cancer diagnosis (ie, lower stage), we suggest that after a disease-free interval of 12 months, routine screening with a breast examination and mammography may be warranted because the survival rates are significantly better.

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Conflict of Interest Disclosures: None reported.


Omitted Citation to Related Article
To the Editor In a recent article published in JAMA Surgery,1 a related pilot study and publication in the Journal of Plastic Surgery and Hand Surgery2 should have been discussed and referenced. This pilot study included a preliminary analysis of 19,276 plastic surgery patients from the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) from 2005 to 2011. After this study was accepted and published in the Journal of Plastic Surgery and Hand Surgery, we published a second large study in JAMA Surgery assessing the effect of surgical duration on venous thromboembolism that included a larger set of patients (ie, 1,432,855 patients who had undergone all types of surgery) from the NSQIP database. I would like to apologize to the editorial board and the JAMA Surgery readership for not properly referencing the pilot study; not doing so was an oversight that did not follow the JAMA Network requirements.

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CORRECTION
Incorrect Table Title: In the article titled “Nonsteroidal Anti-inflammatory Drugs and the Risk for Anastomotic Failure: A Report From Washington State’s Surgical Care and Outcomes Assessment Program (SCOAP),” published online January 21, 2015, and also in the March 2015 issue of JAMA Surgery (2015;150[3]:223-228. doi:10.1001/jamasurg.2014.2239), a table title was incorrect. On page 226, the title of Table 3 should have been given as “Risk for Anastomotic Leak Among 1621 Patients Undergoing Nonelective Colorectal Procedures.” This article was corrected online.