

Erratum to: Which nomogram is best for predicting non-sentinel lymph node metastasis in breast cancer patients? A meta-analysis

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Unfortunately, in the original publication of the article, there were several typos and errors in the text, figures and tables. The authors apologize for these errors. The corrected content is given below. The correct Table 1 of Electronic Supplementary Material is also provided in the link below.

1. Abstract: “To present a systemic...” should be “To present a systematic ...”
2. Introduction (P2, Line1), “The May model...” should be “The Mayo model...”

3. Method (P2, 2nd and 3rd paragraph), “((((non-sentinel [Title/Abstract]) OR non-sentinel[Title/Abstract])...)” should be “((((non-sentinel[Title/Abstract]) OR nonsentinel[Title/Abstract])...)”
4. Results, third line: “and 35 studies were included...” should be “and studies from 35 references were included...”
5. In Fig. 1, the number “155” should be “146”.
6. In Figs. 2, 4, 6a and 7, the corrected data were incorporated and given below.

The online version of the original article can be found under doi:[10.1007/s10549-012-2360-6](https://doi.org/10.1007/s10549-012-2360-6).

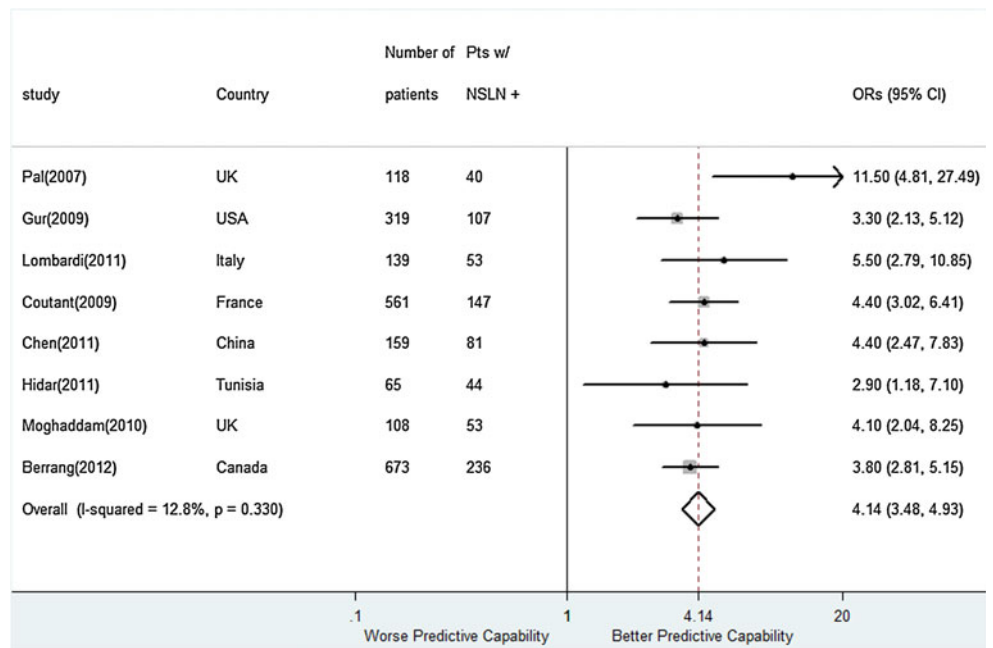
Electronic supplementary material The online version of this article (doi:[10.1007/s10549-013-2512-3](https://doi.org/10.1007/s10549-013-2512-3)) contains supplementary material, which is available to authorized users.

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Fig. 2 Forest plots of the Cambridge model validated in eight studies



