J Gastric Cancer. 2023 Apr;23(2):365-373
https://doi.org/10.5230/jgc.2023.23.e20
pISSN 2093-582X·eISSN 2093-5641

jgc Journal of Gastric Cancer

Erratum

Erratum: Korean Practice Guidelines for Gastric Cancer 2022: An Evidence-based, Multidisciplinary Approach

Tae-Han Kim [1], In-Ho Kim [2], Seung Joo Kang [3], Miyoung Choi[4], Baek-Hui Kim [5], Bang Wool Eom [6], Bum Jun Kim [7], Byung-Hoon Min[8], Chang In Choi [9], Cheol Min Shin [10], Chung Hyun Tae [11], Chung sik Gong [12], Dong Jin Kim [13], Arthur Eung-Hyuck Cho [14], Eun Jeong Gong[15], Geum Jong Song [16], Hyeon-Su Im [17], Hye Seong Ahn[18], Hyun Lim [19], Hyung-Don Kim [20], Jae-Joon Kim [21], Jeong Il Yu [22], Jeong Won Lee [23], Ji Yeon Park [24], Jwa Hoon Kim [25], Kyoung Doo Song [26], Minkyu Jung [27], Mi Ran Jung [28], Sang-Yong Son [29], Shin-Hoo Park [30], Soo Jin Kim[31], Sung Hak Lee [32], Tae-Yong Kim [33], Woo Kyun Bae [34], Woong Sub Koom [35], Yeseob Jee [36], Yoo Min Kim [37], Yoonjin Kwak [38], Young Suk Park [39], Hye Sook Han [40], Su Youn Nam [41], Seong-Ho Kong [42]

[1]Department of Surgery, Gyeongsang National University Changwon Hospital, Changwon, Korea
[2]Division of Medical Oncology, Department of Internal Medicine, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea
[3]Department of Internal Medicine, Seoul National University Hospital Healthcare System Gangnam Center Seoul, Seoul, Korea
[4]National Evidence-based Healthcare Collaborating Agency (NECA), Seoul, Korea
[5]Department of Pathology, Korea University Guro Hospital, Seoul, Korea
[6]Center for Gastric Cancer, National Cancer Center, Goyang, Korea
[7]Division of Hematology-Oncology, Department of Internal Medicine, Hallym University Medical Center, Hallym University College of Medicine, Anyang, Korea
[8]Department of Medicine, Samsung Medical Center, Seoul, Korea
[9]Department of Surgery, Pusan National University Hospital, Busan, Korea
[10]Department of Internal Medicine, Seoul National University Bundang Hospital, Seongnam, Korea
[11]Department of Internal Medicine, Ewha Womans University College of Medicine, Seoul, Korea
[12]Division of Gastrointestinal Surgery, Department of Surgery, Asan Medical Center and University of Ulsan College of Medicine, Seoul, Korea
[13]Department of Surgery, Eunpyeong St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea
[14]Department of Nuclear Medicine, Severance Hospital, Seoul, Korea
[15]Department of Internal Medicine, Hallym University College of Medicine, Chuncheon, Korea
[16]Department of Surgery, Soonchunhyang University, Cheonan, Korea
[17]Department of Hematology and Oncology, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan, Korea
[18]Department of Surgery, Seoul Metropolitan Government-Seoul National University Boramae Medical Center, Seoul, Korea
[19]Department of Gastroenterology, Hallym University Sacred Heart Hospital, University of Hallym College of Medicine, Anyang, Korea
[20]Department of Oncology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea
[21]Division of Hematology-Oncology, Department of Internal Medicine, Pusan National University Yangsan Hospital, Yangsan, Korea
[22]Department of Radiation Oncology, Samsung Medical Center, Sungkyunkwan University, School of Medicine, Seoul, Korea
[23]Department of Nuclear Medicine, Catholic Kwandong University, College of Medicine, Incheon, Korea
[24]Department of Surgery, Kyungpook National University Chilgok Hospital, School of Medicine, Kyungpook National University, Daegu, Korea
[25]Division of Oncology, Department of Internal Medicine, Korea University Anam Hospital, Korea University College of Medicine, Seoul, Korea

