

Correction: *MicroRNA-17 and the prognosis of human carcinomas: a systematic review and meta-analysis*

Huang C, Yu M, Yao X. MicroRNA-17 and the prognosis of human carcinomas: a systematic review and meta-analysis. *BMJ Open* 2018;8:e018070. doi:10.1136/bmjopen-2017-018070.

This article was previously published with some errors.

In the table 1, table 2 and figure 1, Robaina *et al.* conducted the study of miR-17 by the method of qRT-PCR instead of ISH as we described in the paper (citation number 38). Secondly, the term Caucasian is not applied in Brazilian for ethnicity classification. The authors would therefore like to use the term non-Asian for describing the studies conducted in the Spain and Brazil. The issue did not affect the main result and the conclusion of the study. Below is the updated table 2 and figure 1.

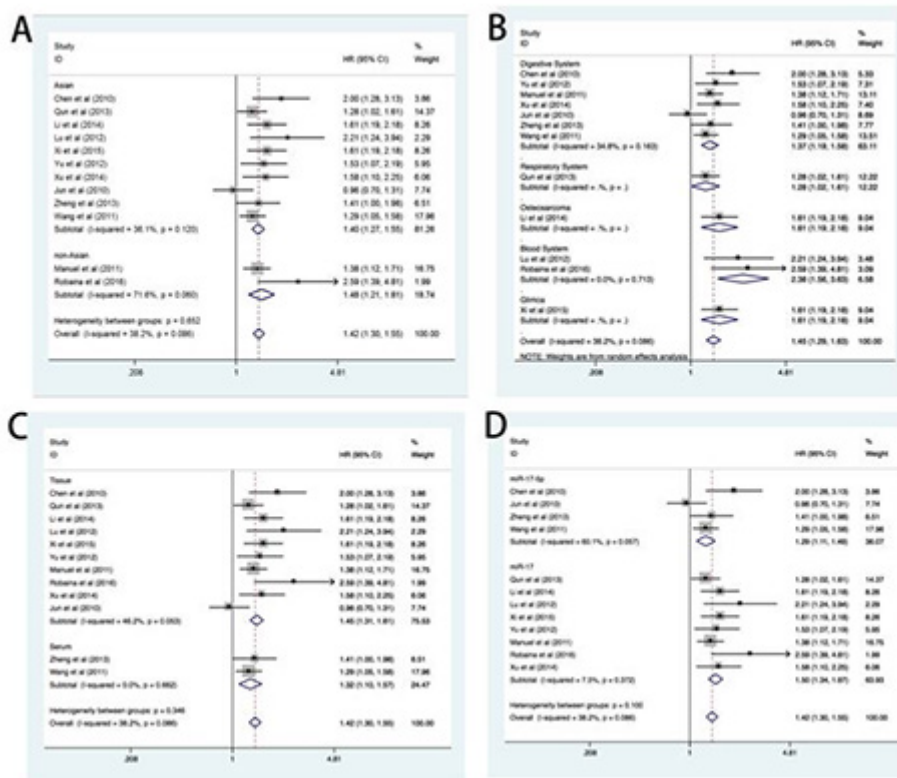
Table 1 A summary table of the meta-analysis

Study	Year	Country	Diseases	Case Number	Stage	Sample	Assay	Cut-off value	HR	Follow-up (months)	Type of miR-17 detection
Chen <i>et al</i>	2012	China	HCC	120	I-IV	Tissue	qRT-PCR	Median	RR	46	miR-17-5p
Qun <i>et al</i>	2013	China	Lung Cancer	221	I-IV	Tissue	qRT-PCR	Median	Given	50	miR-17
Li <i>et al</i>	2014	China	Osteosarcoma	117	I-III	Tissue	qRT-PCR	Median	Given	44	miR-17
Lu <i>et al</i>	2012	China	Glioma	108	I-IV	Tissue	qRT-PCR	Mean	RR	60	miR-17
Xi <i>et al</i>	2015	China	T-cell lymphoblastic lymphoma	57	III, IV	Tissue	qRT-PCR	Median	Given	Up to 13 years	miR-17
Yu <i>et al</i>	2012	China	Colon Cancer	48	I-IV	Tissue	qRT-PCR	Median	Given	5-66	miR-17
Manuel <i>et al</i>	2011	Spain	Gastrointestinal Cancer	38	I-IV	Tissue	qRT-PCR	Mean	Given	38	miR-17
Robaina <i>et al</i>	2016	Brazil	Burkitt lymphoma	41	I-IV	Tissue	qRT-PCR	Median	Given	69	miR-17
Xu <i>et al</i>	2014	China	Esophageal Squamous Cell Carcinoma	105	I-IV	Tissue	qRT-PCR	Mean	Given	52	miR-17
Jun <i>et al</i>	2010	Japan	Pancreatic Cancer	80	I-IV	Tissue	qRT-PCR	Median	Given	60	miR-17-5p
Wang <i>et al</i>	2011	China	Gastric Cancer	65	I-IV	Serum	qRT-PCR	Median	Given	36	miR-17-5p
Zheng <i>et al</i>	2013	China	HCC	96	I-IV	Serum	qRT-PCR	Median	Given	NG	miR-17-5p

