

CORRECTION

## Correction to: Long-term outcomes of patients with early gastric cancer found to have lesions for which endoscopic treatment is not indicated on histopathological evaluation after endoscopic submucosal dissection

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In Table 1, the second item in the right-hand column “Extra-indication” should be changed to “Out of indication”. The correct version of Table 1 is displayed.

In Figure 1, the illustration on the left should be exchanged with that on the right. Also, in the caption’s third line, “ $p = 0.010$ ” should be changed to “ $p < 0.001$ ”. The correct version of Fig. 1 is displayed.

In Figure 2, the illustration on the left should be exchanged with that on the right. The correct version of Fig. 2 is displayed.

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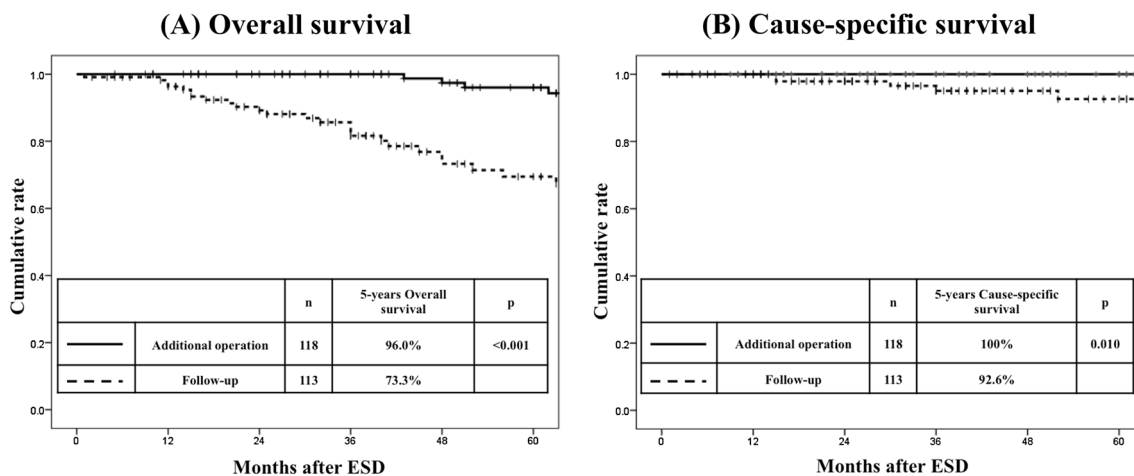
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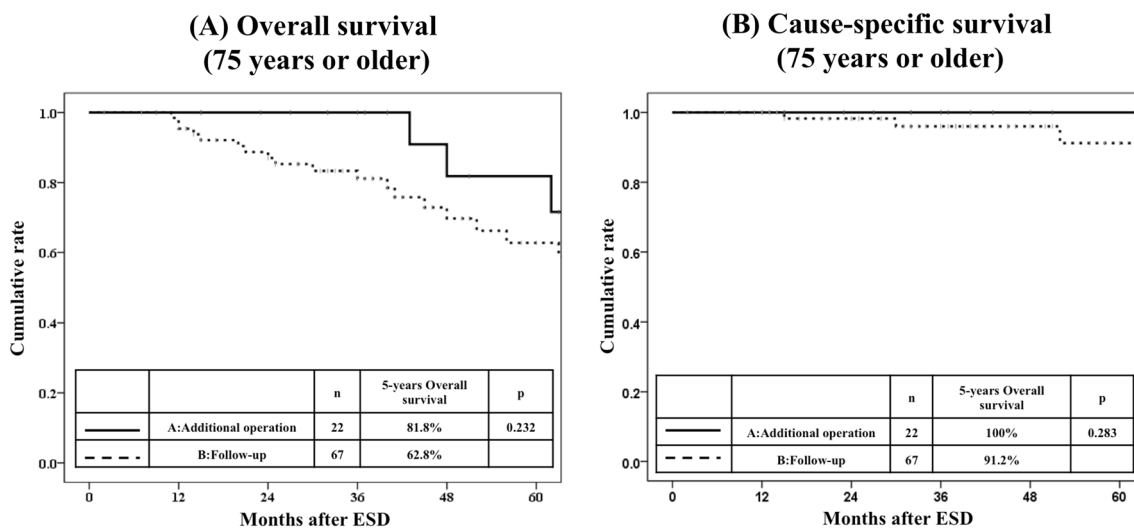
**Table 1** Classification of indications for endoscopic submucosal dissection as defined by the Japan Gastroenterological Endoscopy Society (JGES) and the Japanese Gastric Cancer Association (JGCA)

Depth of invasion	Ulceration	Differentiated-type		Undifferentiated-type	
Clinically diagnosed T1a	UL(-)	≤ 2 cm	> 2 cm	≤ 2 cm	> 2 cm
		Absolute indication	Expanded indication	Expanded indication	Out of indication
	UL(+)	≤ 3 cm	> 3 cm	Any size	
Clinically diagnosed T1b	UL(-)/(+)	Expanded indication	Out of indication	Out of indication	
		Any size			
		Out of indication			



**Fig. 1 A** Overall survival. The 5-year overall survival rate was significantly higher in the additional operation group (96.0%) than in the follow-up group (73.3%,  $p < 0.001$ ). **B** Cause-specific survival.

The 5-year cause-specific survival rate was significantly higher in the additional operation group (100%) than in the follow-up group (92.6%,  $p < 0.001$ )



**Fig. 2 A** Overall survival. Among elderly patients 75 years or older, the 5-year overall survival rate was slightly lower in the follow-up group (62.8%) than in the additional operation group (81.8%,  $p = 0.232$ ). **B** Cause-specific survival. Among elderly patients

75 years or older, the 5-year cause-specific survival rate did not differ significantly between the additional operation group (100%) and the follow-up group (91.2%,  $p = 0.283$ )