Published online: Apr 25, 2023

ORCID iDs
Tae-Han Kim
https://orcid.org/0000-0002-5012-7208
In-Ho Kim
https://orcid.org/0000-0002-0351-2074
Seung Joo Kang
https://orcid.org/0000-0002-7401-8356
Baek-Hui Kim
https://orcid.org/0000-0001-6793-1991
Bum Jun Kim
https://orcid.org/0000-0003-2360-5160
Chang In Choi
https://orcid.org/0000-0002-1920-1879
Cheol Min Shin
https://orcid.org/0000-0003-2265-9845
Chung Hyun Tae
https://orcid.org/0000-0002-0764-7793
Chung sik Gong
https://orcid.org/0000-0002-5116-609X
Dong Jin Kim
https://orcid.org/0000-0001-5103-5607
Arthur Eung-Hyuck Cho
https://orcid.org/0000-0001-8670-2473
Geum Jong Song
https://orcid.org/0000-0002-1067-8099
Hyeon-Su Im
https://orcid.org/0000-0002-1393-4246
Hyun Lim
https://orcid.org/0000-0001-6581-6420

Hyung-Don Kim
https://orcid.org/0000-0001-9959-0642
Jae-Joon Kim
https://orcid.org/0000-0003-1226-2537
Jeong Il Yu
https://orcid.org/0000-0002-2009-7263
Jeong Won Lee
https://orcid.org/0000-0002-2697-3578
Ji Yeon Park
https://orcid.org/0000-0002-6178-7906
Jwa Hoon Kim
https://orcid.org/0000-0002-0838-0111
Minkyu Jung
https://orcid.org/0000-0001-8281-3387
Mi Ran Jung
https://orcid.org/0000-0002-4665-972X
Sang-Yong Son
https://orcid.org/0000-0002-8903-0913
Shin-Hoo Park
https://orcid.org/0000-0001-9767-6100
Sung Hak Lee
https://orcid.org/0000-0003-1020-5838
Woo Kyun Bae
https://orcid.org/0000-0003-0267-1943
Woong Sub Koom
https://orcid.org/0000-0002-9435-7750
Yeseob Jee
https://orcid.org/0000-0003-3280-6351
Yoo Min Kim
https://orcid.org/0000-0002-5176-804X
Yoonjin Kwak
https://orcid.org/0000-0001-5314-2465
Young Suk Park
https://orcid.org/0000-0002-6352-9759
Hye Sook Han
https://orcid.org/0000-0001-6729-8700
Su Youn Nam
https://orcid.org/0000-0002-5568-7714
Seong-Ho Kong
https://orcid.org/0000-0002-3929-796X

[26]Department of Radiology, Samsung Medical Center, Sungkyunkwan University, Seoul, Korea
[27]Division of Medical Oncology, Yonsei Cancer Center, Yonsei University Health System, Seoul, Korea
[28]Department of Surgery, Chonnam National University Medical School, Gwangju, Korea
[29]Department of Surgery, Ajou University School of Medicine, Suwon, Korea
[30]Department of Surgery, Korea University Anam Hospital, Seoul, Korea
[31]Department of Radiology, National Cancer Center, Goyang, Korea
[32]Department of Hospital Pathology, Seoul St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul, Korea
[33]Department of Internal Medicine, Seoul National University Hospital, Seoul, Korea
[34]Division of Hematology-Oncology, Department of Internal Medicine, Chonnam National University Medical School and Hwasun Hospital, Hwasun, Korea
[35]Department of Radiation Oncology, Yonsei Cancer Center, Yonsei University College of Medicine, Seoul, Korea
[36]Department of Surgery, Dankook University Hospital, Cheonan, Korea
[37]Department of Surgery, Severance Hospital, Seoul, Korea
[38]Department of Pathology, Seoul National University Hospital, Seoul, Korea
[39]Department of Surgery, Seoul National University Bundang Hospital, Seongnam, Korea
[40]Department of Internal Medicine, Chungbuk National University Hospital, Chungbuk National University College of Medicine, Cheongju, Korea
[41]Department of Internal Medicine, Kyungpook National University Chilgok Hospital, School of Medicine, Kyungpook National University, Daegu, Korea
[42]Department of Surgery, Seoul National University Hospital and Seoul National University College of Medicine Cancer Research Institute,, Seoul, Korea

▸ This corrects the article "Korean Practice Guidelines for Gastric Cancer 2022: An Evidence-based, Multidisciplinary Approach" in volume 23 on page 3.

There were some errors in the publication of "Korean Practice Guidelines for Gastric Cancer 2022: An Evidence-based, Multidisciplinary Approach". We sincerely apologize for any inconvenience caused.

