

CORRECTION

Correction: Comparison of results of HPV infections and dysplastic changes of the uterine cervix in populations in Vojvodina (north region of Serbia) and Republic of North Macedonia

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The authors have identified and corrected several reporting errors in the originally published article [1]. The corrections do not change the scientific conclusions of the paper. The detailed corrections are presented below, with a brief explanation preceding each corrected section.

1. Correction of the Abstract

The original Abstract incorrectly reported the total study population as 1562 women (740 from Vojvodina). The correct total is 1553 women (731 from Vojvodina and 822 from North Macedonia), comprising 567 women with NILM cytology and 164 women with histopathologically confirmed cervical lesions from Vojvodina, and 601 women with NILM cytology and 221 women with histopathologically confirmed cervical lesions from North Macedonia. Carcinogenic HPV genotypes were found in 242 (42.7%) samples, with 67.7% in the LSIL/HSIL/cervical cancer category. In addition, the prevalence of HPV16 in North Macedonian cervical cancer cases was incorrectly stated as 78%; the correct value is 82.6% (19/23). The Abstract values for HPV16 in North Macedonia should also be updated to: LSIL 20.0%, HSIL 34.8%, and cervical cancer 82.6%. Several wording inaccuracies, grammatical errors, and inconsistencies with the Results section regarding HPV detection rates and genotype descriptions have also been corrected. Original erroneous or unclear sentences have been rewritten for accuracy and clarity.

Corrected Abstract:

This study assesses Human papillomavirus (HPV) infection prevalence among women in Vojvodina, Serbia and North Macedonia, considering cytological status and cervix-related pathological changes. The main goal of this study is to compare the HPV status (types of HPV, age of patients, histopathology diagnosis, *etc.*) in these two populations.

The EUROArray HPV test, detecting 30 genotypes, was utilized on 1553 women (731 in Vojvodina and Serbia, 822 in North Macedonia) aged 20 to 80 with various cytological results. 567 Serbian/Vojvodina samples were categorised as negative for intraepithelial lesion or malignancy (NILM), while 164 had aberrant histology of low grade squamous intraepithelial lesion/high grade squamous intraepithelial lesion (LSIL/HSIL cervical malignancy). Carcinogenic HPV genotypes were found in 242 (42.7%) samples, with 67.7% in the LSIL/HSIL/cervical cancer category. Top abnormal histopathology genotypes included HPV 16, 31, 51 and 18, while 56 and 39 were equally verified. Genotype 16 prevalence increased with higher histopathological grades: 18.8% in LSIL, 31.9% in HSIL, and 75% in cervical cancer samples. Among the North Macedonian samples, 221 had aberrant histopathology and 601 displayed NILM. Carcinogenic HPV genotypes were found in 261 (43.4%) of cases, with 84.6% in the LSIL/HSIL/cervical cancer category. Predominant genotypes associated with abnormal histopathology results included HPV 16, 31, 51 and 18, with 35 and 59 equally verified. The most frequent genotype associated with higher-grade histopathological findings was genotype 16, found in 20.0% of LSIL, 34.8% of HSIL, and 82.6% of cervical cancer cases. Multiple associated HPV genotypes were not correlated with histopathology. Older patients tended to exhibit higher-grade lesions when comparing histopathological diagnosis and age.

2. Correction of the Results section and Table 3

The original table used an incorrect denominator of 252 for Vojvodina; the correct denominator is 242. The genotype counts (HPV 59, 52, 33, 58 and 35) and percentages were revised accordingly. The corrected text and table are presented

below.

Corrected text:

Table 3 and Fig. 3 present the HPV genotype prevalence in Vojvodina and North Macedonia. In Vojvodina, patients with negative cytology results were found to have HPV genotype 16 (27.3%), followed by genotypes 31 (16.5%), 51 (11.2%) and 18 (8.3%), with genotype 45 (0.8%) having the lowest representation.

CORRECTED TABLE 3. Prevalence of HPV genotypes in female patients with NILM cytological findings (carcinogenic HPV genotypes).

HPV Genotypes	State		Total
	Vojvodina	North Macedonia	
16	66 (27.3%)	70 (26.8%)	136, 27.0%
31	40 (16.5%)	46 (17.6%)	86, 17.1%
51	27 (11.2%)	30 (11.5%)	57, 11.3%
18	20 (8.3%)	18 (6.9%)	38, 7.6%
56	17 (7.0%)	13 (5.0%)	30, 6.0%
39	17 (7.0%)	10 (3.8%)	27, 5.4%
59	12 (5.0%)	16 (6.1%)	28, 5.6%
52	12 (5.0%)	13 (5.0%)	25, 5.0%
33	12 (5.0%)	13 (5.0%)	25, 5.0%
58	11 (4.5%)	13 (5.0%)	24, 4.8%
35	6 (2.5%)	16 (6.1%)	22, 4.4%
45	2 (0.8%)	3 (1.1%)	5, 1.0%
Total	242 (100.0%)	261 (100.0%)	503, 100.0%

HPV: Human papillomavirus.

