

ERRATUM

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Erratum to: Rescue strategy for advanced liver malignancy with retrohepatic inferior vena cava thrombi: experience to promote surgical oncological benefit

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Erratum

Upon publication of the original article [1], an error was discovered in Table 1 (the tumor location of the 9th patient). This mistake was owing to typing error. This has now been corrected in this erratum and the original manuscript has been updated. We apologise for any inconvenience caused by this error.

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Received: 20 April 2017 Accepted: 20 April 2017

Published online: 28 April 2017

Reference

1. Ho MH, Chen TW, Ou KW, Yu JC, Hsieh CB. Rescue strategy for advanced liver malignancy with retrohepatic inferior vena cava thrombi: experience to promote surgical oncological benefit. *World J Surg Oncol.* 2017;15(1):83.

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Table 1 Demographic data of patients undergoing curative surgery

Patient	Sex	Age (y)	Diagnosis	Child class (score)	Tumor marker	Location of hepatic tumor	Thrombi location	Pre-operative therapy
1	F	68	Leiomyosarcoma of IVC with liver invasion	Non-cirrhosis	N/A	Seg 1,2,3	Reaching the hepatocaval junction	N
2	F	46	HBV-related HCC	A (5)	AFP: 5000 ng/dL	Seg 7,8	Near the hepatocaval junction	N
3	M	57	HBV-related HCC	A (6)	AFP: 4000 ng/dL	seg 5,6,7,8	Reaching the hepatocaval junction	N
4	F	38	Adrenocortical carcinoma with liver	Non-cirrhosis	N/A	seg 4,5,6,7,8	Reaching the hepatocaval junction	N
5	M	72	HBV-related HCC	A (5)	AFP: >40 000 ng/dL	seg 4,5,6,7,8	Near the hepatocaval junction	N
6	M	46	HBV-related HCC	A (5)	AFP: >40 000 ng/dL	seg 7	Near the hepatocaval junction	N
7	M	29	HBV-related HCC	A (5)	AFP: >40 000 ng/dL	seg 5,6,7,8	Near the hepatocaval junction	N
8	M	46	HBV-related HCC	A (5)	AFP: >40 000 ng/dL	seg 6,7,8	Reaching the hepatocaval junction	TACE + Sorafenib
9	M	86	Non-HBV or -HCV-related HCC, sacromatoid type	A (5)	AFP: 2.29 ng/dL	seg 4	Reaching the hepatocaval junction	TACE + Sorafenib
10	M	40	HBV-related HCC	A (5)	AFP: 168.5 ng/dL	seg 5,6	Reaching the hepatocaval junction	TACE + Sorafenib
Mean		52.8						
SD		17.7						

AFP alpha-fetoprotein, HBV hepatitis B virus, F female, HCC hepatocellular carcinoma, HCV hepatitis C virus, M male, TACE transarterial chemoembolization