1. 3 page, before correction:
Chung Hyun Tae[11],
[11]Department of Internal Medicine, Ewha Woman's University College of Medicine, Seoul, Korea

After correction:
[11]Department of Internal Medicine, Ewha Womans University College of Medicine, Seoul, Korea

2. 11 page, before correction:
A total of 20 studies were reviewed, 19 studies with 2,195 patients were included in the meta-analysis of the diagnostic ability of FDG PET/CT for detecting LN metastasis [44,58-69] or distant metastasis [64,66,70-75] in gastric cancer patients during staging.

After correction:
A total of 20 studies were reviewed, 19 studies with 2,195 patients were included in the meta-analysis of the diagnostic ability of FDG PET/CT for detecting LN metastasis [44,58-69] or distant metastasis [62,64,66,70-75] in gastric cancer patients during staging.

3. 12 page, before correction:
A total of 13 studies with 1,567 patients were included in the meta-analysis [76-87].

After correction:
A total of 13 studies with 1,567 patients were included in the meta-analysis [76-88].

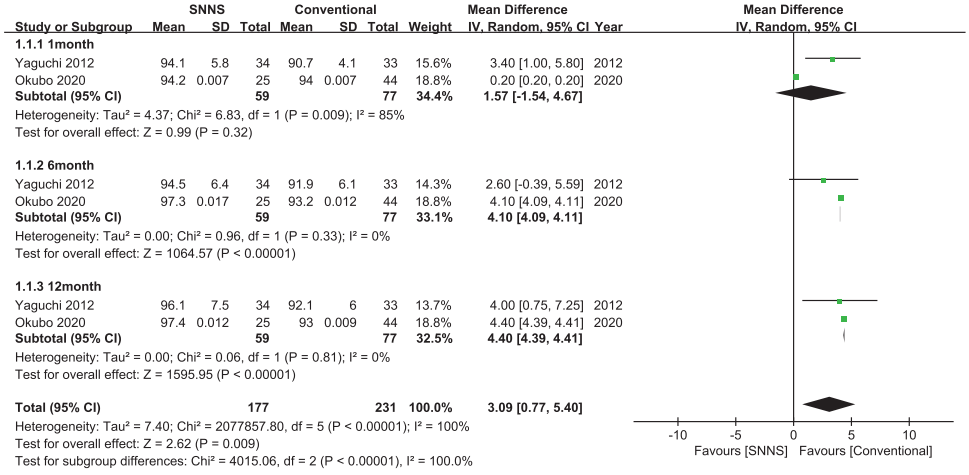
4. 12 page, before correction:
Regarding recurrence, 2 studies assessed the diagnostic value of FDG PET/CT for detecting recurrence in 29 patients with elevated levels of serum tumor markers and negative results on conventional radiological imaging [83].

After correction:
Regarding recurrence, 2 studies assessed the diagnostic value of FDG PET/CT for detecting recurrence in 29 patients with elevated levels of serum tumor markers and negative results on conventional radiological imaging [76,83].

5. 33 page, before correction:
In our review, positive resection margins showed inferior survival outcomes compared to negative margins in pathologic T1 cancers ([68.6% vs. 97.4%, P<0.0001], [66.7% vs. 93.1%, P<0.04]) and T2 cancers ([21.5% vs. 55.2%, P<0.001], [8% vs. 64%, P<0.001]) [215-217].

After correction:
In our review, positive resection margins showed inferior survival outcomes compared to negative margins in pathologic T1 cancers (68.6% vs. 97.4%, P<0.0001 [216] and 66.7% vs. 93.1%, P<0.04 [215]) and T2 cancers (21.5% vs. 55.2%, P<0.001 [215] and 8% vs. 64%, P<0.001 [217]).

