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**Correction to Lancet  
Gastroenterol Hepatol  
2021; 6: 271–81**

Sebastian S, Walker GJ, Kennedy NA, et al. Assessment, endoscopy, and treatment in patients with acute severe ulcerative colitis during the COVID-19 pandemic (PROTECT-ASUC): a multi-centre, observational, case-control study. *Lancet Gastroenterol Hepatol* 2021; **6**: 271–81—The appendix of this Article has been corrected as of March 11, 2021.

**Correction to Lancet  
Gastroenterol Hepatol  
2021; 6: 292–303**

Adamson D, Byrne A, Porter C, et al. Palliative radiotherapy after oesophageal cancer stenting (ROCS): a multicentre, open-label, phase 3 randomised controlled trial. *Lancet Gastroenterol Hepatol* 2021; **6**: 292–303—In this Article, median time to first bleeding event was longer in the EBRT group than in the usual care group and has been corrected throughout the Article: in the Summary Findings, “Median time to first bleeding event or hospital admission for a bleeding event was 49.0 weeks (95% CI 33.3–not reached) with usual care versus 65.9 weeks (52.7–not reached) with EBRT (adjusted subhazard ratio 0.52 [95% CI 0.28–0.97],  $p=0.038$ ;  $n=199$ )”; and in the Results, “Median time to first upper gastrointestinal-related bleeding or hospital admission for a bleeding event was longer with EBRT than with usual care (65.9 weeks [52.7–not reached] vs 49.0 weeks [95% CI 33.3–not reached]; adjusted subhazard ratio 0.52 [95% CI 0.28–0.97],  $p=0.038$ ; appendix p 26)”. Description of fractionation schedules in the Methods has also been amended to “Treatment dose was prespecified at each centre, preferably 20 Gy in five fractions over 1 week or, at the treating clinician’s discretion, 30 Gy in ten fractions over 2 weeks”. These corrections have been made to the online version as of March 11, 2021, and the printed version is correct.