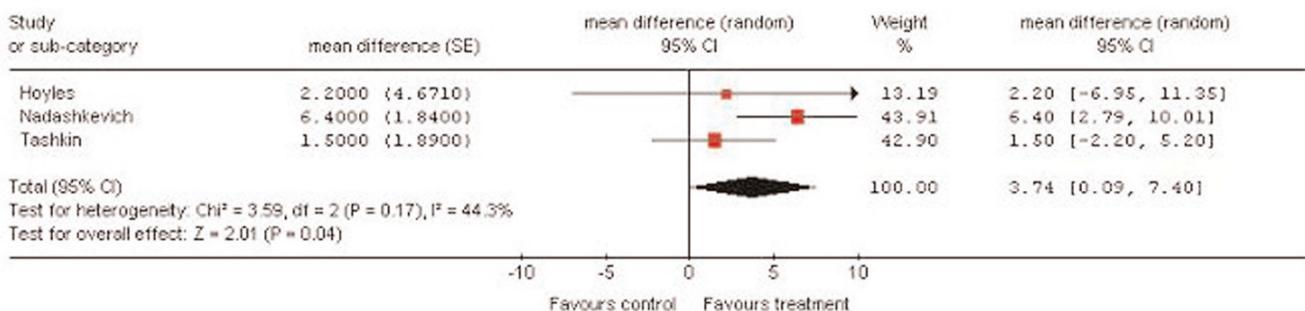
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It has been brought to our attention that Figure 2b in our recently published paper [1] contains an error. Specifically, we inadvertently entered -6.4 rather than $+6.4$ for the Nadaskevich paper [2] reported in Figure 2b. Recalculation of the summary estimate for diffusing lung capacity of carbon monoxide (DLCO) in this figure revealed a summary mean difference of 3.74, with 95% confidence interval (0.09 to 7.40). This effect is now statistically significant, although the overall conclusion of our meta-analysis, that cyclophosphamide treatment did not result in clinically significant improvement of pulmonary function, is unchanged by this recalculation, as the improvement remains less than the predefined criterion of 10%. The corrected figure 2b is given here as Figure 1.

References

1. Nannini C, West CP, Erwin PJ, Matteson EL: **Effects of cyclophosphamide on pulmonary function in patients with scleroderma and interstitial lung disease: a systematic review and meta-analysis of randomized controlled trials and observational prospective cohort studies.** *Arthritis Res Ther* 2008, **10**:R124.
2. Nadaskevich O, Davis P, Fritzler M, Kovalenko W: **A randomized unblinded trial of cyclophosphamide versus azathioprine in the treatment of systemic sclerosis.** *Clin Rheumatol* 2006, **25**:205-212.

Figure 1

Forest plot of the overall meta-analysis result in the randomized clinical trials. Comparison of the diffusing capacity for carbon monoxide (DLCO) at 12 months for patients with scleroderma lung disease treated with cyclophosphamide versus a control group. See Table 2 [1] for study details. RCT, randomized clinical trial; SE, standard error; CI, confidence interval; Chi^2 , chi-squared; df , degree of freedom; I^2 , I -squared; Z , Z value; Mean difference, weighted mean difference; Random, random-effects.