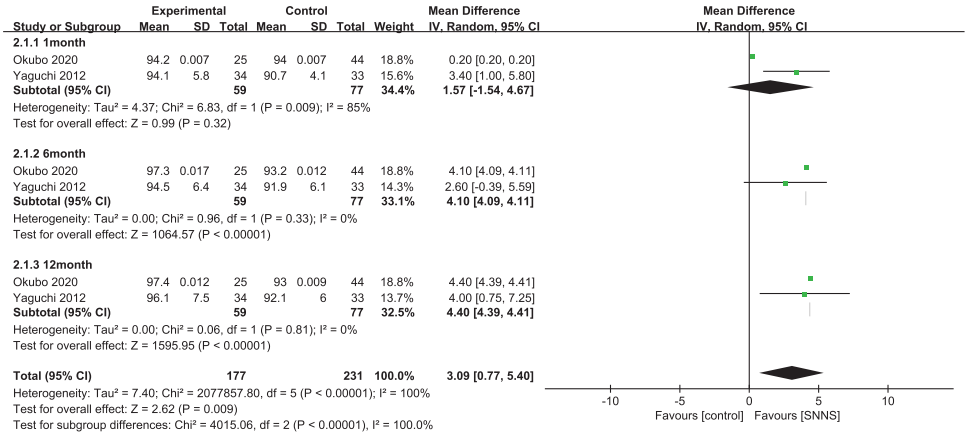
6. 45 page before correction:
Figure 9



https://doi.org/10.5230/jgc.2023.23.e20

After correction:

Figure 9



7. 50 page, before correction:

In our meta-analysis, 5 retrospective studies were included to compare PO vs. TO [322-325]

After correction:

In our meta-analysis, 5 retrospective studies were included to compare PO vs. TO [322-326]

326. Lee H, Kim DJ, Lee HH, Lee J, Jun KH, Song KY, et al. Is total omentectomy mandatory in t3 and t4a gastric cancer for laparoscopic distal gastrectomy? Ann Surg Oncol 2023;30:289-297.

8. 50 page, before correction:

There was no difference in overall complications (P=0.10) or serious complications (P=0.92) between the procedures

After correction:

From the meta-analysis with two additional studies, there was no difference in overall complications (P=0.10) or serious complications (P=0.92) between the procedures [327,328]

327. Young S, DiFronzo LA, Ahuja A, Keim L, Papenfuss C, O'Connor V, et al. Performing Omentectomy During Gastrectomy Does Not Improve Survival: a Multi-Center Analysis of 471 Patients with Gastric Adenocarcinoma. J Gastrointest Surg. 2020;24(12):2856-8.

328. Sakimura Y, Inaki N, Tsuji T, Kadoya S, Bando H. Long-term outcomes of omentum-preserving versus resecting gastrectomy for locally advanced gastric cancer with propensity score analysis. Sci Rep. 2020;10(1):16305.

9. 50 page, before correction:

Seven previous meta-analyses studied the oncologic feasibility of PO [326-330].

After correction:
Seven previous meta-analyses studied the oncologic feasibility of PO [326-332].

331. Chen M, He FQ, Liao MS, Yang C, Chen XD. Gastrectomy with omentum preservation versus gastrectomy with omentectomy for locally advanced gastric cancer: a systematic review and meta-analysis. Int J Surg 2021;96:106176.

332. Zhang YX, Liu HD, Chen ZH, Jin T, Hu JK, Yang K. Comparison of survival and safety between total omentectomy and partial omentectomy for gastric cancer: a meta-analysis. Front Surg 2021;8:708545.

10. 51 page, before correction:
One RCT studied the use of prophylactic UDCA after gastrectomy in patients with gastric cancer [208]

After correction:
One RCT studied the use of prophylactic UDCA after gastrectomy in patients with gastric cancer [333]

333. Lee SH, Jang DK, Yoo MW, Hwang SH, Ryu SY, Kwon OK, et al. Efficacy and safety of ursodeoxycholic acid for the prevention of gallstone formation after gastrectomy in patients with gastric cancer: the PEGASUS-D randomized clinical trial. JAMA Surg 2020;155:703-711.

11. 53 page, before correction:
When comparing the SOX and S-1 arms, the 3-year DFS rates were 74.3% and 64.8%, respectively (HR, 0.69; 95% CI, 0.41 to 0.99; P=0.042) [345].

After correction:
~~When comparing the SOX and S-1 arms, the 3-year DFS rates were 74.3% and 64.8%, respectively (HR, 0.69; 95% CI, 0.41 to 0.99; P=0.042) [345].~~

12. 56 page, before correction:
(median, 17.5 vs. 14.2; HR, 0.84; 95% CI, 0.71 to 1.00, P=0.057)

After correction:
(median, 17.5 vs. 14.2 months; HR, 0.84; 95% CI, 0.71 to 1.00, P=0.057)

13. 56 page, before correction:
Several targets, including EGFR [360,361], vascular endothelial growth factor/receptor-2 (VEGF/R2) [362,363], hepatocyte growth factor receptor/MET [364-366], and matrix metalloproteinase [367], have been evaluated as first-line treatments for AGC.

After correction:
Several targets, including EGFR [360,361], vascular endothelial growth factor/receptor-2

(VEGF/R2) [362,363], and hepatocyte growth factor receptor/MET [364-366], have been evaluated as first-line treatments for AGC.

