investigated because this checklist mainly examines the selection and comparability of the cases/controls or exposed/unexposed. 

We agree that the delivered ablation energy and ablation time would have been useful to describe in the original article. These data could help to seek the optimal RFA protocol and provide a framework in which these patients were treated. Therefore, we have collected these data and would be glad to share this information on request.

Our conclusion that RFA is safe is based on weighted, pooled analyses of all 15 eligible studies in the meta-analysis. Outcome factors assessed included both tumor progression and complications. Small sample sizes and shorter follow-up of some studies did not affect the pooled analysis. Therefore, we do not think that the results are misleading.

We believe that our results support the hypothesis that RFA is a safe and efficient method to treat low-risk mPTC. However, large prospective randomized trials with long-term follow-up on RFA for patients with mPTC are needed. International collaboration might be the key factor for success.

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CORRECTION

Change in Title: The Original Investigation titled “Head and Neck Cancer Among Native Hawaiian and Other Pacific Islander Patients—Disparities in Cancer Stage at Presentation and Survival Outcomes Compared With Other Races,” published online on May 26, 2022, was retitled as “Head and Neck Cancer Stage at Presentation and Survival Outcomes Among Native Hawaiian and Other Pacific Islander Patients Compared With Asian and White Patients” to comply with style guidelines. This article was corrected online.