Correction to: Results of a randomized trial of treatment modalities in patients with low or early-intermediate risk prostate cancer (PREFERE trial)

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In the original article published, the figure 3a displays early toxicity in patients of the PREFERE trial with active treatment. This figure was incorrect and has been corrected in this erratum.

Figure 3b displays correctly the (non acute) toxicities until 12 months after therapy. However, only four major toxicities, i.e. erectile dysfunction, urinary incontinence, polakisuria, and proctitis have been displayed. This has been stated in the revised Figure Legend.

To avoid misunderstandings, we present two more displays of toxicities: Fig. 3c shows the maximum grade of toxicities per patient 12 months after therapy from 19 different types of toxicity excluding acute toxicity. For a conclusive comparison of the different therapies we furthermore include Fig. 3d, which shows the maximum toxicity, cumulative from therapy to 12 months follow up with reference to 19 types of toxicity.

The original article can be found online at <https://doi.org/10.1007/s00432-020-03327-2>.

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Fig. 3 Maximum grade of toxicity (CTCAE) after radical treatment, including patients who discontinued active surveillance. **a** Acute toxicity (end of treatment) ($N=220$). **b** Four major toxicities (erectile dysfunction, urinary incontinence, pollakisuria, proctitis) 12 months after radical treatment excluding acute toxicity ($N=178$). **c** All nineteen toxicities 12 months after radical treatment excluding acute tox-

icity ($N=178$). **d** Toxicity 12 months after radical treatment (19 types of toxicities) including acute toxicity, 4 patients with missing acute toxicity information but documentation of toxicity during follow up, ($N=224$). *RP* radical prostatectomy, *PSI* permanent seed implantation, *EBRT* external beam radiotherapy

The above mentioned corrections will not change the interpretation or conclusions: There is an (non significant) increased Grade 2–4 toxicity in PSI as compared to EBRT.

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