14. 60 page, before correction:

Cytotoxic agents can be recommended as palliative third-line therapy. Docetaxel and irinotecan, as a randomized phase III trial (median OS, 5.3 vs. 3.8 months; HR, 0.66; 95% CI,0.49 to 0.89; P=0.007) [371]

After correction:

Cytotoxic agents can be recommended as palliative third-line therapy. Docetaxel and irinotecan, as second- or third-line salvage treatment were associated with significantly prolonged OS compared to BSC alone in a randomized phase III trial (median OS, 5.3 vs. 3.8 months; HR, 0.66; 95% CI, 0.49 to 0.89; P=0.007) [371]

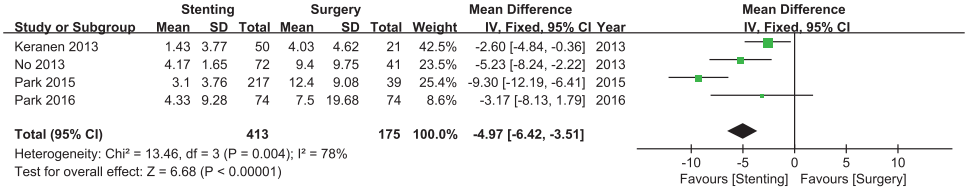
15. 61 page, before correction:

The RESOLVE study evaluated perioperative SOX vs.upfront surgery followed by adjuvant CapOx [393].

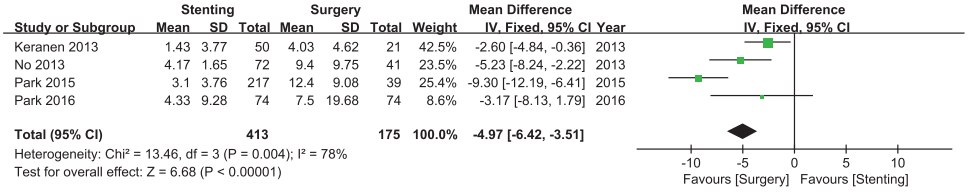
After correction:

The RESOLVE study evaluated perioperative SOX vs.upfront surgery followed by adjuvant XELOX [393].

16. 68 page, **Fig. 23F** before correction:



After correction:



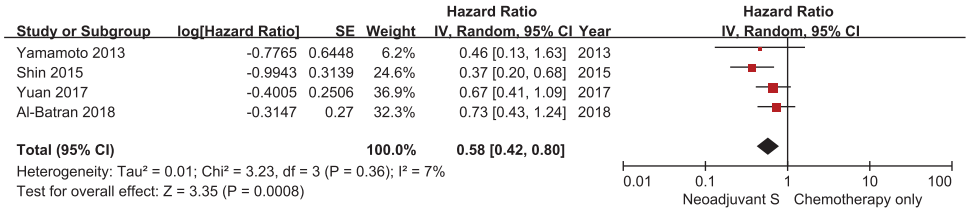
17. 69 page, before correction:

Gastric cancer patients with a single noncurable factor were enrolled. Reduction surgery showed no survival benefit compared to chemotherapy alone, and the trial was terminated after the first interim analysis owing to no benefit in the surgery group (HR, 1.08; 95% CI, 0.74 to 1.58; P=0.06).

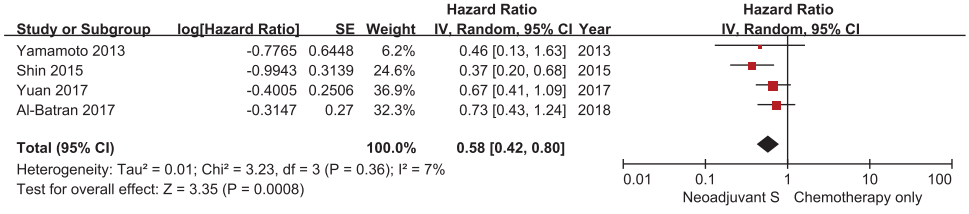
https://doi.org/10.5230/jgc.2023.23.e20

After correction:
Gastric cancer patients with a single noncurable factor were enrolled. Reduction surgery showed no survival benefit compared to chemotherapy alone, and the trial was terminated after the first interim analysis owing to no benefit in the surgery group (HR, 1.08; 95% CI, 0.74 to 1.58; P=0.66).

