




## Correction to: Anesthetic technique and cancer outcomes: a meta-analysis of total intravenous *versus* volatile anesthesia

## Correction à: Technique d'anesthésie et pronostics de cancer : une méta-analyse analyse comparant l'anesthésie intraveineuse totale et l'anesthésie par inhalation

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There was an isolated error relating to the Oh *et al.*<sup>1</sup> study within our recurrence-free survival analysis. When the reported estimates for Oh *et al.* are corrected, the pooled hazard ratio (HR) is now 0.87; 95% confidence interval (CI), 0.66 to 1.15;  $P = 0.32$ .

It is important to note that the Oh *et al.*<sup>1</sup> study incorporates substantial heterogeneity ( $I^2 > 60\%$ ;  $P = 0.02$ ), and after removing the Oh *et al.* study as per our methods' description, the effect estimate is 0.79; 95% CI, 0.62 to 1.0;  $P = 0.05$  indicating a borderline protective effect with an acceptable inconsistency score ( $I^2 = 40\%$ ;  $P = 0.16$ ; see attached revised forest plot).

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The original article can be found online at <https://doi.org/10.1007/s12630-019-01330-x>.

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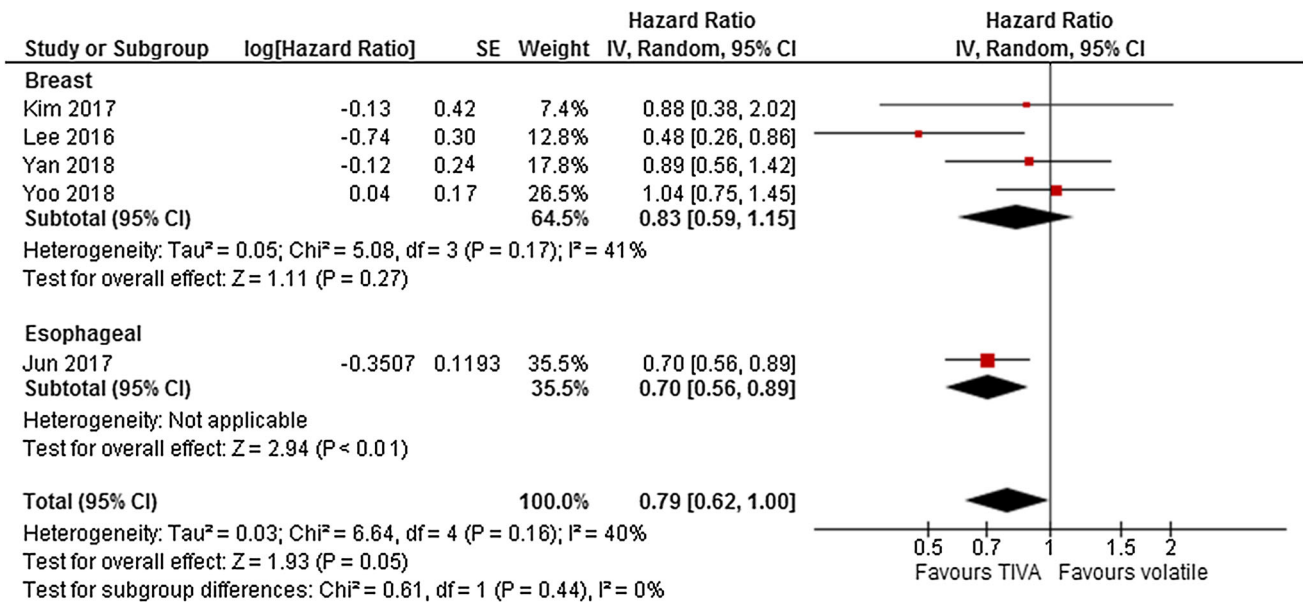
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## Reference

1. Oh TK, Kim K, Jheon S, et al. Long-term oncologic outcomes for patients undergoing volatile versus intravenous anesthesia for non-small cell lung cancer surgery: a retrospective propensity matching analysis. *Cancer Control* 2018; 25: 1073274818775360.

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