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ERRATUM

Erratum to: Strong expression of polypeptide N-acetylgalactosaminyltransferase 3 independently predicts shortened disease-free survival in patients with early stage oral squamous cell carcinoma

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The original version of this article contained mistakes.

The corrected versions of the paragraph are given below in bold.

In the Introduction, The GalNAc-Ts, classified as 27 family members and, to date, consisting **20** members in human, show a tissue-specific expression and have different kinetic properties and acceptor substrate specificities [14].

In the Patient characteristics under Result, Based on the (TNM) classification of malignant tumors, 7th Edition, the ESOSCC patients had stage I (**59**/110; **53.6**%) and II (**51**/110; **46.4**%) disease, respectively.

In the Discussion, The biological aggressiveness of ESOSCC is reflected by the capability of carcinoma to recur,

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even in small OSCC lesions that are considered to have a relatively good prognosis **[7]. Moreover, approximately 16–27 % of T1–2 OSCC cases potentially have occult metastases in regional lymph nodes [6, 7], which likely corresponds to the rate observed in the present study (29 of 110 patients; 26.4 %). Indeed, there are currently no reliable predictors of the progressive potential of ESOSCC. In this sense, the detection of the GalNAc-T3 expression patterns in both ESOSCC surgical specimens and preoperative biopsy samples may allow for improved patient selection of candidates for adjuvant/neoadjuvant systemic therapy and the need for neck dissection as well as prediction of the postoperative outcome, especially in the early phase. In particular, neck dissection is the most reliable treatment for addressing regional lymph node metastasis within the neck, although this method may also lead to complications, such as lymphatic leakage, injury of the facial nerve. However, the presence of a strong GalNAc-T3-positive expression on routine biopsy specimens significantly improves the ability to make appropriate preoperative decisions regarding the need for neck dissection and the subsequent impact on the quality of life of ESOSCC patients. Therefore, the clinical relevance of the GalNAc-T3 protein should be verified in the future in order to prevent unnecessary surgery and prolong the effects of beneficial surgical treatment for ESOSCC.**

Collectively, our present data are in agreement with the findings of previous studies of several other epithelial cancers [11, 15–24].