Corrections to "Primary Resection for Acute Perforated Diverticulitis: Long-Term Outcomes From the Scandinavian Diverticulitis (SCANDIV) Randomized Clinical Trial," published online November 4, 2020, was corrected to fix the value greater than .65 showing nonsignificant differences in overall survival and disease-free survival between the anterior approach hepatectomy vs conventional hepatectomy arms, it is important to emphasize that both approaches may offer comparable, but not equivalent, survival outcomes because the clinical trial was not designed as a noninferiority study.

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Conflict of Interest Disclosures: None reported.


In Reply We would like to thank Gupta and colleagues for their comments on our article and for the opportunity to clarify the issues they mentioned.1 They correctly noted that the study was terminated prematurely despite a reported P value of .54 in the interim analysis, which is less than the P value of .65 required in the study protocol. In the study protocol, we planned to test the primary end point in the interim analysis using a 2-sided Fisher exact test. Unfortunately, we reported the results of the 1-sided Fisher exact test in our article. However, the 2-sided Fisher exact test yields a P value of more than .99, which justifies premature termination of the trial after the interim analysis. Further, Gupta et al noted that the number of patients displayed in the Kaplan-Meier plot on overall survival lacks 1 patient in the anterior approach arm (ie, n = 38 instead of n = 39). We apologize for this error. However, the error only applies to the number of patients displayed on the bottom of the Kaplan-Meier plot (ie, the number of patients at risk). The log-rank test was performed on all patients (ie, n = 41 vs n = 39 patients). Therefore, the reported results are correct. The authors suggested further analyses of overall survival and disease-free survival based on the intraoperative circulating tumor cells. As the number of intraoperative circulating tumor cells detection was rather low in the total cohort (n = 11), further meaningful stratification and subgrouping in this cohort was not possible. Finally, Gupta et al highlighted that based on the results of our randomized trial, “both approaches may offer comparable, but not equivalent, survival outcomes because the clinical trial was not designed as a noninferiority study.” We fully agree with them and therefore in our article concluded that the anterior approach was not superior to conventional hepatectomy without using the term equivalent.

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CORRECTION

Errors in Text, Table, and Figure: The Original Investigation titled “Anterior Approach vs Conventional Hepatectomy for Resection of Colorectal Liver Metastasis: A Randomized Clinical Trial,” published online November 4, 2020, was corrected to fix the P value for the detection of preoperative and interoperative tumor cells, which should have been > .99, and to fix an incorrect value in the numbers at risk in Figure 2A. This article was corrected online.


Error in Results and Table: The Original Investigation, “Laparoscopic Lavage vs Primary Resection for Acute Perforated Diverticulitis: Long-term Outcomes From the Scandinavian Diverticulitis (SCANDIV) Randomized Clinical Trial,” published in the February 2021 issue, contained errors in the Abstract, Results, and Table 2. In the Results subsection of the Abstract, the sentence “Severe complications occurred in 36% (n = 26) in the laparoscopic lavage group and 35% (n = 24) in the resection group (P = .92)” should have read “Severe complications occurred in 29% (n = 21) in the laparoscopic lavage group and in 25% (n = 17) in the resection group (P = .58).” The same erroneous values were in the Results section (with similar wording) and Table 2 (on the first line). These errors have been corrected online.


Error in Author’s Name: The Review titled “Characteristics of Early-Onset vs Late-Onset Colorectal Cancer: A Review,” published online June 30, 2021, was corrected to fix a spelling error in the 210th author’s name, which should be Cornelis Verhoef, MD. This article was corrected online.


Error in a Supplement: In the article titled “Risk Prediction Model of 90-Day Mortality After Esophagectomy for Cancer,” published online June 23, 2021, and also in the September 2021 issue of JAMA Surgery,1 there was a formatting error in Supplement 2 listing the International Esophageal Study Group members. The supplement was corrected online.