

Erratum to prognostic value of skeletal muscle index and monocyte-to-lymphocyte ratio for lymph node-positive breast cancer patients after mastectomy

Jia-Peng Deng^{1,2#}, Xin Hua^{1,2#}, Zhi-Qing Long^{1,2#}, Wen-Wen Zhang^{1,2}, Huan-Xin Lin^{1,2}, Zhen-Yu He^{1,2}

¹Sun Yat-sen University Cancer Center, State Key Laboratory of Oncology in South China, Collaborative Innovation Center for Cancer Medicine, Guangzhou 510060, China; ²Department of Radiotherapy, Sun Yat-sen University Cancer Center, Guangzhou 510060, China

#These authors contributed equally to this work.

Correspondence to: Zhen-Yu He, MD, PhD. Department of Radiotherapy, Sun Yat-sen University Cancer Center, 651 Dongfeng Road East, Guangzhou 510060, China. Email: hezhy@sysucc.org.cn; Huan-Xin Lin, MD, PhD. Department of Radiotherapy, Sun Yat-sen University Cancer Center, 651 Dongfeng Road East, Guangzhou 510060, China. Email: linhx@sysucc.org.cn.

doi: 10.21037/atm.2020.03.105

View this article at: <http://dx.doi.org/10.21037/atm.2020.03.105>

Erratum to: *Ann Transl Med* 2019;7:775

Prognostic value of skeletal muscle index and monocyte-to-lymphocyte ratio for lymph node-positive breast cancer patients after mastectomy

In the article entitled “Prognostic value of skeletal muscle index and monocyte-to-lymphocyte ratio for lymph node-positive breast cancer patients after mastectomy” (1), there are some errors.

In *Figure S1*, the P value were not correct, the corrected version is as follows (*Figure S1*).

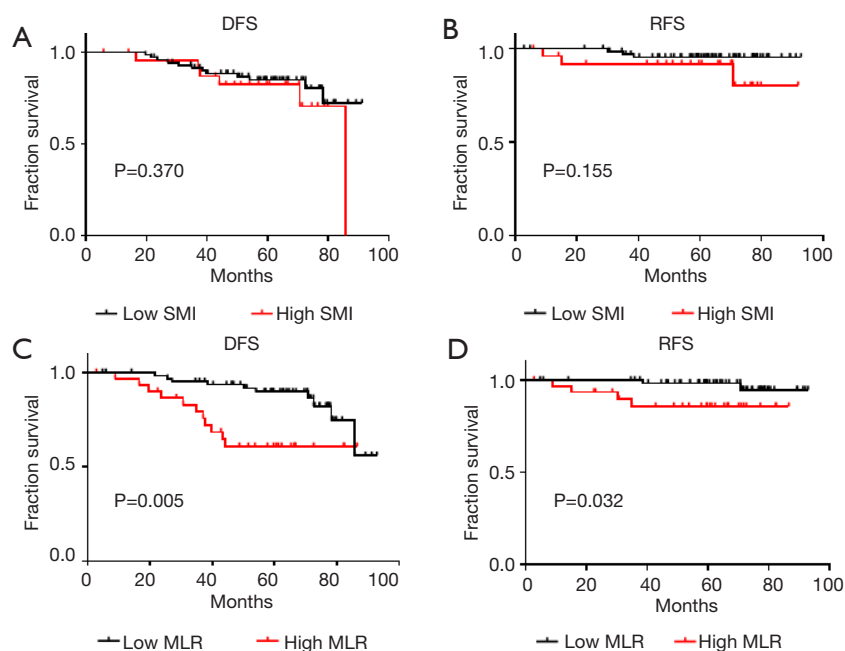


Figure S1 Kaplan-Meier curves showing the RFS and DFS rates of groups based on SMI (A,B) and MLR (C,D). RFS, recurrence-free survival; DFS, disease-free survival; SMI, skeletal muscle index; MLR, monocyte-to-lymphocyte ratio.

Also, in line 167 to 171, the sentences “In addition, the patient with high SMI had significantly worse DFS ($P=0.044$; *Figure S1A*) and RFS ($P=0.021$; *Figure S1B*), and those with high MLR had worse DFS ($P=0.002$; *Figure S1C*) while their RFS ($P>0.05$; *Figure S1D*) were not significantly different from low-MLR-group’s.” should be replaced by the following content: “Besides, the patient with high MLR had significantly worse DFS ($P=0.005$; *Figure S1C*) and RFS ($P=0.032$; *Figure S1D*) compared with the low-MLR-group, while patients with high SMI have similar DFS and RFS (all $P>0.05$; *Figure S1A,B*) with the low-SMI-group’s.”

We regret the errors.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

References

1. Deng JP, Hua X, Long ZQ, et al. Prognostic value of skeletal muscle index and monocyte-to-lymphocyte ratio for lymph node-positive breast cancer patients after mastectomy. *Ann Transl Med* 2019;7:775.

Cite this article as: Deng JP, Hua X, Long ZQ, Zhang WW, Lin HX, He ZY. Erratum to prognostic value of skeletal muscle index and monocyte-to-lymphocyte ratio for lymph node-positive breast cancer patients after mastectomy. *Ann Transl Med* 2020;8(7):520. doi: 10.21037/atm.2020.03.105