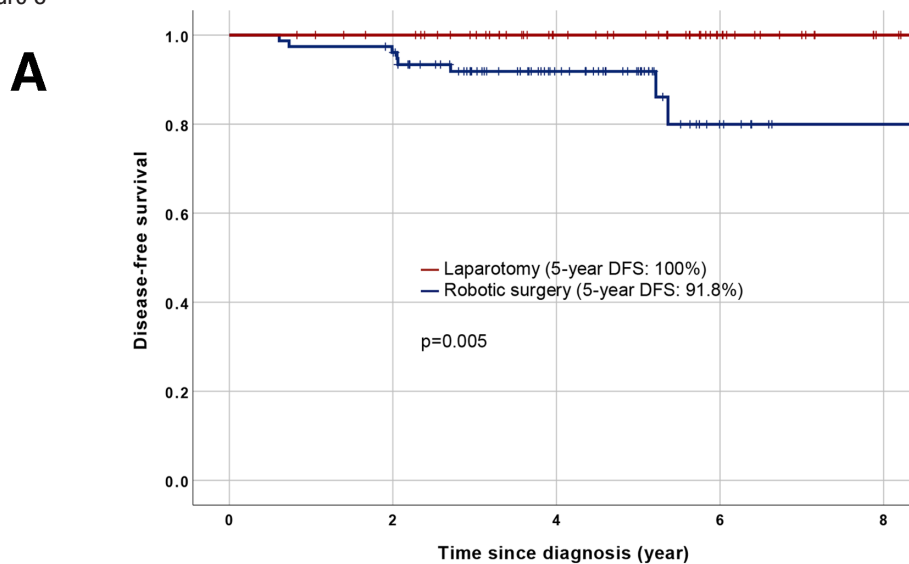


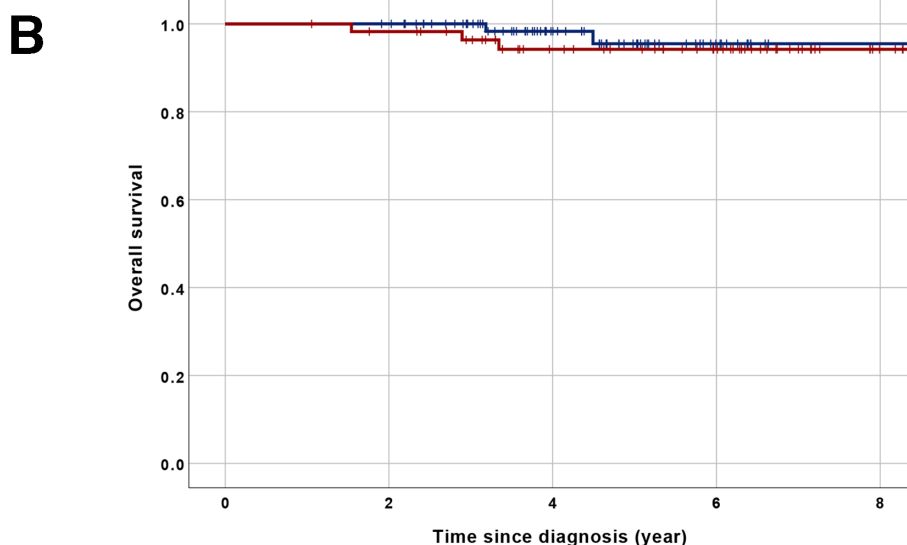
Correction: A comparison of disease recurrence between robotic versus laparotomy approach in patients with intermediate-risk endometrial cancer

Song J, Le T, Hopkins L, *et al.* A comparison of disease recurrence between robotic vs laparotomy approach in patients with intermediate-risk endometrial cancer. *Int J Gynecol Can* 2020;30:160–6. Figure 3 has been updated to include the second graph 'Overall Survival' and the supplementary table was updated as this previously contained a blank document.

Figure 3



Number at risk (Number censored)					
Laparotomy	58 (0)	54 (4)	36 (18)	18 (18)	4 (14)
Robotic surgery	77 (0)	73 (1)	38 (32)	7 (29)	1 (6)



Number at risk (Number censored)					
Laparotomy	58 (0)	55 (2)	39 (14)	27 (12)	4 (23)
Robotic surgery	77 (0)	76 (1)	41 (34)	11 (29)	1 (10)

Supplementary Table 1

Patient	Age*	Myometrial invasion	LVSI	Grade	Surgeon	Adjuvant RT	Site of recurrence	Alive	†time to recur (year)
1	56	Superficial	No	2	A	VBT	Distant (lung, liver, pelvis)	No	2.1
2	58	Superficial	Yes	2	B	VBT	Regional (external iliac LN)	No	0.7
3	78	Deep	No	1	B	VBT	Distant (lung)	Yes	5.2
4	63	Deep	Yes	2	A	EBRT	Distant (lung)	Yes	5.4
5	61	Superficial	No	2	A	EBRT	Local (vaginal vault)	Yes	2.0
6	62	Superficial	Yes	3	C	EBRT	Regional (perirectal LN)	Yes	0.6
7	70	Superficial	Yes	2	C	VBT	Distant (lung)	Yes	2.7
8	59	Deep	No	1	D	VBT	Distant (PA LN, pelvis)	Yes	2.1

Supplementary table 1. Demographics, tumor characteristics, treatment, pattern of recurrence and survival outcomes for the eight patients with recurrence. *Age at diagnosis. †Time interval between diagnosis and date of recurrence. LVSI: lymphovascular space invasion. RT: radiotherapy. VBT: vaginal brachytherapy. EBRT: external-beam radiotherapy. LN: lymph node. PA: para-aortic.

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