

## Rajasekhar A, Crowther MA. ASH evidence-based guidelines: what is the role of inferior vena cava filters in the perioperative prevention of venous thromboembolism in bariatric surgery patients? *Hematology Am Soc Hematol Educ Program*. 2009;2009:302-304.

On page 303 in the *Hematology 2009 Education Program Book*, there are errors in the “Overby 2009” row, “Outcome” column of Table 1. The authors of the source material<sup>1</sup> reported that, “While it is true there were no statistically significant differences in deep vein thrombosis (DVT) and pulmonary embolism (PE) rates in patients with prophylactic IVCF compared to those without, the rate of PE was 0.6% vs 3% and the rate of DVT was 3% vs 2%,” these values are reversed in the summary table constructed by the authors. The corrected Table 1 is shown.

**Table 1. Observational studies evaluating inferior vena cava filters (IVCF) in bariatric surgery**

Reference	Study type	Bariatric patient groups	Outcome
Frezza 2006 <sup>20</sup>	Retrospective case-control	High-risk + IVCF, n = 9 High-risk + intraoperative UFH, n = 15	No PE or DVT
Gargiulo 2006 <sup>11</sup>	Retrospective review and prospective case-control	1. High-risk, not including BMI, n = 8 2. BMI >55 kg/m <sup>2</sup> added to criteria for IVCF, n = 33	Decreased PE (13% vs 0%) and fatal PE (10% vs 0%) favoring IVCF
Halmi 2007 <sup>21</sup>	Prospective case series	High-risk, n = 27	No DVT or PE
Kardys 2008 <sup>16</sup>	Retrospective case series	High-risk, n = 31	DVT 1/31, PE 2/31
Keeling 2005 <sup>13</sup>	Retrospective case series	High-risk, n = 14	No PE
Obeid 2007 <sup>19</sup>	Retrospective case-control	1. High-risk + IVCF, n = 248 2. Low-risk, no IVCF, n = 1851	No difference in PE (0.81% vs 0.59%), DVT (1.21% vs 0.65%), or death (0.81% vs 0.22%)
Overby 2009 <sup>18</sup>	Retrospective case-control	1. High-risk + IVCF, n = 160 2. Low-risk, no IVCF, n = 170	No difference in PE (0.6% vs 3%) or DVT (3% vs 2%)
Piano 2007 <sup>23</sup>	Prospective case series	High-risk, n = 60	1/60 PE (no pharmacologic prophylaxis)
Schuster 2007 <sup>17</sup>	Retrospective case series	High-risk, n = 24	DVT 5/24, PE 1/24 (after IVCF retrieval)
Trigilio-Black 2007 <sup>22</sup>	Prospective case series	High-risk, n = 41	DVT 1/41, no PE
Vaziri 2009 <sup>24</sup>	Prospective case series	High-risk, n = 30	DVT 6/30, no PE

PE indicates pulmonary embolism; DVT, deep vein thrombosis; UFH, unfractionated heparin.

### References

- Overby DW, Kohn GP, Cahan MA, et al. Risk-group targeted inferior vena cava filter placement in gastric bypass patients. *Obes Surg*. 2009;19:451-455.

## Rawstron AC. Monoclonal B-cell lymphocytosis. *Hematology Am Soc Hematol Educ Program*. 2009;2009:430-439.

On page 434 in the *Hematology 2009 Education Program Book*, the Table 4 legend is correct but the Table 3 image was duplicated in error as the image for Table 4. The correct Table 4 is shown.

**Table 4. Immunoglobulin heavy chain variable region (IGHV) repertoire and mutation in chronic lymphocytic leukemia (CLL)-type monoclonal B-cell lymphocytosis (MBL)**

Source	B cells with a CLL phenotype, median %	Cases with > 2% IGHV mutation	Predominant CLL-phenotype cell IGHV gene	IGHV repertoire similar to CLL?
Leeds Hematology Clinic <sup>21</sup>	100	18/20 (90%)	3-07, 3-23, 4-34	Yes
Mayo Hematology Clinic <sup>43</sup>	100	84/109 (77%)	3-07, 1-69, 4-34, 3-23	Yes
Leeds Hospital outpatients <sup>21</sup>	80	18/20 (90%)	3-07, 3-23, 4-34	Yes
Duke University normal-count MBL in CLL families <sup>42</sup>	25	12/16 (75%)	3-07, 4-34	Yes
Italy residential population <sup>26</sup>	7	36/51 (70%)	4-59/61	No
Spain primary care <sup>27</sup>	0.4	2/7 (29%)	No CLL-associated	No