a pulmonary vascular tumor endarterectomy will result in tissue acquisition for diagnostic purposes, tumor debulking, and some survival benefit, albeit variably dependent on the extent of resection and the type of tumor present.[5] Rarely is the tissue type such that a cure is obtained with surgery. Often surgical resection is simply the first step in the management of this rare and clinically challenging neoplasm. Consultation with radiation and medical oncology is required to provide the essential multidisciplinary treatment plan to achieve the best possible outcome.

*William R. Auger, MD
University of California, San Diego

Teaching Points

1. Pulmonary artery sarcomas are relatively rare intravascular tumors that may present with signs and symptoms that mimic acute or chronic thromboembolic disease.
2. Pulmonary artery sarcomas should be considered in patients who fail to respond to appropriate anticoagulation therapy.
3. The diagnosis is primarily based on imaging studies to include CTPA, chest MRI, and PET scans.
4. No single imaging study is sufficiently sensitive to exclude the presence of a pulmonary artery sarcoma.
5. Surgical debulking is the mainstay of therapy and may provide a survival advantage in this patient population. Consequently, early referral to a center of excellence should be strongly considered.

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ERRATUM

The Volume 15, No 1 issue of *Advances in Pulmonary Hypertension* contained an error in the PH Grand Rounds column, "Pulmonary Arterial Hypertension: 'A Journey to Lung Transplant." The PVR values in Tables 2 and 3 reflect an incorrect calculation from the original outside medical records. The editors thank Michael Slack, MD, Professor, Department of Pediatrics, University of Maryland School of Medicine; Director, Pediatric and Adult Congenital Interventional Cardiac Catheterization Laboratory, University of Maryland Medical Center, Baltimore, for pointing out this oversight . Dr Slack reinforces that PVR is the basis for many critical clinical decisions and provides the following 3 different ways to express PVR:

	Reference Range		
Measurement	**dyn·s/cm^5**	**MPa·s/m^3**	**mmHg·min/l or HRU/Wood units**
Pulmonary vascular resistance (PVR)	20-130	2-13	0.25-1.6

In cardiac ICUs, the units of dyn.s/cm5 are often used and the conversion factor between this value and Wood units is, conveniently, 80. During cardiac catheterization, the convention is to use the Cardiac Index (not cardiac output) and express the PVR in Wood units, which are indexed to body surface area.