

Erratum to: Factors predicting survival after post-transplant hepatocellular carcinoma recurrence

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The following erratum and correction were submitted by the authors and were approved for publication by the editor:

We have recently worked further on our database of patients with post-transplant hepatocellular carcinoma (HCC) recurrence and have realized that a systematic error was made in the analysis conducted for our original publication.

The error was linked to the calculation of post-recurrence survival, which was shorter than originally stated. Instead of the published median survival of 18.8 ± 6.8 months, the true survival was of 6.3 ± 1.2 months (with a mean of 10.6 ± 3.0 months). As a result, the appropriate Fig. 1b is as follows:

The online version of the original article can be found under doi:[10.1007/s00534-012-0528-4](https://doi.org/10.1007/s00534-012-0528-4).

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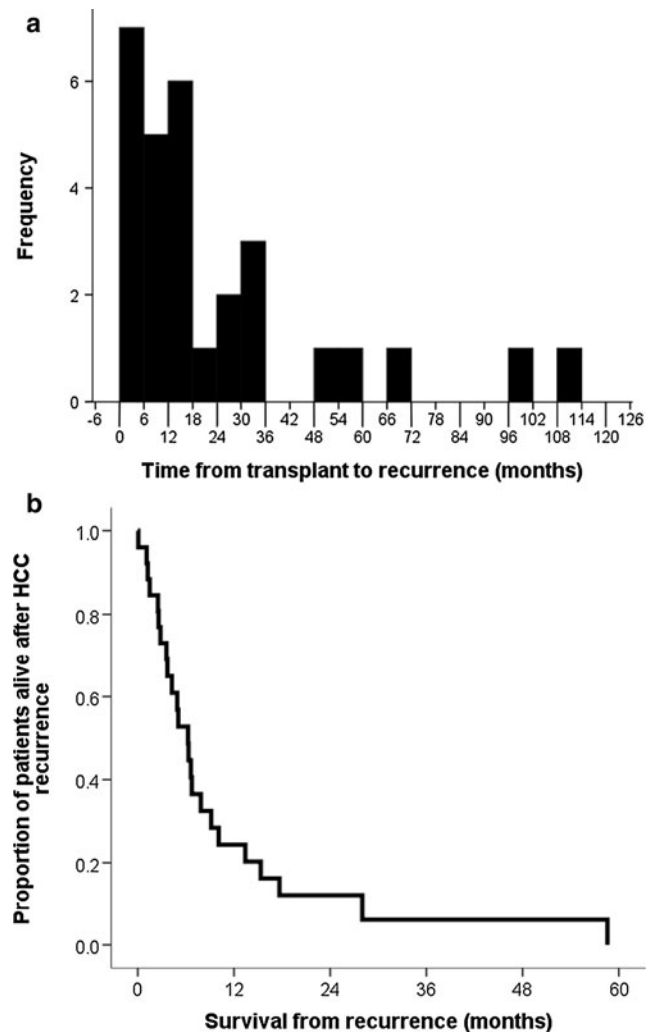


Fig. 1 **a** Histogram showing the distribution of the time between transplantation and recurrence in the 30 studied patients. **b** Overall post-recurrence survival (median survival 6.3 ± 1.2 months). *HCC* Hepatocellular carcinoma

In addition, the results of the multivariate analysis looking for factors predicting the chance of post-recurrence survival have changed. The time between transplant and recurrence is no longer significantly predicting post-recurrence survival. This observation contrasts with those reported in previous publications (Taketomi et al., *Ann Surg Oncol* 2010; Kornberg et al., *Eur J Surg Oncol* 2010;

Shin et al., *Liver Transpl* 2010). The occurrence of a rejection during the first 6 months after transplantation remained with the trend as a predictor of post-recurrence survival [HR 7.84 (0.85–72.50), $p = 0.07$]. The inclusion within Milan criteria at the time of transplantation [HR 4.11 (1.30–13.00), $p = 0.016$] was a significant predictor.