1.64% to 3.55%). In addition, the rate of skip metastasis ranged from 0% through 5.50%, with a fixed-effects model of 0.50% (95% CI, 0.09% to 1.11%). Moreover, the rate of level IV skip metastasis did not increase significantly in cases involving neck levels I through III.

When the data were categorized according to oral cavity subsites, the researchers observed significant findings only for primary lesions of the tongue. In an analysis involving 8 studies and 590 patients, the rate of involvement of neck level IV was 0% through 11.40%, with a fixed-effects model of 3.60% (95% CI, 2.09% to 5.42%).

The results of this systematic review and meta-analysis revealed low rates of skip metastasis to neck level IV in patients diagnosed with cN0 OCSCC. Therefore, supraomohyoid neck dissection (removal of lymph nodes in neck levels I through III) is adequate for this subset of patients, the authors concluded.

For more information on this study, visit https://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2733034.

Compiled by Janice Snider.

CORRIGENDUM

The original article (Janakiram C, Chalmers NI, Fontelo P, Huser V, Lopez Mitnik G, Iafolla TJ, Brow AR, Dye BA. JADA. 2018:149[4]:246-255) described a data management approach using Streamline Health’s Clinical Analytics Looking Glass Platform to query data to build cohorts from Truven MarketScan Medicaid Database from January 1, 2013, through September 30, 2015. After publication of the original article and during subsequent analysis for other projects, inconsistencies were observed between cohorts built from direct query of the raw data and those obtained from the cohort builder. Troubleshooting efforts revealed a data deficiency in records that were loaded for use by the cohort builder, specifically in 2013 outpatient encounters. To remedy this issue for the purposes of this research study, the analysis was performed using direct query of the raw data. This corrigendum presents new statistics without the incomplete information obtained for the initial report. Differences observed between the original and the corrected versions of the article do not change the direction of any of the associations reported, the discussion of findings, or the underlying conclusions.

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