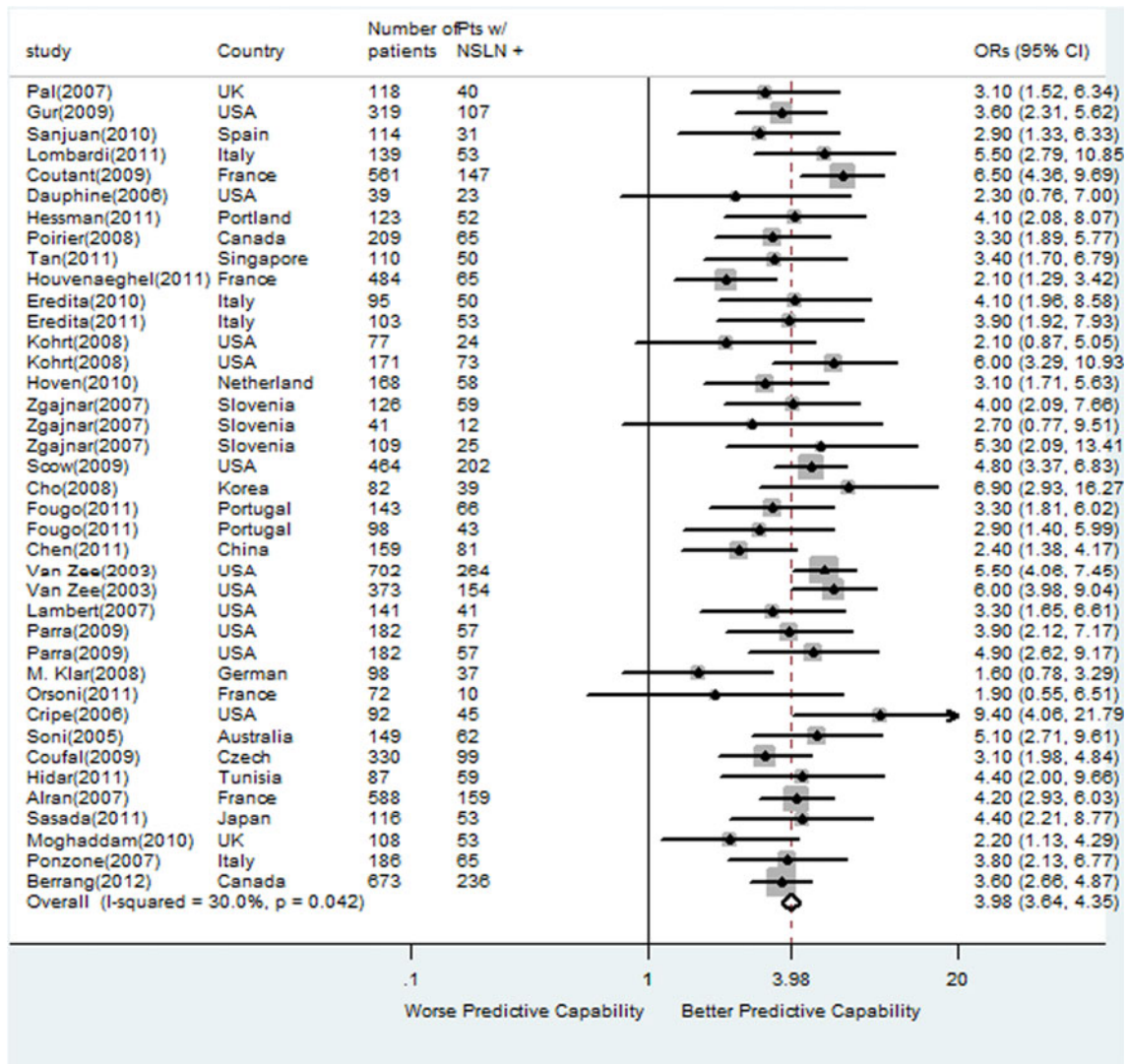


Fig. 4 Forest plots of the MSKCC model validated in 39 studies

Fig. 6 Forest plots of the Tenon model validated in a 14 studies. The Berrang (2012) study has been added into the subgroup analysis

