Erratum

Erratum: Bowel resection rate but not bowel related morbidity is decreased after interval debulking surgery compared to primary surgery in patents with stage IIIC–IV ovarian cancer

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► This corrects the article “Bowel resection rate but not bowel related morbidity is decreased after interval debulking surgery compared to primary surgery in patents with stage IIIC–IV ovarian cancer” in volume 30, e25.

The original article by Tozzi et al. entitled, “Bowel resection rate but not bowel related morbidity is decreased after interval debulking surgery compared to primary surgery in patents with stage IIIC–IV ovarian cancer” contained typo errors in title and abstract.

Before correction

Title: Bowel resection rate but not bowel related morbidity is decreased after interval debulking surgery compared to primary surgery in patents with stage IIIC–IV ovarian cancer

After correction

Title: Bowel resection rate but not bowel related morbidity is decreased after interval debulking surgery compared to primary surgery in patients with stage IIIC–IV ovarian cancer

Before correction

Conclusion: NACT was associated to an overall reduced rate of RSR compared to IDS. No differences in overall related and not-related complications in patients requiring RSR were seen between the 2 groups. Patients in the IDS group had a significantly higher rate of bowel diversion.

After correction

Conclusion: NACT was associated to an overall reduced rate of RSR compared to PDS. No differences in overall related and not-related complications in patients requiring RSR were seen between the 2 groups. Patients in the IDS group had a significantly higher rate of bowel diversion.