

Nomogram to Predict Distant Metastasis Probability for Pathological Complete Response Rectal Cancer Patients After Neoadjuvant Chemoradiotherapy [Corrigendum]

Jiang T, Liu S, Wu X, et al. *Cancer Manag Res*. 2021;13:4751–4761.

The authors have advised Table 2 on page 4755 is incorrect. The correct table is as follows.

Table 2 Distant metastasis events in 28 patients

	Total Number, n (%) N=28	Low Risk Group, n (%) N=9	High Risk Group, n (%) N=19
Metastatic type			
Oligo-metastases	12 (42.9)	2 (22.2)	10 (52.6)
Polymetastasis	16 (57.1)	7 (77.8)	9 (47.4)
Metastatic sites			
Lung	12 (38.7)	3 (30.0)	9 (42.9)
Liver	2 (6.5)	0 (0)	2 (9.5)
Bone	2 (6.5)	0 (0)	2 (9.5)
Poly-lymph nodes	15 (48.4)	7 (70.0)	8 (38.1)
Treatment strategies			
Local treatment	10 (35.7)	2 (22.2)	8 (42.1)
Systemic chemotherapy	9 (32.1)	5 (55.6)	4 (21.1)
Local treatment + systemic chemotherapy	1 (3.6)	0 (0.0)	1 (5.3)
Palliative treatment	8 (28.6)	2 (22.2)	6 (31.6)
DM interval from TME			
1-year	12 (42.8)	3 (33.3)	9 (47.3)
2-year	21 (75.0)	5 (55.6)	16 (84.2)

Abbreviations: DM, distant metastasis; TME, total mesorectal excision.

Furthermore, page 4755, left column, second paragraph, the text “The median DMFS of these 28 patients was 13.4 months (0.93–62.57 months) (Table 2). The 1-year, 3-year, 5-year DMFS was 95.0%, 89.6%, 88.9%, respectively. Metastatic organs included 1 with bone, 1 with liver, 10 with lung and 16 with multiple metastases to lymph nodes, as we shown in Table 2” should read “The median DMFS of these 28 patients was 13.4 months (0.93–62.57 months). The 1-year, 3-year, 5-year DMFS was 95.0%, 89.6%, 88.9%, respectively. Metastatic organs included 2 with bone, 2 with liver, 12 with lung and 15 with multiple metastases to lymph nodes, as shown in Table 2”.

The authors advise these errors do not affect the previously shown results and conclusion of the paper and apologize for any confusion this may have caused.

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