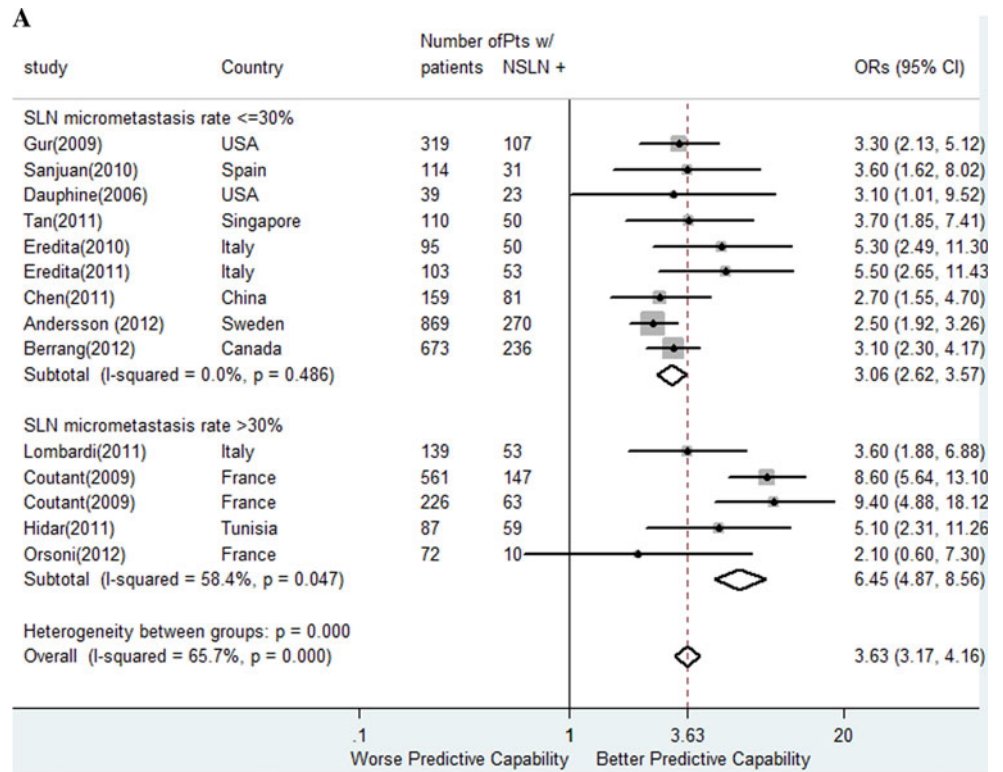


Fig. 7 Forest plots of the Stanford model validated in **a** 12 and **b** 14 studies. The Berrang (2012) study has been added into the subgroup analysis

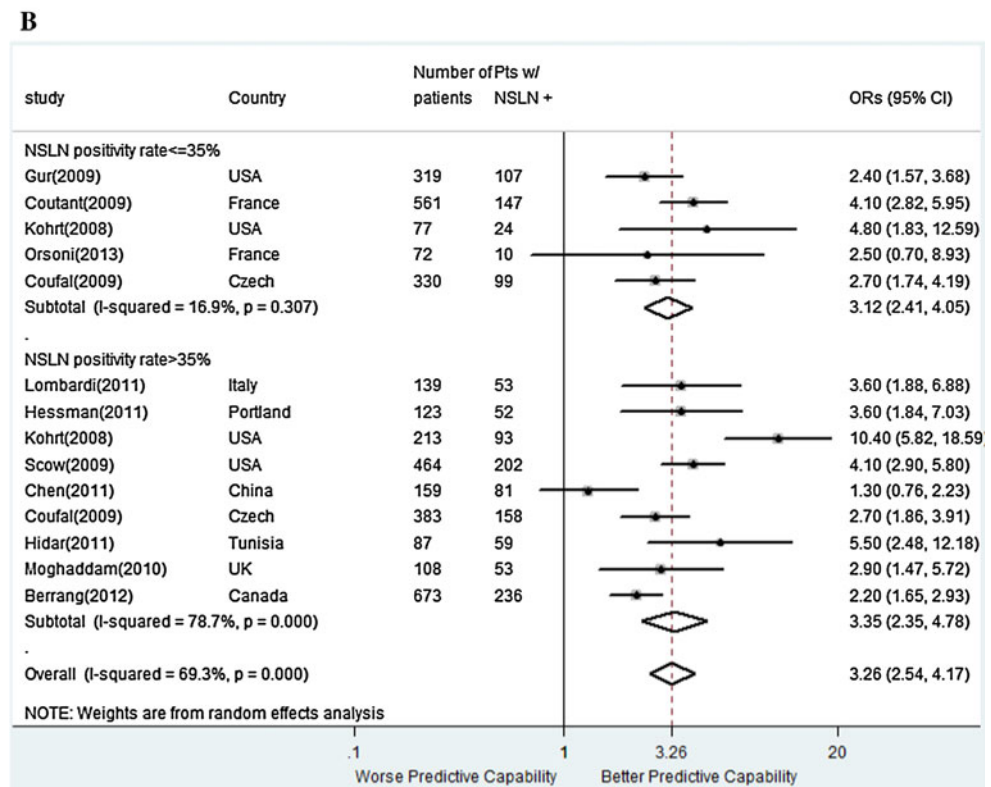
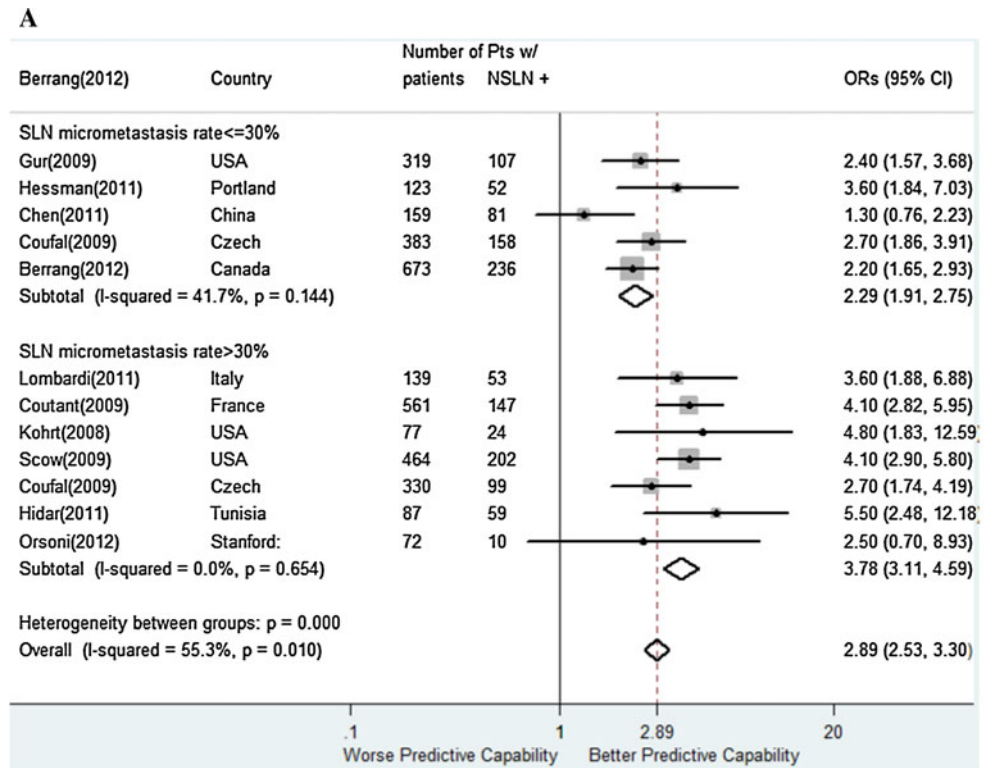


