Erratum

Pavesi F, Lotzniker M, Cremaschi P, Marbello L, Acquistapace L, Moratti R. Detection of malignant pleural effusions by tumor marker evaluation. *Eur J Cancer Clin Oncol* 1988, **24**, 1005–1011.

It is regretted that, due to an error by the typesetters, an uncorrected version of the abstract of this article was printed. The correct abstract is given below.

Abstract—*Cytologic examination and determination of tumor markers (PHI, LDH, alpha-1-glycoprotein, alpha-2-HS-glycoprotein, β2-microglobulin, ferritin, sialic acid, IgE, fetoprotein, CEA, βHCG and β1-SP-glycoprotein) were carried out in pleural fluid samples obtained from 70 patients with suspected neoplasia. Tumor markers were also determined in sera. The protein content of all pleural effusions was* ≥ 3 g/dl.

Patients were grouped according to diagnosis as follows: (a) 42 with neoplastic diseases (7 mesotheliomas and 19 lung, 4 ovarian, 3 breast and 8 miscellaneous cancers), (b) 22 with benign inflammations and (c) 6 with congestive effusions.

Of the parameters examined, only CEA and βHCG gave information that the effusion was probably malignant. Using 6 ng/ml as cut-off for CEA and 10 mIU/ml for βHCG, the sensitivity was 57.1% and 45.2%, respectively, specificity was 92.8% for both parameters and test efficiency 0.75 and 0.69, respectively. When CEA and βHCG were considered together sensitivity increased to 73.8% and efficiency to 0.78. CEA and/or βHCG were positive in the pleural effusions of 19 of the 20 malignant pleural effusions, all with a negative cytologic examination, which subsequently became positive in 8. Because of their high specificity, these two parameters are a useful tool and can be routinely measured to evaluate pleural effusions of dubious origin, even if CEA and βHCG cannot, on their own, define the primary malignancy.