18. 69 page, **Fig. 24** before correction:



After correction:



19. 72 page, before correction:
Peritoneal metastasis is known to be less responsive to SC and offer worse prognosis than hematogenous or lymphatic metastasis (mean survival time [MST]: 5.2–18 months)

After correction:
Peritoneal metastasis is known to be less responsive to SC and offer worse prognosis than hematogenous or lymphatic metastasis (median survival time [MST]: 5.2–18 months)

20. 72 page, before correction:
In gastric cancer patients with peritoneal metastasis, phase 1 and 2 studies showed that patients in the IP (paclitaxel + docetaxel) plus SC group had improved survival compared to patients in the SC alone group in terms of MST (24.6 vs. 15.1 months) and 1-year survival time (78% vs. 70.4%).

After correction:
In gastric cancer patients with peritoneal metastasis, phase 1 and 2 studies showed that patients in the IP (paclitaxel + docetaxel) plus SC group had improved survival in terms of MST (15.1–24.6 months) and 1-year survival rate (70.4%–78%).

https://doi.org/10.5230/jgc.2023.23.e20

21. 73 page before correction:

Stage	Examinations	Within 1 yr	1–2 yr	2–3 yr	3–5 yr	After 5 yr
Stage I	Physical examination, blood test, tumor makers	6 mo (65%)	12 mo (10%)	12 mo (40%)	12 mo (60%)	24 mo (5%)
		3 mo (34%)	6 mo (80%)	6 mo (58%)	6 mo (38%)	12 mo (35%)
			3 mo (10%)	3 mo (2%)	3 mo (2%)	None (60%)
	Abdomen pelvis CT, chest X-ray	12 mo (58%)	12 mo (78%)	12 mo (90%)	12 mo (95%)	24 mo (5%)
		6 mo (40%)	6 mo (22%)	6 mo (10%)	6 mo (5%)	12 mo (35%)
		3 mo (2%)				None (60%)
	Endoscopy	12 mo (10%)	12 mo (78%)	12 mo (90%)	12 mo (95%)	24 mo (5%)
		6 mo (80%)	6 mo (22%)	6 mo (10%)	6 mo (5%)	12 mo (35%)
		3 mo (10%)				None (60%)
Stage II/III	Physical examination, blood test, tumor makers	6 mo (25%)	6 mo (70%)	12 mo (5%)	12 mo (20%)	24 mo (2%)
		3 mo (65%)	4 mo (10%)	6 mo (70%)	6 mo (75%)	12 mo (56%)
		Etc. (4, 2, 1 mo) (10%)	3 mo (20%)	4 mo (10%)	3 mo (5%)	6 mo (2%)
				3 mo (15%)		None (40%)
	Abdomen pelvis CT, chest X-ray	12 mo (5%)	12 mo (5%)	12 mo (10%)	12 mo (10%)	24 mo (5%)
		6 mo (65%)	6 mo (65%)	6 mo (80%)	6 mo (80%)	12 mo (35%)
		3 mo (30%)	4 mo (5%)	4 mo (5%)	4 mo (5%)	None (60%)
			3 mo (25%)	3 mo (5%)	3 mo (5%)	
	Endoscopy	12 mo (60%)	12 mo (80%)	12 mo (85%)	12 mo (85%)	12 mo (85%)
		6 mo (40%)	6 mo (20%)	6 mo (15%)	6 mo (10%)	None (10%)

After correction:

