CORRECTION

Correction to: Does this lung nodule need urgent review? A discrete choice experiment of Australian general practitioners

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Correction to: BMC Pulmonary Med https://doi.org/10.1186/s12890-020-1053-x

Following publication of the original article [1], the authors flagged that the article had gone to publishing with errors in Tables 1, 2 and 3.

The content of Table 2 had erroneously been replaced by a duplication of the content of Table 3, while the content of Table 1 had been erroneously replaced by the (correct) content of Table 2.

Furthermore, in the (non-PDF) version of Table 3 the top two rows were erroneously formatted in bold.

These errors have now been corrected in the original article.

Please also find the corrected tables below for reference.

The publisher apologizes for this technical error.

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Reference

 Brownell, et al. Does this lung nodule need urgent review? A discrete choice experiment of Australian general practitioners. 2020;20:24. https:// doi.org/10.1186/s12890-020-1053-x. Table 1 Vignette variables and response options

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Variable	Response options
Age (years)	50, 60, 70, 80
Gender	Male, female
Smoking status	Current lifelong smoker
	Quit smoking 5 years ago
	Smoked for about 10 years in their youth
	Never smoked
Symptoms	Cough and shortness of breath
	Haemoptysis
	Unintentional weight loss
	No respiratory symptoms – incidental finding on CT coronary angiogram
Lung nodule size (mm)	4, 5, 7, 9, 12, 19, 25, 30
Lung nodule location	Upper lobe, not upper lobe
Lung nodule spiculation	Yes, no
Recommendation from reporting radiologist	No recommendation
	Specialist respiratory review
	Urgent specialist respiratory review
	Repeat (T chest as per existing quidelines

Repeat CT chest as per existing guidelines, probably in 3–6 months

The original article can be found online at https://doi.org/10.1186/s12890-020-1053-x

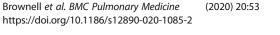
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Table 2 Case vignettes

Lung nodule case vignette	Gender, n(%)
Your patient is a 50 year old man. He is a current, lifelong smoker.	Male
He has a cough and worsening breathlessness.	Female
A CT of his chest shows a 4 mm left upper lobe nodule with spiculation.	Age, n(%)
There is no recommendation provided by the reporting radiologist.	< 35 years 35–44 years
Does he need to be seen by a respiratory physician urgently (< 2 weeks) for suspected lung cancer?	45–54 years
Haemoptysis case vignette	55–64 years
Your patient is a 60 year old man. He has never smoked.	65–74 years
He has a small amount of haemoptysis.	> 75 years
A CT of his chest is normal.	GP role, n(%)
There is no recommendation provided by the reporting radiologist.	Vocationally registered
Does he need to be seen by a respiratory physician urgently (< 2 weeks) for suspected lung cancer?	Non-vocationally regist Registrar
Lymphadenopathy case vignette	Other
Your patient is a 70 year old woman. She quit smoking 5 years ago.	Years worked in general
She has a cough and worsening breathlessness.	< 5
A CT of her chest shows enlarged subcarinal and hilar lymph nodes without a lung lesion.	5–9
There is no recommendation provided by the reporting radiologist.	10–19
Does she need to be seen by a respiratory physician urgently (< 2 weeks)	20–29
for suspected lung cancer?	30–39
	> 40
	Average number of hour
	< 20

60 (39) 92 (61) 20 (13) 29 (19) 42 (28) 31 (20) 26 (17) 4 (3) d 130 (86) 11 (7) stered 9 (6) 2 (1) practice, n(%) 24 (16) 23 (15) 30 (20) 29 (19) 28 (18) 18 (12) ırs worked per week, n(%) < 20 28 (19) 21-30 32 (21) 31-40 58 (38) >40 34 (22) Location of primary practice, n(%) Capital city 70 (46) Other metropolitan area* 28 (19)

*Population > 100,000 [#]Population 10,000–100,000 [^] Population < 10,000

40 (26)

14 (9)

Rural area[#]

Remote area^

Table 3 Participant demographic information, n = 152