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.

TABLE
Adjusted logistic regression modeling: factors contributing to likelihood of risk-reducing mastectomy

Variable	OR (95% CI)	*P* value
Both first- and second-degree relative death from breast cancer	11.0 (2.1–57.9)	.005
Parity ≥1	4.2 (1.8–10.0)	.001
Genetic testing >2005	2.8 (1.2–6.4)	.014

CI, confidence interval; *OR*, odds ratio.

Singh. Impact of family history on choosing risk-reducing surgery among BRCA mutation carriers. Am J Obstet Gynecol 2013.

was an especially significant impact from losing a mother to cancer. History of mother being deceased from cancer and/or an increased cancer burden within the family (numbers of affected first- and second-degree relatives) may be of underrecognized import in patient attitudes regarding prophylactic procedures and has significant implications for genetic counseling. With the explosion of BRCA testing by primary care obstetricians and gynecologists, awareness of subtle factors beyond the statistical risk for cancer is relevant in the counseling of at-risk women. Formal genetic counseling with a clinical genetics specialist providing dedicated attention to family history is important for directing decision making, with the goal of not only educating the patient regarding her risks but also understanding her attitudes regarding management options and ultimately providing a personalized plan for greatest cancer risk reduction based upon her individual life circumstances.

CLINICAL IMPLICATIONS

- Perceptions of cancer risk are heavily influenced by the severity of family history and are motivators in uptake preventive surgery among unaffected BRCA mutation carriers more than risk estimations themselves.
- Family history is key for practitioners in not only identifying those at risk but also understanding their patients' experiences and attitudes regarding disease.
- Recognition of subtle factors influencing behavior in terms of surgical uptake beyond the statistical risks for cancer is important for genetic counseling.
- Formal genetic counseling with a clinical genetics specialist who can provide dedicated attention to family history is important for directing decision making. ■

CORRECTIONS

Supplement to October 2011 (vol. 205, no. 4, page S21)

Jeffrey T. Jensen, MD, MPH, has supplied a conflict of interest statement to replace the "reports no conflict" statement published with his article in a supplement to the October 2011 issue of the Journal (A hormonal contraception update: a decade of innovation & transformation).

The following statement should have appeared with the article (The future of contraception: innovations in contraceptive agents: tomorrow's hormonal contraceptive agents and their clinical implications. Am J Obstet Gynecol 2011;205:S21-5):

Dr Jensen is a consultant and speaker for Bayer HealthCare Pharmaceuticals Inc. and a consultant for Schering Plough (Merck), Agile Pharmaceuticals, and HRA Pharma. He has received research funding from Bayer HealthCare Pharmaceuticals Inc., Wyeth Pharmaceuticals, Warner Chilcott, the Population Council, and the National Institutes of Health.

October 2012 (vol. 207, no. 4, page 288)

The name and academic degrees of the second author of an article published in the October 2012 issue of the Journal (Pneumonia and pregnancy outcomes: a nationwide population-based study. Am J Obstet Gynecol 2012;207:288.e1-7) were listed incorrectly.

Joseph Keller's name should have included a middle initial: Joseph J. Keller. His academic degrees are MS, MPH, not MD.

In the authors' affiliations section, he should have been listed as "Mr Keller."

The corrected byline in the citation reads: Chen Y-H, Keller JJ, Wang I-T, et al.