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

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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).


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).


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


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