Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

cancer incidence in exposed children and adolescents (becoming one of the single most established long-term health effects of the Chernobyl disaster on the general population), to claims of hundreds of thousands of deaths due to the accident.[1,2]

Why are these conclusions so controversial, and why are they causing public mistrust? Firstly, because no so-called radiation signature has yet been established; radiation-related cancers are difficult to disentangle from cancers not related to radiation. Secondly, economic and political upheavals in the affected countries of the former Soviet Union had their own effect on the fluctuations of disease-specific incidence and mortality, further complicating analysis. Finally, doubts about the reliability of radiation exposure estimates, as well as the accuracy of some of the study methods used to assess Chernobyl-related health effects, added to the research findings' uncertainties.

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The confusion arises largely because of an absence of comprehensive and coordinated efforts to delineate the overall physical and mental health consequences of the accident. Little evidence of other Chernobyl-related health effects after the accident does not mean that these health effects have not occurred. Radiation-related diseases could occur decades after exposure; continued studies are therefore needed to fully evaluate the lifetime radiological health effects. Coordinated by the International Agency for Research on Cancer, the Cooperation on Chernobyl Health Research (CO-CHER), a research-facilitating initiative done between 2014–16, brought together key worldwide Chernobyl researchers and proposed a detailed and prioritised research strategy in agreement with the relevant authorities in the affected countries.[3] Due to an absence of funding, implementation of the research plans has come to an unfortunate and untimely standstill.

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Chernobyl provides direct evidence of the consequences of a major nuclear accident, and the affected populations deserve a comprehensive investigation of the accident-related health effects. There is a need to turn this poignant experience into an opportunity to better understand the effects of radiation on human health. At present, there is a high risk that unique and valuable scientific opportunities will be irretrievably lost. For example, due to ageing and death, there is a rapidly diminishing number of Chernobyl liquidators (civil and military personnel who were responsible for the clean up operation of the accident), which serves as an illustration of the urgency. Moreover, existing usable collections of biological samples can be wasted if not collated with existing epidemiological data. This appeal is endorsed by CO-CHER experts, who agree that after developing research priorities, key players must be brought together to implement the proposed research agenda to further reinforce radiation protection and public health intervention strategies in case of future nuclear accidents, rather than wasting time with organisational matters.

We declare no competing interests. The authors alone are responsible for the views expressed in this Correspondence, and they do not necessarily represent the decisions, policy, or views of the International Agency for Research on Cancer or WHO.

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1 United Nations Scientific Committee on the Effects of Atomic Radiation. Sources and effects of ionizing radiation. New York: United Nations, 2011.
2 Yablokov AV. Mortality after the Chernobyl catastrophe. *Ann N Y Acad Sci* 2009; **1181:** 192–216.
3 International Agency for Research on Cancer. Cooperation on Chernobyl health research. 2016. http://co-cher.iarc.fr/public/docs/Deliverable2.1_CO-CHER.pdf (accessed Jan 14, 2020).

Department of Error

Hyde R. Germany overturns ban on assisted suicide. Lancet *2020;* **395:** *774*—This World Report incorrectly stated that agreement of the patient's family is needed for euthanasia. Also, the article stated that euthanasia is legal in Switzerland; it is not, although assisted suicide is. These corrections have been made to the online version as of March 16, 2020.

Peckham R. COVID-19 and the anti-lessons of history. Lancet *2020;* **395:** *850–52*—In this Comment, the dates in references 13 and 14 have been corrected. These corrections have been made to the online version as of March 16, 2020.

Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet *2020;* **395:** *1054–61*—In this Article, the units for d-dimer, haemoglobin, and high-sensitivity cardiac troponin I have been corrected to μg/mL (d-dimer), g/L (haemoglobin), and pg/mL (high-sensitivity cardiac troponin I). In figure 1, the start of systematic corticosteroid for non-survivors has been changed to day 13 after illness onset. The appendix has also been corrected. These corrections have been made to the online version as of March 12, 2020, and will be made to the printed version.

Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. Lancet *2020;* **395:** *809–15*—In table 1 of this Article, the AST value for patient 4 was 76 U/L. And in the figure the chest CT images and descriptions for patient 6 and patient 7 were out of order: the CT images and figure legend have been updated accordingly. These corrections have been made to the online version as of March 23, 2020.