Revised Table 2 Subgroup analysis.

Subgroup	Number of studies	Heterogeneity		pooled HR (95% CI)	P values
		I^2 (95%CI)	P values		
Total	12	38.2% (0% to 68.7%)	0.086	1.42(1.30 to 1.55)	<0.001
Ethnic subtotal					
Non-Asian	2	71.6% (0% to 93.6%)	0.06	1.48(1.21 to 1.81)	<0.001
Asian	10	36.1% (0% to 69.5%)	0.12	1.40(1.27 to 1.55)	<0.001
Disease subtotal					
Digestive system	7	34.8% (0% to 72.4%)	0.163	1.36(1.22 to 1.51)	<0.001
Respiratory system	1	NA	NA	1.28(1.02 to 1.61)	0.036
Blood system	2	0	0.713	2.38(1.56 to 3.63)	<0.001
Glioma	1	NA	NA	1.61(1.19 to 2.18)	0.002
Osteosarcoma	1	NA	NA	1.61(1.19 to 2.18)	<0.001
Detected Sample subtotal					
Tissue	10	46.2% (0% to 74.1%)	0.053	1.45(1.31 to 1.61)	<0.001
Serum	2	0	0.662	1.32(1.10 to 1.57)	0.002

Subgroup	Number of studies	Heterogeneity		P values	pooled HR (95% CI)	P values
		I^2	(95%CI)			
Detection of miR-17 subtotal						
miR-17	8	60.1%	(13.2% to 81.7%)	0.057	1.29(1.11 to 1.49)	<0.001
miR-17-5p	4	7.5%	(0% to 43.4%)	0.372	1.50(1.34 to 1.67)	0.001



In addition, there were some errors in the ‘Abstract’ section, under the results subheading, the text should read as:

The results indicated that the increased expression of miR-17 played an unfavourable role in overall survival in various human carcinomas with the HR of 1.342 taking into account the publication bias. In subgroup analysis, HR of ethnicity (non-Asian HR=1.48 and Asian HR=1.40), disease (digestive system HR=1.36 and blood system cancer (HR=2.38) were significant with $P<0.05$.

This was incorrectly published as: The results indicated that the increased expression of miR-17 played an unfavourable role in overall survival in various human carcinomas with the HR of 1.342 taking into account the publication bias. In subgroup analysis, HR of ethnicity (Caucasian HR=1.48 and Asian HR=1.40), disease (digestive system HR=1.36 and blood system cancer (HR=2.38), detection method (quantitative real-time PCR HR=1.40 and in situ hybridization, HR=2.59) and detection sample (tissue HR=1.45 and serum HR=1.32) were significant with $P<0.05$.

The errors in the Results section, should read as:

A total of 1096 patients with various types of cancers were from People’s Republic of China, Japan, Spain and Brazil. Quantitative real-time PCR (qRT-PCR) was used to assess the expression of miR-17 in all studies.

and was incorrectly published as:

A total of 1096 patients with various types of cancers were from People's Republic of China, Japan, Spain and Brazil. Quantitative real-time PCR (qRT-PCR) was used to assess the expression of miR-17 in 12 studies, and one study used the in situ hybridisation (ISH).

The errors in the Discussion section, should read as:

In the subgroup analysis, we found that the potential heterogeneity may have originated from the non-Asian group studies.

and was incorrectly published as:

In the subgroup analysis, we found that the potential heterogeneity may have originated from the Caucasian group in the study conducted by Robaina *et al.* Unlike the commonly used RT-PCR, ISH technique was used to detect miR-17

The errors in the Discussion section, should read as:

However, both studies from Spain and Brazil recruited population of non-Asians decreasing the heterogeneity.

and was incorrectly published as:

However, both studies from Spain and Brazil recruited population of Caucasians decreasing the heterogeneity.

