




Correction: Characteristics of synchronous and metachronous duodenal tumors and association with colorectal cancer: a supplementary analysis

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Published online: 24 March 2023
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Correction: J Gastroenterol
<https://doi.org/10.1007/s00535-023-01964-1>

The correct Table 2 is given in this correction.

In the original publication of the article, in Table 2, the value of “CP/EMR/UEMR/ESD/surgery^a/follow” under the column “Non-metachronous group ($n = 2604$)” should be moved under the “Metachronous group ($n = 54$)” column.

The original article can be found online at <https://doi.org/10.1007/s00535-023-01964-1>.

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Table 2 Characteristics and treatment outcomes of metachronous lesions

Patients, <i>n</i> = 2658	Non-metachronous group (<i>n</i> = 2604)	Metachronous group (<i>n</i> = 54)	<i>P</i> value
Age, mean (SD), yr	63.0 (11.1)	63.6 (12.1)	0.47
Male/female, <i>n</i> , (%)	1791/813 (68.8/31.2)	41/13 (75.9/24.1)	0.26
Characteristics of primary lesion, <i>n</i> = 2658			
Location, <i>n</i> (%)			
Bulb/second, proximal-ampulla/second, distal ampulla or third	312/977/1315 (12.0/37.5/50.5)	7/22/25 (13.0/40.7/46.3)	0.83
Lesion size, mean (SD), mm	14.6 (11.1)	13.6 (8.5)	0.83
Morphology, <i>n</i> (%)			
Protruded/superficial elevated/superficial depressed	398/1635/571 (15.3/62.8/21.9)	10/32/12 (18.5/59.3/22.2)	0.79
Single/synchronous, <i>n</i> (%)	2424/180 (93.1/6.9)	48/6 (88.9/11.1)	0.23
Characteristics of metachronous lesions, <i>n</i> = 60			
Location, <i>n</i> (%)			
Bulb/second, proximal-ampulla/second, distal ampulla or third	–	7/23/30 (11.7/38.3/50.0)	–
Lesion size, mean (SD), mm	–	7.9 (4.7)	–
Morphology, <i>n</i> (%)			
Protruded/superficial elevated/superficial depressed	–	7/31/22 (11.7/51.7/36.7)	–
Time to metachronous lesions, median (range), mo	–	25 (12–153)	–
Treatment methods, <i>n</i> (%)			
CP/EMR/UEMR/ESD/surgery ^a /follow	–	14/23/11/9/1/2 (23.3/38.3/18.3/15.0/1.7/3.3)	–
Histological diagnosis, <i>n</i> (%)			
Adenoma/cancer	–	45 /13 (77.6/22.4)	–

CP, cold polypectomy; EMR endoscopic mucosal resection, ESD endoscopic submucosal dissection, SD standard deviation, UEMR underwater endoscopic mucosal resection

^aSDET located at the second portion of distal ampulla with 18 mm in size was resected by surgery due to the poor maneuverability of endoscope

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