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ERRATUM

Erratum to: Unresectable Hepatocellular Carcinoma: Radioembolization Versus Chemoembolization: A Systematic Review and Meta-analysis

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Corrections to the last section ("Survival") on page 1582:
Line: 7
Word: 3
TARE should be changed to TACE
Word: 9
TACE should be changed to TARE
Line: 10
Word: 4
TARE should be changed to TACE
Line: 11
Word: 2
TACE should be changed to TARE
Line: 13
Word: 6
TARE should be changed to TACE
The complete corrected section appears below.

Survival

Survival information was extracted from the five studies. This included 284 patients undergoing TACE and 269 patients undergoing TARE. Male to female ratio for TACE is 82:18 and for TARE is 77:23. Median age for TACE is 63 with a range of 33–88, whereas TARE is 64 with range of 29–88. Overall survival at 1 year was 42% for TACE subjects compared to 46% for TARE. Statistically there was no difference noticed between 2 modalities (RR = 0.93, 95% CI 0.81–1.08, $p = 0.33$). At 2 years more TACE patients were alive than those that received TARE (27 vs. 18%) the difference of which was statistically significant (RR = 1.36, 95% CI 1.05–1.76, $p = 0.02$). At 3 years more TACE patients survived (14 vs. 8%) yet no statistically significant difference was noted (RR = 1.27, 95% CI 0.88–1.84, $p = 0.20$). At 4 years subjects alive from both TACE and TARE were 4% with no statistically significant difference in survival (RR = 1.64, 95% CI 0.80–3.34, $p = 0.17$). At 5 years only 1% of subject population was alive from both TACE and TARE treatment modalities. There was minimal heterogeneity among studies ($p > 0.05$). Disease-specific mortality (RR = 1.58, 95% CI 0.49–5.10, $p = 0.44$) did not show difference between studies but high heterogeneity was noted ($\pi 2 = 0.6462$, $p = 0.0015$, $I2 = 90\%$).

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