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Correction: Perilesional edema diameter associated with brain metastases as a predictive factor of response to radiotherapy in non-small cell lung cancer

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KEYWORDS

central nervous system, tumor diameter, perilesional edema, lung adenocarcinoma, lung cancer, local therapy, radiation therapy

A Correction on

Perilesional edema diameter associated with brain metastases as a predictive factor of response to radiotherapy in non-small cell lung cancer

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There was a mistake in [Figure 3B](#) and [Figure 3C](#), as published. Kaplan-Meier curves were plotted without censored events. The corrected [Figure 3B](#) and [Figure 3C](#), appear below.

There was a mistake in reported values. A correction has been made to the section 3.4 *Intracranial progression-free survival*, third paragraph:

“The 6-month icPFS rate was also higher in the minor PED subgroup, 81.6% (95% CI 67.6 -89.9) versus 50.8% (95% CI 36.9 -63.1, $p<0.001$, respectively”.

There was a typo mistake in reported values. A correction has been made to the section 3.5 *Overall survival*, first paragraph:

“The 6-month OS rate was 80.3% (95% CI 66.5 -88.9) vs. 57.4% (95% CI 44.1 -68.7), $p = 0.007$, favoring those patients with a minor PED”.

The original version of this article has been updated.

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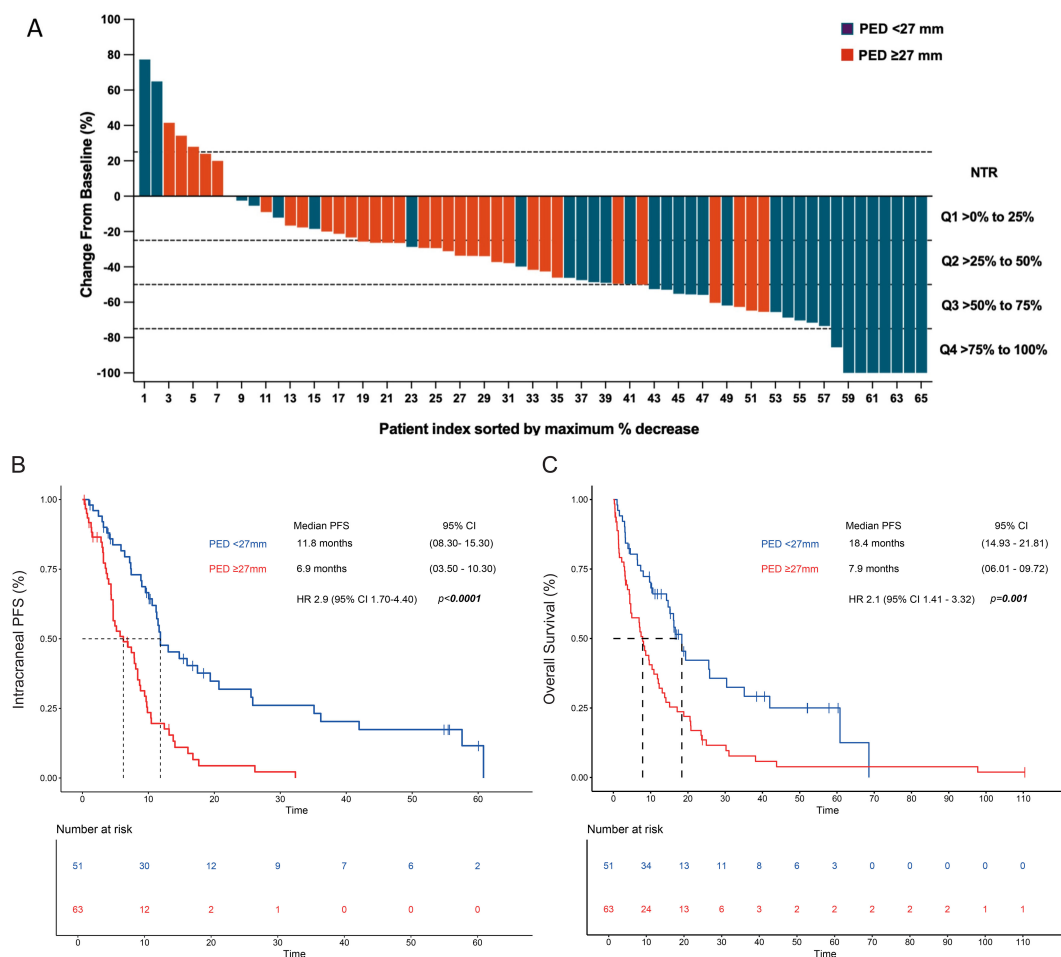


FIGURE 3

Intracranial responses according to the perilesional edema diameter. (A) CNS depth of intracranial responses according to the PED diameter. The Kaplan-Meier plot assessed the PED after radiotherapy according to (B) progression-free survival and (C) overall survival. MV analysis: PED (>27 mm) remained significant for 8 CNS PFS after the adjustment for sex, Lung-molGPA score, and gross tumor diameter. Cut Off PED was set at <27mm and ≥27mm. Two-tailed P values ≤ 0.05 were considered statistically significant (Bold values). PED, perilesional edema diameter; GTD, gross tumor diameter.