



Corrigendum

Corrigendum to “Laparo-assisted vaginal radical hysterectomy as a safe option for minimal invasive surgery in early stage cervical cancer: A systematic review and meta-analysis” [Gynecologic Oncology Volume 166, Issue 1, July 2022, Pages 188195]

The authors regret that the originally published version of the above article contained a number of errors. The correct and final version follows. The presented meta-analysis originally reported data from 9 articles comparing Laparo-Assisted Vaginal Radical Hysterectomy (LARVH) and Abdominal Radical Hysterectomy (ARH) for the treatment of Early Stage Cervical Cancer (ECC). Following the publication of the data, it was found that two of the studies included in the meta-analysis reported data regarding the same patient population (A. Fusegi, H. Kanao, N. Ishizuka, H. Nomura, Y. Tanaka, M. Omi, Y. Aoki, T. Kurita, M. Yunokawa, K. Omatsu, K. Matsuo, N. Miyasaka, Oncologic outcomes of laparoscopic radical hysterectomy using the no-look no-touch technique for early stage cervical cancer: a propensity score-adjusted analysis, *Cancers* (Basel) 13 (23) (2021 Dec 3) 6097, <https://doi.org/10.3390/cancers13236097> PMID: 34885205; PMCID: PMC8657300. and H. Kanao, K. Matsuo, Y. Aoki, T. Tanigawa, H. Nomura, S. Okamoto, N. Takeshima, Feasibility and outcome of total laparoscopic radical hysterectomy with no-look no-touch technique for FIGO IB1 cervical cancer, *J. Gynecol. Oncol.* 30 (3) (2019 May) e71, <https://doi.org/10.3802/jgo.2019.30.e71> PMID: 30887768; PMCID: PMC6424854.). Therefore, we repeated the calculations and resubmitted the results by including only the most recent publication (Fusegi et al.), reducing the articles to 8. This resulted in a decrease of patients included in the study from 3196 to 3033. As well, patients included in the meta-analysis switched from 1988 to 1825. This resulted in a minor change in the relative risk (RR) about Disease-free Survival (DFS), which went from RR 0.8 [95% CI 0.55–1.16] $p = 0.24$; $I^2 = 0\%$; $p = 0.98$ to RR 0.82 [95% CI 0.55–1.23] $p = 0.34$; $I^2 = 0\%$; $p = 0.96$, keeping the figure essentially unchanged, but remaining statistically insignificant. A slightly larger difference was observed relative to Overall Survival (OS). In this case the RR changed from RR 0.84 [95% CI 0.23–3.02] $p = 0.79$; $I^2 = 0$ $p = 0.44$ to RR 1.14 [95% CI 0.28–4.67] $p = 0.43$; $I^2 = 0$ $p = 0.86$. Finally, the overlap of these two populations, however, nullified the sub-analysis of the meta-analysis on the treatment of tumors ≥ 2 cm in size, as the only two studies in the literature with a direct comparison between LARVH and ARH in this type of patient are the studies that

are the subject of this Corrigendum. Only the data derived from non-comparative studies about LARVH in this population were reported. For this reason, the sub-meta-analysis related to tumors ≥ 2 cm was removed from our article. The small sample size restriction is why there is a minimal change in results. Ultimately, the corrections made did not make substantial changes to the data presented, demonstrating that the LARVH approach does not show clear inferiority to ARH in terms of DFS and OS in ECC patients. By the way, the repetition of the calculation provides a truer representation of the scientific evidence. Similarly, it does not defeat the intent of this meta-analysis, which is to report the feasibility and oncologic safety profile of a Minimally Invasive Surgical Approach (MIS) for the treatment of ECC as long as this one adheres to the surgical principles of ARH techniques, such as preventing direct exposure of the tumor to the abdominal cavity and CO₂ recirculation and minimizing direct trauma to the tumor.

The authors would like to apologise for any inconvenience caused.

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