the right ventricular end-diastolic volume. Perhaps predictably, donor hearts that already exhibited an increased right ventricular end-diastolic volume also demonstrated early postoperative dysfunction. Thus, the authors identified increased right ventricular end-diastolic volume as a predictor of postcardiac transplantation trouble. The authors suggest that brain death provokes right ventricular dysfunction and that this may go undetected with conventional techniques. The authors suggest “refinement of selection criteria to include load-independent indices of performance.” It seems that this might significantly complicate the evaluation of these already unstable patients. It would be valuable for the authors to identify “standard criteria” for donor acceptability and then relate these criteria to preharvest right ventricular volumes with an accompanying relationship between right ventricular end-diastolic volume and successful cardiac function posttransplantation. The authors make the persuasive case that they have identified an important predictor of donor acceptability. It would also be valuable to assess the number of potential donors who are acceptable by “standard criteria” and subsequently exhibit posttransplantation “trouble” that might have been predicted by the “right ventricular end-diastolic volume index.” Similarly, it would be valuable for the authors to estimate the number of donors rejected by standard criteria in whom more precise assessment

of right ventricular volume/function evaluations might identify them as “acceptable.”

We must admire Stoica and colleagues⁵ for persistently chipping away at the intimidating complexities of the neurocardiac axis. We are making progress, but our brains are complex. As observed by Emerson Pugh: “If the human brain were so simple that we could understand it; we would be so simple that we couldn’t.”

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Notices of Correction

Galetta D, Cesario A, Margaritora S, Porziella V, Piraino A, D’Angelillo RM, Gambacorta MA, Ramella S, Trodella L, Valente S, Corbo GM, Macis G, Mulè A, Cardaci V, Sterzi S, Granone P, Russo P. Multimodality treatment of unresectable stage III non-small cell lung cancer: Interim analysis of a phase II trial with preoperative gemcitabine and concurrent radiotherapy. *J Thorac Cardiovasc Surg*. 2006;131:314-21.

The institutional affiliation for Dr. Patrizia Russo is incorrect. Her correct affiliation is Translational Research B (Lung), Department of Integrated Medical Oncology (DOMI), National Cancer Institute, Genova, Italy.

Bodnar E, Blackstone EH. An “actual” problem: Another issue of apples and oranges. *J Thorac Cardiovasc Surg*. 2006;131:1-3.

In the January 2006 issue of the *Journal*, the article contained a lengthy discussion relating to the appropriate use of Kaplan-Meier event estimates versus use of “actual” event data. The statement that the *Journal* will no longer accept articles using “actual” event rates to describe prosthesis longevity was not meant to be included because this approach remains a source of controversy. The *Journal* will allow the author’s discretion as to which event descriptor is most appropriate but reserves the right to subject such articles to statistical review rather than applying an arbitrary standard.

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