Erratum

Erratum to inequivalence of non-aggressiveness in clinically diagnosed lung cancers and overdiagnosis in lung cancer screening trials

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doi: 10.21037/jtd.2018.05.142

View this article at: http://dx.doi.org/10.21037/jtd.2018.05.142

Erratum to: J Thorac Dis 2018;10:1230-2

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Since the publication of the article that appeared on pages 1230–1232, Vol 10, No 3 (1) (March 2018) issue of the *Journal of Thoracic Disease*, additional follow-up of the Danish Lung Cancer Screening Trial has come to my attention.

The contents and related references were originally showed as:

"(IV) OD, measured as the excess cancers in screened vs. control cohorts after completion of follow-up, will be far higher in CT than in CR trials. In the large CR trials, the excess was 22–24% (11); in the NLST (*vs.* CR controls) it was 18% (5). The sum of the excess in CR *vs.* unscreened plus the CT *vs.* CR controls, 23% + (≥18%) ≥41%. In the three reporting European trials of CT *vs.* unscreened controls, the pooled excess was 48% (12-14).

12. Saghir Z, Dirksen A, Ashraf H, et al. CT screening for lung cancer brings forward early disease. The randomised Danish Lung Cancer Screening Trial: status after five annual screening rounds with low-dose CT. Thorax 2012;67:296-301.
13. Pastorino U, Rossi M, Rosato V, et al. Annual or biennial CT screening versus observation in heavy smokers: 5-year results of the MILD trial. Eur J Cancer Prev 2012;21:308-315.
14. Infante M, Cavuto S, Lutman FR, et al. Long-Term Follow-up Results of the DANTE Trial, a Randomized Study of Lung Cancer Screening with Spiral Computed Tomography. Am J Respir Crit Care Med 2015;191:1166-1175."

The datum of 48% should be updated as 42% and reference 12 should be changed. The updated information is as follows:

"(IV) OD, measured as the excess cancers in screened *vs.* control cohorts after completion of follow-up, will be far higher in CT than in CR trials. In the large CR trials, the excess was 22–24% (11); in the NLST (*vs.* CR controls) it was 18% (5). The sum of the excess in CR *vs.* unscreened plus the CT *vs.* CR controls, 23% + (≥18%) ≥41%. In the three reporting European trials of CT *vs.* unscreened controls, the pooled excess was 42% (12-14).

12. Wille MM, Dirksen A, Haseem A, et al. Results of the randomized danish lung cancer screening trial with focus on high-risk profiling. Am J Respir Crit Care Med 2016;193:542-561.
13. Pastorino U, Rossi M, Rosato V, et al. Annual or biennial CT screening versus observation in heavy smokers: 5-year results of the MILD trial. Eur J Cancer Prev 2012;21:308-315.
14. Infante M, Cavuto S, Lutman FR, et al. Long-Term Follow-up Results of the DANTE Trial, a Randomized Study of Lung Cancer Screening with Spiral Computed Tomography. Am J Respir Crit Care Med 2015;191:1166-1175."

All authors agree to the erratum of the paper. We apologize for the inconvenience caused.

References

1. Reich JM, Kim JS. Inequivalence of non-aggressiveness in clinically diagnosed lung cancers and overdiagnosis in lung cancer screening trials. J Thorac Dis 2018;10:1230-2.

Cite this article as: Reich JM, Kim JS. Erratum to inequivalence of non-aggressiveness in clinically diagnosed lung cancers and overdiagnosis in lung cancer screening trials. J Thorac Dis 2018;10(6):E508-E509. doi: 10.21037/jtd.2018.05.142