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Corrigendum

Corrigendum to “Predictors of complications following breast reduction surgery: A National Surgical Quality Improvement Program study of 16,812 cases” [J Plast Reconstr Aesthet Surg 72 (2019) 43-51]



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The authors regret the error identified by Sugrue et al regarding our recent publication, and thank them for their diligent analysis and communication.

At some point during the submission process, several variable rows for BMI were lost. Specifically, the BMI <18.5 category in **Table 3** and **Table 4**. **Table 3 (BMI)** should thus read:

Variable	Complication	No complication	p-value
BMI			
<18.5	4	210	0.001
category 18.5 – <25	60	2311	
25 – <30	138	5599	
30 – <35	130	4526	
35 – <40	86	2265	
≥40	80	1403	

And **Table 4 (BMI)** should thus read:

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Variable	Complication	No complication	p-value
BMI			
<18.5	7	207	<0.001
category 18.5 – <25	101	2270	
25 – <30	300	5437	
30 – <35	291	4365	
35 – <40	177	2174	
≥40	158	1325	

These variables therefore contain data for the entire 16,812 cases in the cohort.

At some point during the submission process, the data for Operative Time in **Table 3** was altered, and, as the commenters suggest, are not accurate. The correct data is:

Variable	Complication	No complication	p-value
Operative			
<107	115	4076	0.075
Time 108-150	113	4063	
(minutes) 150-199	121	4129	
>200	149	4046	

With regard to ASA, 21 values were missing. Therefore, there was complete data for 16,791 out of 16,812 (99.9%) cases for all variables.

All subsequent statistics were performed using the data present above, and therefore the included p-values in the

relevant tables and subsequent multivariate analysis and conclusions drawn therein are not changed.

With regard to the comment that “Variables with less than 85% completion rate were excluded from the analysis”, readers will note that in the article this is followed by “This included many pre-operative laboratory values including albumin, international normalized ratio (INR), creatinine, and platelets.” All included variables in our statis-

tical method had data in greater than 85% of the cohort in NSQIP, as demonstrated.

We again thank Sugrue et al for their diligent reading of this paper and correctly identifying these inconsistencies in the presented cohort sizes. We regret not recognizing these during the submission process. The authors would like to apologise for any inconvenience caused.

Best regards,
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