Additional corrected sentence (histological subgroups):

Table 4 and Fig. 4 display the results in patients who had histological verification. Of the 164 patients in Vojvodina, 25 (15.2%) had cervical cancer, 90 (54.9%) had high-grade squamous intraepithelial lesions (HSIL), and 49 (29.9%) had low-grade squamous intraepithelial lesions (LSIL).

3. Correction of the Discussion section

The percentages of HPV-negative cases among patients with pathological changes of the cervix (LSIL/HSIL/cervical cancer) in both cohorts have been recalculated based on the corrected sample composition and HPV detection data. Original reported rates (approximately 21.78% overall for Vojvodina and 22.17% for North Macedonia, with different grade-specific figures) have been updated.

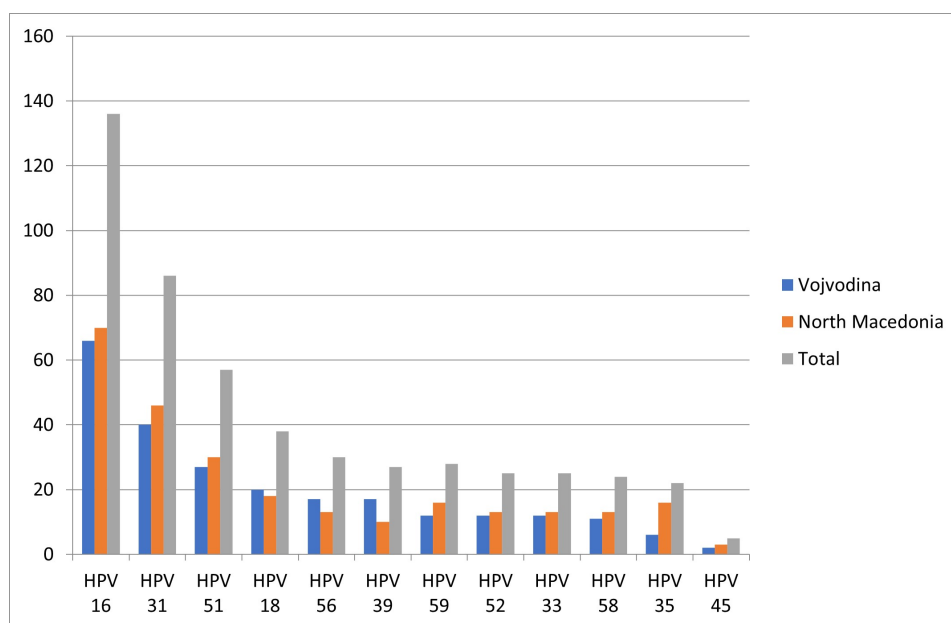
Corrected Discussion:

Moreover, the study explores the HPV negativity in female patients with pathological changes on the cervix (LSIL/HSIL/cervical cancer). In Vojvodina, 23.78% of patients did not show HPV infection, and HPV negativity decreased with the severity of the lesion: 34.69% in LSIL, 23.33% in HSIL, and 4% in cervical cancer. Similarly, in North Macedonia, 29.86% of patients did not show HPV infection, and HPV negativity decreased with the severity of the lesion: 43.7% in LSIL, 22.0% in HSIL, and 28.1% in cervical cancer.

4. The main findings remain unchanged:

- HPV16 remains the predominant genotype associated with higher-grade cervical lesions and cervical cancer.
- HPV31, HPV51, HPV18, HPV35, HPV39, HPV56 and HPV59 remain relevant genotypes in the studied populations.
- Multiple HPV infections were not significantly correlated with histopathological severity.
- Older patients tended to present with higher-grade lesions.

The corrections are limited to reporting, denominator clarification, percentage correction, and table presentation.



CORRECTED FIGURE 3. Prevalence of HPV genotypes in female patients with NILM cytological findings. HPV: Human papillomavirus.

The authors sincerely apologize for these reporting errors and thank the Editor and reviewers for their careful attention. The anonymized raw dataset is available upon request.

REFERENCES

- [1] Stanojević V, Mandić A, Nikolić N, Maričić S, Dimitrov G, Gutić B, *et al.* Comparison of results of HPV infections and dysplastic changes of the uterine cervix in populations in Vojvodina (north region of Serbia) and Republic of North Macedonia. *European Journal of Gynaecological Oncology*. 2024; 45: 124–133.