

CORRECTION OPEN



Correction to: Cardiovascular risk of gonadotropin-releasing hormone antagonist versus agonist in men with prostate cancer: an observational study in Taiwan

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Prostate Cancer and Prostatic Diseases (2023) 26:633–634; <https://doi.org/10.1038/s41391-022-00596-5>Correction to: *Prostate Cancer and Prostatic Diseases* <https://doi.org/10.1038/s41391-022-00555-0>, published online 03 June 2022.

In Table 4 of this article, the data in the risk of MACE and composite CV events headed receiving more than 6 months of ADT were mistakenly listed under the headed preexisting CVD, receiving more than 6 months of ADT and vice versa.

The original article has been corrected.

Page 4: Last sentence before the section of Survival analysis.

In patients with pre-existing CVD and receiving ADT for ≥ 6 months, a 70% lower risk of composite CV events was determined in GnRH antagonist-treated patients than GnRH-treated patients (aHR 0.30; 95% CI, 0.16–0.54; $p < 0.0001$; Table 4).**Table 4.** Subgroup analysis estimating the risk of MACE associated with GnRH antagonist comparing with GnRH agonist.

GnRH antagonist vs GnRH agonist	MACE				Composite CV events			
	No of event	aHR ^a	(95% CI)	P value	No of event	aHR	(95% CI)	P value
Preexisting CVD, initial staging N=1 or M=1								
GnRH antagonist (n = 106)	34	0.98 ^a	(0.66–1.45)	0.9071	3	0.16 ^b	(0.04–0.38)	0.013
GnRH agonist (n = 1489)	621				188			
Receiving more than 6 months of ADT (GnRH antagonist ≥ 6 months vs GnRH agonist ≥ 6 months)								
GnRH antagonist (n = 286)	82	0.95	(0.74–1.22)	0.7023	15	0.30	(0.16–0.54)	<0.0001
GnRH agonist (n = 10615)	3780				1637			
Preexisting CVD, receiving more than 6 months of ADT (GnRH antagonist ≥ 6 months vs GnRH agonist ≥ 6 months)								
GnRH antagonist (n = 96)	24	0.64 ^c	(0.39–1.05)	0.0757	3	0.12 ^d	(0.03–0.49)	0.0032
GnRH agonist (n = 2006)	687				375			

aHR adjusted hazard ratio, CV cardiovascular, GnRH gonadotropin-releasing hormone, MACE major adverse cardiovascular event (ischemic heart disease, stroke, congestive heart failure or CV-related death).

preexisting CV risk: receiving cardiac therapy, diagnosis of ischemic heart diseases, stroke, or congestive heart failure 1 year before androgen deprivation therapy initiation.

^aaHRs were estimated using cox model adjusted for age, receiving chemotherapy, radiation therapy, antiandrogen, abiraterone, and enzalutamide.^baHRs were estimated using the Fine and Gray competing risk model adjusted for age receiving chemotherapy, radiation therapy, antiandrogen, abiraterone, and enzalutamide.^caHRs were estimated using cox model adjusted for age, cancer stage, receiving chemotherapy, radiation therapy, antiandrogen, abiraterone, and enzalutamide.^daHRs were estimated using the Fine and Gray competing risk model adjusted for age, cancer stage, receiving chemotherapy, radiation therapy, antiandrogen, abiraterone, and enzalutamide.



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