CORRECTION



Correction to: An evaluation of the federal adverse events reporting system data on adverse effects of 5-alpha reductase inhibitors

Matthew B. Harrell¹ · Kaylee Ho² · Alexis E. Te^{3,6} · Steven A. Kaplan⁴ · Bilal Chughtai^{3,5,6}

Published online: 1 September 2021

© Springer-Verlag GmbH Germany, part of Springer Nature 2021

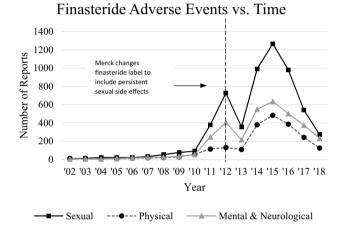
Correction to:

World Journal of Urology (2021) 39:1233–1239 https://doi.org/10.1007/s00345-020-03314-9

Figure 3a shows the number of adverse event reports for Finasteride monotherapy by year and 2010 as the year of label change by dashed lines. However, the year of label change was incorrectly labeled. The corrected Fig. 3a now reports the year of label change as 2012.

The original article can be found online at https://doi.org/10.1007/s00345-020-03314-9.

- Bilal Chughtai bic9008@med.cornell.edu
- Weill Cornell Medical College, New York, NY, USA
- ² Clinical and Translational Science Center at Weill Cornell Medical College, New York, NY, USA
- Department of Urology, New York Presbyterian, Weill Cornell Medical College, New York, NY, USA
- Mount Sinai Department of Urology, Icahn School of Medicine, New York, NY, USA
- Department of Obstetrics and Gynecology, Weill Cornell Medical College, 425 East 61st Street, 12th Floor, New York, NY 10065, USA
- Department of Urology, Weill Cornell Medical College, New York, USA



As a result, the Abstract should read as given below:

Case report submissions rose following FDA-mandated finasteride label change.

Accordingly, the Results section should read as below:

After isolating cases of monotherapy, an increase in frequency of case reports for finasteride was seen following the FDA mandated label change.

The Conclusion should read as below:

Reports to FAERS from non-healthcare personnel increased following the FDA-mandated finasteride label change.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