The errors in the Discussion section, should read as:

In subgroup analysis, based on the characteristics of the individual studies, significant HR was found in the non-Asian and Asian groups, and the tissue and serum sample groups.

and was incorrectly published as:

In subgroup analysis, based on the characteristics of the individual studies, significant HR was found in the Caucasian and Asian groups, the qRT-PCR group and the tissue and serum sample groups.

The errors in the Conclusion section, should read as:

However, further multicentre clinical trials with larger sample size and prospective studies including non-Asian and patients representing other ethnicities are needed to confirm the prognostic value of miR-17 and its subsequent application as a prognostic biomarker in the routine clinical guidance of cancers.

and was incorrectly published as:

However, further multicentre clinical trials with larger sample size and prospective studies including Caucasians and patients representing other ethnicities are needed to confirm the prognostic value of miR-17 and its subsequent application as a prognostic biomarker in the routine clinical guidance of cancers.

Revised table 1A summary table of the meta-analysis

Study	Year	Country	Diseases	Case Number	Stage	Sample	Assay	Cut-off value	HR	Follow-up (months)	Type of miR-17 detection
Chen <i>et al</i>	2012	China	HCC	120	I-IV	Tissue	qRT-PCR	Median	RR	46	miR-17-5p
Qun <i>et al</i>	2013	China	Lung Cancer	221	I-IV	Tissue	qRT-PCR	Median	Given	50	miR-17
Li <i>et al</i>	2014	China	Osteosarcoma	117	I-III	Tissue	qRT-PCR	Median	Given	44	miR-17
Lu <i>et al</i>	2012	China	Glioma	108	I-IV	Tissue	qRT-PCR	Mean	RR	60	miR-17
Xi <i>et al</i>	2015	China	T-cell lymphoblastic lymphoma	57	III, IV	Tissue	qRT-PCR	Median	Given	Up to 13 years	miR-17
Yu <i>et al</i>	2012	China	Colon Cancer	48	I-IV	Tissue	qRT-PCR	Median	Given	5-66	miR-17
Manuel <i>et al</i>	2011	Spain	Gastrointestinal Cancer	38	I-IV	Tissue	qRT-PCR	Mean	Given	38	miR-17
Robaina <i>et al</i>	2016	Brazil	Burkitt lymphoma	41	I-IV	Tissue	qRT-PCR	Median	Given	69	miR-17
Xu <i>et al</i>	2014	China	Esophageal Squamous Cell Carcinoma	105	I-IV	Tissue	qRT-PCR	Mean	Given	52	miR-17
Jun <i>et al</i>	2010	Japan	Pancreatic Cancer	80	I-IV	Tissue	qRT-PCR	Median	Given	60	miR-17-5p
Wang <i>et al</i>	2011	China	Gastric Cancer	65	I-IV	Serum	qRT-PCR	Median	Given	36	miR-17-5p
Zheng <i>et al</i>	2013	China	HCC	96	I-IV	Serum	qRT-PCR	Median	Given	NG	miR-17-5p

Subgroup	Number of studies	Heterogeneity		P values	pooled HR (95% CI)	P values
		I^2 (95% CI)				
Total	12	38.2% (0% to 68.7%)	%	0.086	1.42 (1.30 to 1.55)	<0.001
Ethnic subtotal						
Non-Asian	2	71.6% (0% to 93.6%)	%	0.06	1.48 (1.21 to 1.81)	<0.001
Asian	10	36.1% (0% to 69.5%)	%	0.12	1.40 (1.27 to 1.55)	<0.001
Disease subtotal						
Digestive system	7	34.8% (0% to 72.4%)	%	0.163	1.36 (1.22 to 1.51)	<0.001
Respiratory system	1	NA		NA	1.28 (1.02 to 1.61)	0.036
Blood system	2	0		0.713	2.38 (1.56 to 3.63)	<0.001
Glioma	1	NA		NA	1.61 (1.19 to 2.18)	0.002
Osteosarcoma	1	NA		NA	1.61 (1.19 to 2.18)	<0.001
Detected Sample subtotal						
Tissue	10	46.2% (0% to 74.1%)	%	0.053	1.45 (1.31 to 1.61)	<0.001
Serum	2	0		0.662	1.32 (1.10 to 1.57)	0.002
Detection of miR-17 subtotal						
miR-17	8	60.1% (13.2% to 81.7%)	%	0.057	1.29 (1.11 to 1.49)	<0.001
miR-17-5p	4	7.5% (0% to 43.4%)	%	0.372	1.50 (1.34 to 1.67)	0.001

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

© Author(s) (or their employer(s)) 2018. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

BMJ Open 2018;8:e018070corr1. doi:10.1136/bmjopen-2017-018070corr1

