demands to improve pulmonologists’ education in end-of-life care. We plan to continue monitoring textbooks over course of the next several years, and the Robert Wood Johnson Foundation will continue to offer awards to those editors, publishers, and authors who ameliorate the end-of-life content in their texts. It is of primary importance that the current palliative care knowledge and the ongoing research published in CHEST find its way into the best-selling pulmonary textbooks.

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References


Oxygen in Costs of COPD Treatment

To the Editor:

I was astonished to read the article by Strassels et al (February 2001). In the cost analysis of treatment for COPD, the important topic of oxygen was omitted. This is strange, because oxygen is the only therapy for advanced stages of COPD shown, by controlled clinical trials, to alter outcome. Although the true number of patients with COPD who are receiving oxygen in the United States is not accurately known, estimates range from 800,000 to 1,000,000. Cost estimates range from $2 billion to $4 billion. Why ignore this important aspect of care and its economic impact? This seems to be a major weakness of the study of the economic burdens of COPD.

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References


Erratum

In the January 2001 supplement Sixth ACCP Consensus Conference on Antithrombotic Therapy, the article “Antithrombotic Agents in Coronary Artery Disease” (CHEST 2001; 119: 225S–252S), by Cairns et al, contained two errors in Table 7 (page 241S). In the FRAXIS trial, the study drug was Nadroparin, not Fragmin, and the number of patients studied was 3,468, not 2,357. The numbers referring to event rates are correct, and the manuscript correctly identifies Nadroparin as the study drug.