Correction to: Statins to mitigate cardiotoxicity in cancer patients treated with anthracyclines and/or trastuzumab: a systematic review and meta-analysis

Mary Obasi¹ · Arielle Abovich² · Jacqueline B. Vo³ · Yawen Gao⁴ · Stefania I. Papatheodorou⁵ · Anju Nohria^{6,7} · Aarti Asnani⁸ · Ann H. Partridge^{7,9}

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In the original publication of the article, the formatting of Tables 4 and 5 were incorrect. The correct version of Tables 4 and 5 are provided in this correction.

The original article can be found online at <https://doi.org/10.1007/s10552-021-01487-1>.

✉ Mary Obasi
mobasi@mednet.ucla.edu

¹ Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, USA

² Department of Medicine, Johns Hopkins Hospital, Baltimore, MD, USA

³ Division of Cancer Epidemiology & Genetics, National Cancer Institute, Rockville, MD, USA

⁴ Analysis Group, Los Angeles, CA, USA

⁵ Harvard T.H. Chan School of Public Health, Boston, MA, USA

⁶ Dana-Farber/Brigham and Women's Cancer Center, Boston, MA, USA

⁷ Harvard Medical School, Boston, MA, USA

⁸ CardioVascular Institute, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, MA, USA

⁹ Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA

Table 4 Pooled relative risk for incidence of cardiotoxicity using random-effects model

Study		RR [95% CI]	% Weight
Observational			
Calvillo-Arguelles et al.	<p>Heterogeneity:$\chi^2=0.44$ (d.f.=2), $p=0.802$, $I^2=0.0\%$</p> <p>Test of $RR=1$: $z=2.92$, $p=0.004$</p>	0.476 [0.193 - 1.176]	33.01
Tase et al.		0.538 [0.238 - 1.211]	41.09
Seicean et al.		0.348 [0.125 - 0.965]	25.90
Pooled RR		0.462 [0.275 - 0.776]	100.00
RCT			
Nabati et al.	<p>Heterogeneity:$\chi^2=1.06$ (d.f.=1), $p=0.303$, $I^2=5.6\%$</p> <p>Test of $RR=1$: $z=1.28$, $p=0.200$</p>	0.684 [0.209 - 2.235]	73.69
Acar et al.		0.200 [0.026 - 1.562]	26.31
Pooled RR		0.495 [0.169 - 1.451]	100.00

Table 5 Estimated weighted mean difference for change in LV ejection fraction using random-effects model with inverse variance weights

Study		WMD [95% CI]	% Weight
Observational			
Calvillo Arguelles et al.		4.100 [0.969 - 7.231]	41.80
Chotenimitkhun et al.		7.600 [6.155 - 9.045]	58.20
Pooled WMD Heterogeneity: $\chi^2=3.96$ (d.f.=1), p=0.047, $I^2=74.7\%$ Test of WMD=0: z=3.55, p<0.001		6.137 [2.753 - 9.520]	100.00
RCT			
Nabati et al.		3.650 [0.906 - 6.394]	53.19
Acar et al.		9.200 [5.318 - 13.082]	46.81
Pooled WMD Heterogeneity: $\chi^2=5.24$ (d.f.=1), p=0.022, $I^2=80.9\%$ Test of WMD=0: z=2.26, p=0.024		6.248 [0.820 - 11.676]	100.00