resection with respect to lymph node dissection, which can proceed during radical segmentectomy, but not wedge resection.² Anatomic segmentectomy with lymph node dissection and an adequate surgical margin is considered curative for clinical T1aN0 and pathologic N(–) LI(–/+) peripheral lung tumors. We proposed pN0 criteria that included solid tumors ≤ 0.8 cm and a maximum standardized uptake value of ≤ 1.5 .³ Solitary peripheral lung lesions with preoperative radiographic findings that meet the criteria can be cured by segmentectomy with lymph node dissection. In contrast, wedge resection and segmentectomy with adequate margins and without lymph node dissection are considered curative for clinical T1aN0 and pathologic N(–) LI(–) peripheral lung lesions. However, LI(–) status cannot be proved before or during surgery. Thus, preoperative

radiographic findings for predicting LI status are needed to establish the optimal criteria for limited resection without lymph node dissection. In addition, because recent studies have shown that histologic subtypes correspond to the malignant aggressiveness of lung adenocarcinoma,⁴ the criteria for limited resection with and without lymph node dissection should also include the preoperative findings for predicting histologic subtypes.

From our findings, we believe the optimal surgical strategy for cT1N0M0 adenocarcinomas should be determined by considering LI, lymph node status, and histologic subtypes. The identification of predictors for these factors is essential.

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Notices of Correction

Re: Hoganson DM, Anderson JL, Weinberg EF, Swart EJ, Orrick BK, Borenstein JT, Vacanti JP. Branched vascular network architecture: a new approach to lung assist device technology. *J Thorac Cardiovasc Surg.* 2010;140:990-5.

In the above-noted article, Eric Swart's name included an incorrect middle initial. The corrected author list is printed below.

David M. Hoganson, MD, Jennifer L. Anderson, MD, Eli F. Weinberg, PhD, Eric Swart, BS, Brian K. Orrick, BS, Jeffrey T. Borenstein, PhD, and Joseph P. Vacanti, MD

Re: Calafiore AM, Refaie R, Iacò AL, Asif M, Al Shurafa HS, Al-Amri H, Romeo A, Di Mauro M. Chordal cutting in ischemic mitral regurgitation: a propensity-matched study. *J Thorac Cardiovasc Surg.* 2014;148:41-6.

In the above-noted article, Dr Refaie's second affiliation was inadvertently omitted. The corrected author list and affiliations are printed below.

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