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Dear Glen!

The study was not designed to achieve healing of ulcers, just to **confirm** the effect of hyperbaric oxygenation in a chronic wound model. All our patients just got 30 treatments !!

- Of course you can not do statistics at the follow up – and that was never my intention either

Remember that in 1983 there were no controlled studies at all showing benefit of HBO on chronic wound healing.

Our study just confirmed the results of former open studies (Slack 1966, Bass 1970) – i.e. “they did not lie about their results”.

The open study by Bass in 1970 had shown that to heal 89 percent of similar wounds, the number of treatments ranged from 16 and up to 200 treatments, with a mean of 61.

Thus: to heal small wounds demands less (effort) and larger wounds demands more effort to heal. Nothing strange to that.

That is my comment to the follow-up at 18 weeks.

It might have been better I never had the follow-up. It seems to confuse people...

Keep up your work

Regards

Chris

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Från: Dr. Glen Hawkins - Hyperbaric Health [<mailto:glen@hyperbarichealth.com>]

Skickat: den 12 oktober 2012 09:24

Till: Hammarlund Christer

Kopia: Mike Bennett

Ämne: Re: SV: Some advice about your 1994 RCT

Thank you for your very rapid reply Dr Hammarlund,

That's the interpretation I had that the wound significantly improved much more in the HBOT group (to be that highly significant in only 8 persons per arm shows a large effect as far as I can see).

The main issue they have is the 18 week data where they say there is no difference between the groups.

My interpretation of the paper is that you couldn't perform the statistical analysis due to drop out but the effect continued. Would that be a correct interpretation or was a significance value generated at 18 weeks?

As stated they are interpreting the effect as being present at 6 weeks but no difference at 18 weeks (and therefore subsequently). Any suggestions as to the interpretation of that point?

Regards Glen

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