

CORRECTION

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Correction: Early biomarkers of extracapsular extension of prostate cancer using MRI-derived semantic features

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Correction: *Cancer Imaging* 22, 74 (2022)
<https://doi.org/10.1186/s40644-022-00509-8>

The original publication of this article [1] contained several consistency errors. The incorrect and correct information is shown below

Abstract
Incorrect

- The study participants included 184 patients who had undergone RARP at our institution, 26% of whom were pECE+ (i.e., pECE positive). Significant pre-

dictors of pECE+ were TCCL, capsular disruption, measurable ECE on MRI, and a GS of $\geq 7(4+3)$ on a prostate biopsy.

Correct

- The study participants included **185** patients who had undergone RARP at our institution, 26% of whom were pECE+ (i.e., pECE positive). Significant predictors of pECE+ were TCCL, capsular disruption, measurable ECE on MRI, and a GS of $\geq 7(4+3)$ on a prostate biopsy.

Materials and methods

Incorrect

- This study included 257 participants, all of whom were patients diagnosed with PCa between 2015 and 2018.
- The exclusion criteria (Fig. 1) led to 72 patients being excluded, leaving only 185 patients for analysis.

Correct

- This study included **237** participants, all of whom were patients diagnosed with PCa between 2015 and 2018.
- The exclusion criteria (Fig. 1) led to 52 patients being excluded, leaving only 185 patients for analysis.

The original article can be found online at <https://doi.org/10.1186/s40644-022-00509-8>.

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Results**Incorrect**

- For every increase of one millimeter in the capsular contact length, the odds of presenting pECE+ increases by 9% compared with patients with no contact capsular length.

Correct

- For every increase of one millimeter in the capsular contact length, the odds of presenting pECE+ increases by **9.7%** compared with patients with no contact capsular length.

Incorrect

- The odds of presenting pECE+ were 3.3, 5.5, and 6.2 times higher in patients with capsular disruption, measurable ECE on MRI, and a GSs of $\geq (4+3)$, respectively, compared to patients without these characteristics.

Correct

- The odds of presenting pECE+ were **3.0, 5.2,** and 6.2 times higher in patients with capsular disruption, measurable ECE on MRI, and a GSs of $\geq (4+3)$, respectively, compared to patients without these characteristics.

Incorrect

- To evaluate the performance of the multivariable logistic regression model, we computed the ROC curve and the AUC. The estimated model shows a good performance in distinguishing pECE+ patients from pECE– patients, with an AUC of 0.90 (86.0–95.8%), a high sensitivity (93%), and moderate specificity (70%) (Table 3).

Correct

- To evaluate the performance of the multivariable logistic regression model, we computed the ROC curve and the AUC. The estimated model shows a good performance in distinguishing pECE+ patients from pECE– patients, with an AUC of 0.91 (85.3–94.5%), a high sensitivity (86%), and moderate specificity (78%) (Table 3).

Figure 4 caption**Incorrect**

- Gleason score less aggressive: $< 7(3+4)$

Correct

- Gleason score less aggressive: $< 7(4+3)$

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Reference

1. Guerra A, et al. Early biomarkers of extracapsular extension of prostate cancer using MRI-derived semantic features. *Cancer Imaging*. 2022;22:74. <https://doi.org/10.1186/s40644-022-00509-8>.

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