



Correction to: Effect of endometrial mechanical stimulation in an unselected population undergoing in vitro fertilization: futility analysis of a double-blind randomized controlled trial

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The original version of this article unfortunately contained mistakes. The complete list of corrections is given below.

Page 1: Abstract, Results section

One hundred women enrolled and were randomized from 2013 to 2017. Enrollment was terminated after futility analysis showed no difference in clinical pregnancy between EMS versus control, 47.2 versus 59.6% (OR 0.61, 95% CI 0.27–1.34, $p = 0.22$). There were no significant differences between women who underwent EMS and those who did not in terms of positive pregnancy test

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54.7 versus 61.7% (OR 0.75, 95% CI 0.34–1.67, $p = 0.48$), miscarriage 7.5 versus 2.1% (OR 3.76 95% CI 0.41–34.85, $p = 0.22$), or live birth 43.4 versus 59.6% (OR 0.52 95% CI 0.24–1.15, $p = 0.12$).

Page 4: Results section, second paragraph

Using an intention-to-treat approach, there were no statistically significant differences between the two groups when comparing EMS versus the control group in terms of positive pregnancy test 54.7 versus 61.7% (odds ratio (OR) 0.75, 95% confidence interval (CI) 0.34–1.67, $p = 0.48$), clinical pregnancy 47.2 versus 59.6% (OR 0.61, 95% CI 0.27–1.34, $p = 0.22$), miscarriage 7.5 versus 2.1% (OR 3.76 95% CI 0.41–34.85, $p = 0.22$), or live birth 43.4 versus 59.6% (OR 0.52 95% CI 0.24–1.15, $p = 0.12$) (Table 3). Implantation rate was calculated using chi-square for equality of proportions and was noted to be lower in the EMS group, but not statistically significantly different than the control group, 33 versus 47% ($p = 0.09$). Analysis with a per-protocol approach including only patients that underwent an embryo transfer yielded similar results when comparing EMS versus sham biopsy in terms of clinical pregnancy, miscarriage, and live birth rate (Table 4).

Page 4: Table 2, fifth column, second row

0.34–1.67

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