

Correction: Comparison of the diagnostic efficacy of DWI and DCE-MRI in depth of myometrial invasion, cervical invasion and FIGO staging in patients with endometrial cancer

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The authors have identified errors in the original article [1] and wish to provide the following corrections. These changes do not affect the overall results, statistical analyses, or conclusions of the study.

1. Correction to Pathological FIGO Staging Distribution (Table 1)

The FIGO staging distribution in Table 1 of the original article contained transcription errors. The corrected pathological FIGO staging distribution is as follows:

The FIGO staging section in Table 1 should be revised to:

TABLE 1. Pathological diagnosis results of study subjects.

Pathological diagnosis results	n	%
Pathological type		
Endometrioid adenocarcinoma	111	86.72
Serous papillary adenocarcinoma	5	3.91
Uterine poorly differentiated adenocarcinoma	4	3.13
Others	8	6.25
Depth of myometrial invasion		
No invasion	12	9.38
Shallow myometrial invasion	80	62.50
Deep myometrial invasion	36	28.13
Cervical invasion		
Positive	40	31.25
Negative	88	68.75
FIGO staging		
IA	84	65.63
IB	17	13.28
II	14	10.94
IIIA	6	4.69
IIIB	5	3.91
IIIC	2	1.56

FIGO: Federation International of Gynecology and Obstetrics.

The FIGO staging data presented in Tables 10 and 11 were correct and were properly used for the diagnostic accuracy analysis. Consequently, the diagnostic accuracy values for FIGO staging remain unchanged: DWI: 86.72% (111/128) and DCE-MRI: 65.63% (84/128).

2. Correction to Table 7 (Diagnostic Performance of DCE-MRI for Cervical Invasion)

The accuracy value for DCE-MRI in assessing cervical invasion was incorrectly calculated in the original publication. The numerator and denominator were correct, but the percentage was misreported.

Corrected DCE-MRI row in Table 7:

These corrections do not affect the core statistical results or the conclusions of the study.

3. Reference Corrections and Text Revisions

Several references were insufficiently matched to the statements they supported. The updated references are:

[1] Makker V, MacKay H, Ray-Coquard I, Levine DA, Westin SN, Aoki D, *et al.* Endometrial cancer. *Nature Reviews Disease Primers.* 2021; 7: 88.

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TABLE 7. Comparison of diagnostic efficacy of DWI and DCE-MRI for cervical invasion (%).

Methods	Accuracy	Sensitivity	Specificity	Positive predictive value	Negative predictive value
DWI	89.06 (114/128)	87.50 (35/40)	89.77 (79/88)	79.55 (35/44)	94.05 (79/84)
DCE-MRI	61.72 (79/128)	50.00 (20/40)	67.05 (59/88)	40.82 (20/49)	74.68 (59/79)
χ^2 value	25.792	13.091	13.425	14.390	11.756
<i>p</i> value	<0.001	<0.001	<0.001	<0.001	0.001

DWI: Diffusion Weighted Imaging; DCE-MRI: Dynamic Contrast Enhancement-Magnetic Resonance Imaging.

al. The diagnostic value of MRI for preoperative staging in patients with endometrial cancer: a meta-analysis. *Academic Radiology*. 2020; 27: 960–968.

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The corresponding sentences were revised as follows:

Endometrial carcinoma is a malignant tumor arising from the uterine endometrium and is one of the most common gynecological malignancies in women [1]. According to global cancer statistics, cancer of the corpus uteri remains a major contributor to the global burden of female malignancies [2]. The evaluation of the overall condition of patients is important for determining the surgical approach, treatment planning and

prognosis. Among these factors, the depth of myometrial invasion, cervical stromal invasion and FIGO stage are essential preoperative evaluation indicators [3, 4].

However, the added value of DWI in the preoperative assessment of endometrial cancer remains clinically relevant, and further comparison with contrast-enhanced MRI techniques is warranted [7].

Conventional MRI may be affected by several pitfalls, and its diagnostic performance varies across different staging-related factors, including myometrial invasion, cervical invasion, and lymph node metastasis [8, 9].

Therefore, with the continuous development of MRI technology, functional MRI sequences such as DWI and DCE-MRI have been increasingly used to improve preoperative assessment [10].

The diagnostic accuracy for FIGO staging in this study was slightly lower than that reported in some previous studies. This may be partly because the present cohort included a broader range of pathological FIGO stages, while the assessment of extrauterine spread, adnexal involvement, and lymph node metastasis remains challenging on preoperative imaging [11, 12].

After further review, the basic principle of DCE-MRI is to evaluate tumor vascularity and hemodynamic enhancement after contrast administration. However, in postmenopausal women, endometrial and myometrial changes, including an indistinct junctional zone or reduced tissue contrast, may complicate the evaluation of the endometrial–myometrial interface [13]. These imaging pitfalls may affect interpretation by radiologists and reduce diagnostic accuracy in some cases [14].

Clinical guidelines and FIGO staging emphasize that treatment strategies for endometrial cancer should be based on tumor stage, histopathological features and individual risk factors [17, 18].

The authors sincerely apologize for these errors and any inconvenience they may have caused to readers.

REFERENCES

- [1] Zhou C, Wang G, Che C. Comparison of the diagnostic efficacy of DWI and DCE-MRI in depth of myometrial invasion, cervical invasion and FIGO staging in patients with endometrial cancer. *European Journal of Gynaecological Oncology*. 2024; 45: 124–131.