Stage	Examinations	within 1 yr	1~2 yr	2~3 yr	3~4 yr	4~5 yr	After 5 yr
Stage I	Physical examination	6 mo (63%)	12 mo (9%)	12 mo (31%)	12 mo (52%)	12 mo (52%)	24 mo (4%)
		3 mo (34%)	6 mo (85%)	6 mo (68%)	6 mo (47%)	6 mo (47%)	12 mo (44%)
			3 mo (7%)	3 mo (1%)	3 mo (1%)	3 mo (1%)	None (52%)
	Blood test	6 mo (68%)	12 mo (9%)	12 mo (31%)	12 mo (52%)	12 mo (52%)	24 mo (3%)
		3 mo (31%)	6 mo (85%)	6 mo (68%)	6 mo (47%)	6 mo (47%)	12 mo (44%)
			3 mo (7%)	3 mo (1%)	3 mo (1%)	3 mo (1%)	None (54%)
	Tumor makers	12 mo (6%)	12 mo (17%)	12 mo (38%)	12 mo (60%)	12 mo (63%)	24 mo (1%)
		6 mo (65%)	6 mo (75%)	6 mo (60%)	6 mo (37%)	6 mo (34%)	12 mo (37%)
		3 mo (27%)	3 mo (7%)	3 mo (1%)	3 mo (1%)	3 mo (1%)	None (62%)
	Abdomen CT	12 mo (10%)	12 mo (23%)	12 mo (54%)	12 mo (75%)	12 mo (76%)	24 mo (7%)
		6 mo (82%)	6 mo (76%)	6 mo (47%)	6 mo (25%)	6 mo (24%)	12 mo (32%)
		3 mo (7%)	3 mo (1%)	-	-	-	None (60%)
	Chest X-ray	12 mo (16%)	12 mo (25%)	12 mo (47%)	12 mo (59%)	12 mo (58%)	24 mo (4%)
		6 mo (54%)	6 mo (55%)	6 mo (35%)	6 mo (27%)	6 mo (25%)	12 mo (30%)
		3 mo (14%)	3 mo (4%)	3 mo (1%)	3 mo (1%)	3 mo (1%)	None (66%)
		None (15%)	None (16%)	None (17%)	None (13%)	None (16%)	-
	Endoscopy	12 mo (55%)	12 mo (72%)	12 mo (89%)	12 mo (94%)	12 mo (96%)	24 mo (7%)
		6 mo (42%)	6 mo (27%)	6 mo (11%)	6 mo (4%)	6 mo (4%)	12 mo (75%)
		3 mo (3%)	3 mo (1%)	-	-	-	None (18%)
Stage II	Physical examination	6 mo (21%)	6 mo (66%)	12 mo (4%)	12 mo (14%)	12 mo (18%)	24 mo (3%)
		4 mo (3%)	4 mo (7%)	6 mo (80%)	6 mo (82%)	6 mo (78%)	12 mo (48%)
		3 mo (70%)	3 mo (27%)	4 mo (4%)	3 mo (4%)	3 mo (4%)	6 mo (1%)
		2 mo (4%)	-	3 mo (11%)	-	-	None (48%)
	Blood test	6 mo (23%)	6 mo (66%)	12 mo (4%)	12 mo (16%)	12 mo (18%)	24 mo (1%)
		4 mo (3%)	4 mo (7%)	6 mo (80%)	6 mo (80%)	6 mo (78%)	12 mo (48%)
		3 mo (70%)	3 mo (27%)	3 mo (11%)	3 mo (4%)	3 mo (4%)	None (49%)
	Tumor makers	12 mo (4%)	12 mo (4%)	12 mo (7%)	12 mo (31%)	12 mo (34%)	24 mo (1%)
		6 mo (27%)	6 mo (62%)	6 mo (78%)	6 mo (65%)	6 mo (62%)	12 mo (40%)
		4 mo (3%)	4 mo (7%)	4 mo (4%)	3 mo (3%)	3 mo (3%)	6 mo (1%)
		3 mo (62%)	3 mo (25%)	3 mo (10%)	-	-	None (58%)
	Abdomen CT	12 mo (1%)	12 mo (3%)	12 mo (11%)	12 mo (47%)	12 mo (49%)	24 mo (8%)
		6 mo (61%)	6 mo (76%)	6 mo (80%)	6 mo (51%)	6 mo (48%)	12 mo (39%)
		3 mo (35%)	3 mo (14%)	3 mo (4%)	3 mo (3%)	3 mo (3%)	None (52%)