Table 2 Summary of the pooled ORs and their corresponding AUCs of each models

Models	No. of studies	Heterogeneity test			Combined odds ratio		Converted AUC		Heterogeneity between subgroups, <i>P</i>
		χ^2	df	<i>P</i>	OR	95 % CI	AUC	95 % CI	
Cambridge	8	8.03	7	0.33	4.14	3.48–4.93	0.72	0.70–0.75	
MDA	4	2.14	3	0.54	3.69	2.79–4.89	0.71	0.67–0.74	
MSKCC	39	54.32	38	0.04	3.98	3.64–4.35	0.72	0.70–0.73	
Mayo	6	15.12	5	0.01	4.33	3.22–5.82	0.73	0.69–0.77	
Mayo without Berrang (2012)	5	4.24	4	0.26	5.10	4.21–6.18	0.75	0.72–0.77	
Tenon	15	38.50	14	<0.01	4.07	3.17–5.21	0.72	0.68–0.75	
Subgroup analysis									
NSLNs positivity rate $\leq 35\%$	6	32.59	5	<0.01	4.30	2.51–7.39	0.73	0.65–0.79	0.74
NSLNs positivity rate $> 35\%$	9	5.80	8	0.67	3.58	2.95–4.34	0.70	0.67–0.73	
Tenon	14	37.86	13	<0.01	3.63	3.17–4.16	0.70	0.68–0.72	
Subgroup analysis									
SLN micrometastasis rate $\leq 30\%$	9	7.48	8	0.49	3.06	2.62–3.57	0.68	0.66–0.70	<0.01
SLN micrometastasis rate $> 30\%$	5	9.62	4	0.05	6.45	4.87–8.56	0.78	0.74–0.81	
Stanford	14	42.39	13	<0.01	3.26	2.54–4.17	0.69	0.65–0.72	
Subgroup analysis									
NSLNs positivity rate $\leq 35\%$	5	4.81	4	0.31	3.12	2.41–4.05	0.68	0.64–0.72	0.83
NSLNs positivity rate $> 35\%$	9	37.53	8	<0.01	3.35	2.35–4.78	0.69	0.64–0.74	
Stanford	12	24.62	11	0.01	2.89	2.53–3.3	0.67	0.65–0.69	
Subgroup analysis									
SLN micrometastasis rate $\leq 30\%$	5	6.86	4	0.14	2.29	1.93–2.75	0.64	0.61–0.66	<0.01
SLN micrometastasis rate $> 30\%$	7	4.17	6	0.654	3.78	3.11–4.59	0.71	0.68–0.74	

SLN sentinel lymph node, AUC area under the curve, CI confidential interval, df degree of freedom

Table 3 Meta-regression for Tenon and Stanford models

Model	No. of studies	Covariate factors	Exp (b)	Std. Err.	<i>P</i>	95 % CI
Tenon	14	SLNs tumor burden (Micrometastasis rate $> 30\%$ vs. $\leq 30\%$)	1.91	0.39	<0.01	1.22–2.99
	15	NSLNs tumor burden (NSLN positivity rate $> 35\%$ vs. $\leq 35\%$)	0.90	0.23	0.68	0.52–1.56
Stanford	12	SLNs tumor burden (Micrometastasis rate $> 30\%$ vs. $\leq 30\%$)	1.65	0.23	<0.01	1.20–2.26
	14	NSLNs tumor burden (NSLN positivity rate $> 35\%$ vs. $\leq 35\%$)	1.06	0.31	0.84	0.56–2.02