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.

near-zero that is widely believed and repeatedly stated. In two studies[2,3] comprising a total of 106 patients with colorectal cancer, survival without metastasectomy, derived by use of a complementary log-log scale, was 30% (95% CI 21–40). This result refutes the assumed near-zero survival that has allowed this practice of lung metastasectomy to grow.

The belief that lung metastasectomy provides a major survival benefit comes from decades of uncontrolled observational studies.[1] Bowel cancer is common and the lung is a common site for metastases, so there are many patients from whom to select those most likely to survive on the basis of well established prognostic factors. Only about 2% with the most favourable characteristics are referred for local treatments of lung metastases (unpublished); this selection bias is seen in all reported studies. Because the eventual decision follows time consuming decision making, immortal time bias adds to the selection bias. Lung metastases are nearly always asymptomatic and rarely contribute to death. After metastasectomy, the disseminated cancer eventually reappears; patients who survive for 5 years have a steady ongoing mortality rate. There are allegedly some individuals who survive in the long term, but we are yet to see accurately documented examples or the denominator from which these data are derived.

For patients with colorectal cancer, lung metastasectomy is very unlikely to confer a major survival benefit, provides no symptom palliation, and, whether done surgically or by ablation, is associated with risks and costs.[5] It is time for this widespread and possibly pointless intervention to be seriously rethought.

We declare no competing interests.

Tom Treasure, Fergus Macbeth, Vern Farewell, Norman R Williams, Lesley Fallowfield
tom.treasure@gmail.com

Clinical Operational Research Unit (TT) and Surgical and Interventional Trials Unit (NRW), University College London, London WC1E 6BT, UK; Centre for Trials Research, Cardiff University, Cardiff, UK (FM); MRC Biostatistics Unit, Cambridge, UK (VF); Sussex Health Outcomes Research and Education in Cancer, University of Sussex, Falmer, UK (LF)

1 Handy JR, Bremner RM, Crocenzi TS, et al. Expert consensus document on pulmonary metastasectomy. *Ann Thorac Surg* 2019; **107:** 631–49.
2 Milosevic M, Edwards J, Tsang D, et al. Pulmonary Metastasectomy in Colorectal Cancer: updated analysis of 93 randomized patients—control survival is much better than previously assumed. *Colorectal Dis* 2020; **22:** 1314–24.
3 Ruers T, van Coevorden F, Punt CJA, et al. Local treatment of unresectable colorectal liver metastases: results of a randomized phase II trial. *J Natl Cancer Inst* 2017; **109:** djx015.
4 Palma DA, Olson R, Harrow S, et al. Stereotactic ablative radiotherapy versus standard of care palliative treatment in patients with oligometastatic cancers (SABR-COMET): a randomised, phase 2, open-label trial. *Lancet* 2019; **393:** 2051–58.
5 Macbeth F, Fallowfield L. The myth of pulmonary metastasectomy. *Br J Cancer* 2020; **123:** 499–500.

Published **Online** December 14, 2020 https://doi.org/10.1016/S0140-6736(20)32681-7

Department of Error

Logunov DY, Dolzhikova IV, Zubkova OV, et al. Safety and immunogenicity of an rAd26 and rAd5 vector-based heterologous prime-boost COVID-19 vaccine in two formulations: two open, non-randomised phase 1/2 studies from Russia. Lancet *2020;* **396:** *887–97*—In this Article, in the third paragraph of the Results section, the geometric mean titre of IgGs in participants receiving Gam-COVID-Vac should have read 1345, and the geometric mean titres of IgG on day 28 should have read 5382. In tables S3 and S4 of the appendix, the baseline titres for IgG on day 0 should have been 12.5. In table S5 of the appendix, the baseline titres of NtAb should have been 1.250. Author Amir I Tukhvatulin's name was misspelled in the author byline and in the affiliations section. These corrections have been made to the online version as of Jan 7, 2021.

Rangan A, Brealey SD, Keding A, et al. Management of adults with primary frozen shoulder in secondary care (UK FROST): a multicentre, pragmatic, three-arm, superiority, randomised clinical trial. Lancet *2020;* **396:** *977–89*—In this Article, in the UK FROST trial collaborators, the name listed for Muhammad Butt was incorrect. This correction has been made to the online version as of Jan 7, 2021.

Voysey M, Clemens SAC, Madhi SA, et al. Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK. Lancet *2021;* **397:** *99–111*—In this Article, Keertan Dheda's affiliation with the London School of Hygiene & Tropical Medicine has been added, and appendix 1 has been corrected. This correction has been made to the printed version, and to the online versions as of Jan 7, 2021.

Watts N, Amann M, Arnell N, et al. The 2020 report of The Lancet *Countdown on health and climate change: responding to converging crises.* Lancet *2021;* **397:** *129–70*—In this Review, Figure 3 should have shown the distribution of annual heat-related mortality in the population older than 65 years, not the distribution in all ages. This correction has been made to the online version as of Dec 14, 2020, and the printed version is correct.