https://doi.org/10.5230/jgc.2023.23.e20

Stage	Examinations	within 1 yr	1~2 yr	2~3 yr	3~4 yr	4~5 yr	After 5 yr
	Chest X-ray	12 mo (16%)	12 mo (18%)	12 mo (25%)	12 mo (35%)	12 mo (35%)	24 mo (4%)
		6 mo (34%)	6 mo (48%)	6 mo (48%)	6 mo (45%)	6 mo (44%)	12 mo (34%)
		3 mo (31%)	3 mo (13%)	3 mo (7%)	3 mo (4%)	3 mo (4%)	None (62%)
		None (14%)	None (16%)	None (16%)	None (16%)	None (17%)	-
	Endoscopy	12 mo (55%)	12 mo (73%)	12 mo (80%)	12 mo (85%)	12 mo (86%)	24 mo (6%)
		6 mo (39%)	6 mo (25%)	6 mo (18%)	6 mo (14%)	6 mo (14%)	12 mo (78%)
		3 mo (4%)	4 mo (1%)	4 mo (1%)	-	-	None (17%)
Stage III	Physical examination	6 mo (20%)	6 mo (63%)	12 mo (3%)	12 mo (9%)	12 mo (13%)	24 mo (3%)
		4 mo (3%)	4 mo (6%)	6 mo (78%)	6 mo (82%)	6 mo (79%)	12 mo (47%)
		3 mo (72%)	3 mo (31%)	4 mo (7%)	4 mo (3%)	4 mo (1%)	6 mo (4%)
		2 mo (4%)	-	3 mo (11%)	3 mo (6%)	3 mo (6%)	None (47%)
	Blood test	6 mo (21%)	6 mo (65%)	12 mo (3%)	12 mo (9%)	12 mo (13%)	24 mo (1%)
		4 mo (3%)	4 mo (6%)	6 mo (78%)	6 mo (82%)	6 mo (79%)	12 mo (47%)
		3 mo (72%)	3 mo (30%)	4 mo (7%)	4 mo (3%)	4 mo (1%)	6 mo (4%)
		-	-	3 mo (11%)	3 mo (6%)	3 mo (6%)	None (48%)
	Tumor makers	12 mo (4%)	12 mo (4%)	12 mo (6%)	12 mo (24%)	12 mo (28%)	24 mo (1%)
		6 mo (24%)	6 mo (60%)	6 mo (75%)	6 mo (66%)	6 mo (63%)	12 mo (38%)
		4 mo (3%)	4 mo (6%)	4 mo (6%)	3 mo (4%)	3 mo (4%)	6 mo (4%)
		3 mo (65%)	3 mo (30%)	3 mo (11%)	-	-	None (56%)
	Abdomen CT	12 mo (1%)	12 mo (3%)	12 mo (9%)	12 mo (39%)	12 mo (44%)	24 mo (6%)
		6 mo (51%)	6 mo (73%)	6 mo (78%)	6 mo (52%)	6 mo (49%)	12 mo (42%)
		4 mo (1%)	4 mo (4%)	4 mo (6%)	4 mo (3%)	4 mo (1%)	6 mo (1%)
		3 mo (45%)	3 mo (18%)	3 mo (6%)	3 mo (4%)	3 mo (4%)	None (51%)
	Chest X-ray	12 mo (16%)	12 mo (17%)	12 mo (20%)	12 mo (28%)	12 mo (30%)	24 mo (4%)
		6 mo (34%)	6 mo (48%)	6 mo (49%)	6 mo (48%)	6 mo (47%)	12 mo (34%)
		3 mo (31%)	3 mo (16%)	3 mo (7%)	3 mo (4%)	3 mo (4%)	None (61%)
		None (14%)	None (16%)	None (16%)	None (16%)	None (17%)	-
	Endoscopy	12 mo (51%)	12 mo (73%)	12 mo (76%)	12 mo (82%)	12 mo (85%)	24 mo (4%)
		6 mo (42%)	6 mo (25%)	6 mo (21%)	6 mo (16%)	6 mo (14%)	12 mo (79%)
		3 mo (6%)	4 mo (1%)	4 mo (1%)	-	-	None (16%)

Mo, months

22. 79 page before correction:

44. Jeong J, Cho I, Kong E, Chun K, Jang B, Kim T, et al. Evaluation of hybrid PET/CT gastrography in gastric cancer. Nucl Med (Stuttg) 2013;52:107-112.

After correction:

44. Kim HW, Won KS, Zeon SK, Ahn BC, Gayed IW. Peritoneal carcinomatosis in patients with ovarian cancer: enhanced CT versus 18F-FDG PET/CT. Clin Nucl Med 2013;38:93-97.

23. 102 page, before correction:

422. Al-Batran SE, Goetze TO, Mueller DW, Vogel A, Winkler M, Lorenzen S, et al. The RENAISSANCE (AIO-FLOT5) trial: effect of chemotherapy alone vs. chemotherapy followed by surgical resection on survival and quality of life in patients with limited-metastatic adenocarcinoma of the stomach or esophagogastric junction - a phase III trial of the German AIO/CAO-V/CAOGI. BMC Cancer 2017;17:893.

After correction:

422. Al-Batran SE, Homann N, Pauligk C, Illerhaus G, Martens UM, Stoehlmacher J, et al. Effect of neoadjuvant chemotherapy followed by surgical resection on survival in patients with limited metastatic gastric or gastroesophageal junction cancer: the AIO-FLOT3 trial. JAMA Oncol 2017;3:1237-1244.