Correction to: Postoperative atrial fibrillation is less frequent in pulmonary segmentectomy compared with lobectomy

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Published online: 5 December 2017
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Correction to: General Thoracic and Cardiovascular Surgery
<https://doi.org/10.1007/s11748-017-0858-x>

In the original publication of this article, the Table 1 was published incorrectly with missing data.

The revised Table 1 is given in the following page. The original article was corrected.

The original article can be found online at <https://doi.org/10.1007/s11748-017-0858-x>.

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Table 1 Clinicopathological features of the lobectomy/segmentectomy groups

Variable	Lobectomy (<i>n</i> = 443)	Segmentectomy (<i>n</i> = 164)	<i>p</i> value ^a
Gender			
Male	226 (51.0%)	68 (41.5%)	0.04
Age			
Years (median)	67 (35–86)	67 (27–84)	0.17
BMI			
Less than 18.5	33 (7.5%)	9 (5.5%)	0.40
More than 25	107 (24.2%)	36 (22.0%)	0.57
Smoking status (pack–year)			
40 or more	290 (23.9%)	26 (15.9%)	0.03
Preoperative pulmonary function			
FEV1.0%			
Less than 70%	106 (23.9%)	30 (18.3%)	0.17
%VC			
Less than 80%	44 (10.0%)	17 (10.6%)	0.83
History of ischemic heart disease	42 (9.5%)	11 (6.7%)	0.28
History of lung cancer resection	12 (2.7%)	24 (14.6%)	<0.01
Operation time			
Minutes (median)	144 (35–352)	156 (61–315)	<0.01
Blood loss			
ml (median)	20 (0–605)	15 (0–410)	0.09
Mediastinal LN dissection	313 (70.7%)	48 (29.3%)	0.01
POAF	34 (7.7%)	3 (1.8%)	0.01

BMI body mass index, *FEV1.0%* forced expiratory volume % in one second, *%VC* % volume capacity, *LN* lymph node, *POAF* postoperative atrial fibrillation

^aLogistic regression analysis