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CORRECTION

Correction: Immune response and stromal changes in ductal carcinoma in situ of the breast are subtype dependent

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There are some errors in the *P* values reported in this paper. The correct results and table are shown below:

DCIS regression according to clinicopathological characteristics

We identified signs of DCIS regression in 30 out of 450 (6.7%) patients. The association between DCIS regression and DCIS characteristics is reported in Table 2. Overall, DCIS regression was associated with a larger size ($P = 0.001$), high grade ($P < 0.0001$), presence of comedonecrosis ($P = 0.013$), ER-PR-HER2+ IHC subtype ($P < 0.0001$) and TIL-high DCIS ($P = 0.006$). After multivariate analysis, only the association between DCIS regression and ER-PR-HER2+ IHC subtype remained significant ($P = 0.001$).

Table 2 The association between DCIS regression and clinicopathological characteristics.

	DCIS regression ($n = 450$)		Univariate *P* value	Multivariate *P* value
	Yes *n* (%)	No *n* (%)		
Age at diagnosis (years)			0.469	–
– Median (range)	60.5 (32.0–81.0)	58.0 (27.0–84.0)		
Size (missing $n = 61$) (cm)			**0.001**	0.064
– Median (range)	2.9 (2.80–3.00)	2.0 (0.10–13.5)		
Growth pattern			0.292	–
– Solid	20 (67)	206 (49)		
– Cribriform	8 (27)	176 (42)		
– Micropapillary	2 (7)	33 (8)		
– Papillary	0 (0)	5 (1)		
Grade			**<0.0001**	0.174
– Low	0 (0)	58 (14)		
– Intermediate	4 (13)	152 (36)		
– High	26 (87)	210 (50)		
Calcification			0.835	–
– Absent	9 (30)	118 (28)		
– Present	21 (70)	302 (72)		
Comedonecrosis			**0.013**	0.637
– Absent	8 (27)	215 (51)		
– Present	22 (73)	205 (49)		
IHC DCIS subtype (missing $n = 18$)			**<0.0001**	**0.001**
– ER+PR+/-HER2-	5 (17)	241 (60)		
– ER+PR+/-HER2+	6 (20)	75 (18)		
– ER-PR-HER2+	13 (43)	70 (17)		
– ER-PR-HER2-	6 (20)	16 (4)		
Density of TILs			**0.006**	0.818
–Low	15 (50)	313 (75)		
–High	15 (50)	107 (25)		
Ipsilateral recurence (missing $n = 6$)			1.000	–
–No	28 (97)	400 (96)		
–Yes	1 (3)	15 (4)		