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Erratum: Prospective comparative study of intraoperative balloon electronic brachytherapy versus resection with multidisciplinary adjuvant therapy for recurrent glioblastoma

In the article entitled "**Prospective comparative study of intraoperative balloon electronic brachytherapy versus resection with multidisciplinary adjuvant therapy for recurrent glioblastoma**" published in **Surgical Neurology International**^[1] there are the following figure legend corrections:

- Figure 3 legend is incorrectly written as Kaplan-Meier curves for overall survival in the intraoperative balloon electronic brachytherapy group stratified according to postoperative residual contrast-enhanced volume (PCEV): the subgroup of subjects with PCEV >2.5 cm³ marked in red, the subgroup of subjects with PCEV ≤2.5 cm³ marked in green; log rank $\chi^2 = 8.03$, P = 0.005, P < 0.05 instead of Kaplan-Meier curves for overall survival in the intraoperative balloon electronic brachytherapy group stratified according to postoperative residual contrast-enhanced volume (PCEV): the subgroup of subjects with PCEV >2.5 cm³ marked in green; log rank $\chi^2 = 8.03$, P = 0.005, P < 0.05 instead of Kaplan-Meier curves for overall survival in the intraoperative balloon electronic brachytherapy group stratified according to postoperative residual contrast-enhanced volume (PCEV): the subgroup of subjects with PCEV >2.5 cm³ marked in green, the subgroup of subjects with PCEV ≤2.5 cm³ marked in red; log rank $\chi^2 = 8.03$, P = 0.005, P < 0.05.
- Figure 4 legend is incorrectly written as Kaplan-Meier curves for overall survival: The intraoperative balloon electronic brachytherapy group marked in green, the control group marked in red; Log Rank $\chi^2 = 4.23$, P = 0.04, P < 0.05 instead of Kaplan-Meier curves for overall survival: The intraoperative balloon electronic brachytherapy group marked in red, the control group marked in green; Log Rank $\chi^2 = 4.23$, P = 0.04, P < 0.05.
- Figure 5 legend is incorrectly written as Kaplan-Meier curves for local progression-free survival: the intraoperative balloon electronic brachytherapy group marked in green, the control group marked in red, Log Rank $\chi^2 = 4.93$, P = 0.026, P < 0.05 instead of Kaplan-Meier curves for local progression-free survival: the intraoperative balloon electronic brachytherapy group marked in red, the control group marked in green, Log Rank $\chi^2 = 4.93$, P = 0.026, P < 0.05.
- Figure 6 legend is incorrectly written as Kaplan-Meier curves for overall survival in the subgroups of subjects with postoperative residual contrast-enhanced volume $\leq 2.5 \text{ cm}^3$: the intraoperative balloon electronic brachytherapy group marked in green, the control group marked in red; Log Rank $\chi^2 = 4.13$, P = 0.042, P < 0.05 instead of Kaplan-Meier curves for overall survival in the subgroups of subjects with postoperative residual contrast-enhanced volume $\leq 2.5 \text{ cm}^3$: the intraoperative balloon electronic brachytherapy group marked in red, the control group marked in green; Log Rank $\chi^2 = 4.13$, P = 0.042, P < 0.05.

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• Figure 7 legend is incorrectly written as Kaplan-Meier curves for local progression-free survival in the subgroups of subjects with postoperative residual contrast-enhanced volume $\leq 2.5 \text{ cm}^3$: the intraoperative balloon electronic brachytherapy group marked in green, the control group marked in red; Log Rank $\chi^2 = 7.24$, P = 0.007, P < 0.05 instead of Kaplan-Meier curves for local progression-free survival in the subgroups of subjects with postoperative residual contrast-enhanced volume $\leq 2.5 \text{ cm}^3$: the intraoperative balloon electronic brachytherapy group marked in red, the control group marked in green; Log Rank $\chi^2 = 7.24$, P = 0.007, P < 0.05.

• In Tables 3 and 5 Current status is incorrectly written as October 2020 instead of March 2021.

REFERENCE

1. Krivoshapkin A, Gaytan A, Abdullaev O, Salim N, Sergeev G, Marmazeev I, *et al.* Prospective comparative study of intraoperative balloon electronic brachytherapy versus resection with multidisciplinary adjuvant therapy for recurrent glioblastoma. Surg Neurol Int 2021;12:517.