Although a change to expedite publication of correspondence is welcome, we feel that reducing the time allowed for submission of letters from 8 to 2 weeks might be too short. This reduction could deter or prevent important correspondences to The Lancet. Instead of a deadline of 3–4 weeks after publication of an article, we suggest that this period be more accommodating for both the editorial staff and authors. This length will allow authors the time to adequately research and compose a letter and communicate with colleagues, if needed, while fulfilling other professional and familial duties. We strongly recommend that the editorial staff of The Lancet seek the opinion of contributing authors, if it has not already, to determine whether the deadline we propose is more appropriate than the newly instituted 2-week deadline.

*James Bradley Summers, Joseph Kaminski
Department of Diagnostic Radiology, University of South Alabama, Mobile, AL 36618, USA (JBS); and Department of Radiology, Medical College of Georgia, Augusta, GA 30912, USA (JK)
(e-mail: Orotic@scubadiving.com)


Sir—I applaud your new rules about old letters.1 The example you cited of a letter to the editor about a paper published in April appearing in the last issue of October is almost as bad as one of mine, which I submitted on July 3 about an article published on June 22 but which was not published until Dec 14, 2002. However, the 2-week limit between publication of the article and submission of letters seems a bit harsh and impractical. It sometimes takes more than 2 weeks for my library to receive overseas journals. Furthermore, you penalise old-fashioned physicians who might not have access to e-mail.

As long as The Lancet still publishes the journal in paper form rather than exclusively electronically, the process of submission of letters to the editor should not be too restrictive. Many pearls of medical wisdom appeared first in the form of letters to the editor, so let us not discourage them.

Tsung O Cheng
George Washington University Medical Center, Washington, DC 20037, USA
(e-mail: tchung@mmf.gwu.edu)


Sir—Yesterday (Jan 17), all my deadlines seemed so far away. My beloved Lancet (dated Jan 4) came in the mail, and what I read on page 12 made me pale. So I’ve express-written this missive.

And hope that, for its publication, you’ll be permissive.

Colin Butler
4 Queen Street, Campbell Town, Tasmania 7210, Australia
(e-mail: csbutler@iprimus.com.au)


DEPARTMENT OF ERROR

Paclitaxel plus carboplatin versus standard chemotherapy with either single-agent carboplatin or cyclophosphamide, doxorubicin, and cisplatin in women with ovarian cancer: the ICON3 randomised trial—In this Article by the International Collaborative Ovarian Neoplasm (ICON) Group (Aug 17, p 505), the last sentence of the “Procedures” section (p 508) should have read: “Patients allocated to the combination of paclitaxel and carboplatin were to receive paclitaxel at a dose of 175 mg/m² given in a 3-h infusion followed by carboplatin at the same dose as the control group set out above”. The number of patients in the “CAP as control” group whose non-protocol treatment was defined as “not known” (table 3) should have been 34 for those assigned CAP and 36 for those assigned paclitaxel plus carboplatin. The number of patients at risk in the progression-free survival curve for carboplatin control (figure 3) should have been 378, 379, 293, 233, 184, 150, 120, 111, 85, 52, 34, and 13, respectively, for those assigned paclitaxel plus carboplatin, and 943, 745, 537, 424, 340, 281, 238, 201, 143, 96, 55, and 26, respectively, for those assigned control.