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### Authors

Olivier, Timothée  
Gill, Jenny  
Prasad, Vinay

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# Corrigendum to 'Multi-Cancer Screening Tests: Communicating About Risks Should be Prioritized'

## *AmJMed* 2021;135(4):413-415

Timothée Olivier, MD,<sup>a</sup> Jenny Gill, MS,<sup>b</sup> Vinay Prasad, MD, MPH<sup>b</sup>

<sup>a</sup>Department of Oncology, Geneva University Hospital, Switzerland; <sup>b</sup>Department of Epidemiology and Biostatistics, University of California, San Francisco.

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A miscalculation appeared in our paper “Multi-Cancer Screening Tests: Communicating About Risks Should be Prioritized”, published in *The American Journal of Medicine* in April of 2021:

The number of false positive cases, correctly mentioned as being 0.5% in the 6<sup>th</sup> paragraph, was miscalculated in the next paragraph of our work (using 5% instead of 0.5%). The miscalculation is found in the 7<sup>th</sup> paragraph:

“With a 24% reduction rate of all-cancer mortality, the blood test screening strategy, within the 95,174 people in

the experimental arm, would prevent 59 people of dying from cancer, while giving 4,758 people a false cancer diagnosis.”

The corrected text should read:

“With a 24% reduction rate of all-cancer mortality, the blood test screening strategy, within the 95,174 people in the experimental arm, would prevent 59 people of dying from cancer, while giving 476 people a false cancer diagnosis.”

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The author would like to apologise for any inconvenience caused.

Requests for reprints should be addressed to Timothée Olivier, MD, Department of Oncology, Geneva University Hospital, 4 Gabrielle-Perret-Gentil Street, Geneva, Switzerland.

E-mail address: [timothee.olivier@hcuge.ch](mailto:timothee.olivier@hcuge.ch)