CORRECTION

Author Correction

The September 10, 2012, article by Lamont et al, entitled “Do Socially Deprived Urban Areas Have Lesser Supplies of Cancer Care Services?” (J Clin Oncol 30:3250-3257, 2012), contained errors in reporting the per capita count of four American Hospital Association variables resulting from a programming error.

In the Results section, under Tests of Association, the first part of the paragraph was given as:

“Regression models that tested associations between each area social factor and each area health care factor (Table 3) revealed only three statistically significant associations of 40 associations tested. Area socioeconomic deprivation was negatively associated with the per capita availability of cancer-screening physicians ($\beta_1 = -0.002$; 95% CI, -0.004 to -0.001) and gastroenterologists ($\beta_1 = -0.017$; 95% CI, -0.031 to -0.004), two types of physicians who facilitate breast cancer and CRC screening and post-treatment surveillance. Area poverty was negatively associated with the per capita availability of cancer screening physicians ($\beta_1 = -0.014$; 95% CI, -0.027 to -0.001). To better understand these associations, we examined mean values of the health service variables by quartiles of social variables (Appendix Tables A1 and A2, online only). There was not a consistent trend evident for any of the three associations.”

Whereas it should have been:

“Regression models that tested associations between each area social factor and each area health care factor (Table 3) revealed only **five** statistically significant associations of 40 associations tested. Area socioeconomic deprivation was negatively associated with the per capita availability of cancer-screening physicians ($\beta_1 = -0.002$; 95% CI, -0.004 to -0.001) and gastroenterologists ($\beta_1 = -0.017$; 95% CI, -0.031 to -0.004), two types of physicians who facilitate breast cancer and CRC screening and post-treatment surveillance. Area poverty was negatively associated with the per capita availability of cancer screening physicians ($\beta_1 = -0.014$; 95% CI, -0.027 to -0.001). **Ethnic isolation was negatively associated with per capita number of both cancer ($\beta_1 = -0.083$; 95% CI, -0.125 to -0.040) and general medical/surgical hospitals ($\beta_1 = -0.067$; 95% CI, -0.112 to -0.021).** To better understand these associations, we examined mean values of the health service variables by quartiles of social variables (Appendix Tables A1, A2, and A3, online only). There was not a consistent trend evident for any of the **five** associations.”

In the Results section, under Sensitivity Analyses, the paragraph was given as:

“ZCTAs in the 694 partially urban HSAs were 48% urban, 39% suburban, and 13% rural ZCTAs. Unlike fully urban

HSAs, an analysis of partially urban HSAs revealed many associations between markers of social disadvantage and the health care supply (Table 4). Of the 40 unique associations tested, 37% of the associations (15 of 40) were statistically significant, and the majority, 67% (10 of 15), were positive. For example, as shown in Table 4, the supply of radiation oncologists per capita was higher in areas with high poverty ($\beta_1 = +0.447$; 95% CI, 0.097 to 0.797) and a high black racial composition ($\beta_1 = +0.654$; 95% CI, 0.009 to 1.300). The remaining 33% of associations (five of 15) were negative but of a comparatively small magnitude. For example, high area deprivation was significantly but weakly associated with a lower per capita density of gastroenterologists ($\beta_1 = -0.015$; 95% CI, -0.030 to -0.001), and high ethnic isolation was significantly but weakly associated with a lower per capita density of surgeons ($\beta_1 = -0.015$; 95% CI, -0.027 to -0.003).”

Whereas it should have been:

“ZCTAs in the 694 partially urban HSAs were 48% urban, 39% suburban, and 13% rural ZCTAs. Unlike fully urban HSAs, an analysis of partially urban HSAs revealed many associations between markers of social disadvantage and the health care supply (Table 4). Of the 40 unique associations tested, **42%** of the associations (**17 of 40**) were statistically significant with **20% (8 of 40)** positive. For example, as shown in Table 4, the supply of radiation oncologists per capita was higher in areas with high poverty ($\beta_1 = +0.447$; 95% CI, 0.097 to 0.797) and a high black racial composition ($\beta_1 = +0.654$; 95% CI, 0.009 to 1.300). The remaining **22%** of associations (**nine of 40**) were negative. For example, **high black racial composition was strongly associated with lower per capita number of oncology ($\beta_1 = -1.745$; 95% CI, -2.503 to -0.989) and medical/surgical hospitals ($\beta_1 = -1.603$; 95% CI, -2.520 to -0.687) and weakly associated with lower per capita number of hospital beds ($\beta_1 = -0.015$; 95% CI, -0.027 to -0.003).** High ethnic isolation was significantly but weakly associated with a lower per capita density of surgeons ($\beta_1 = -0.015$; 95% CI, -0.027 to -0.003).”

In Table 2, the per capita estimates for breast cancer and CRC treatment were incorrectly given for general medical/surgical hospitals, hospital beds, oncology hospitals, and operating rooms. The corrections are detailed in the Publisher’s Note that accompanies the corrected version online.

In Table 3 and Table 4, the associations between area social factors and four variables (general medical/surgical hospitals, hospital beds, oncology hospitals, and operating rooms) were incorrectly given for breast cancer and CRC treatment. The corrections are detailed in the Publisher’s Note that accompanies the corrected version online.

In the Discussion section, the last sentence of the first paragraph was given as:

“The three apparently significant associations noted in regression analyses did not reflect consistent trends on closer study.”

Whereas it should have been:

“The **five** apparently significant associations noted in regression analyses did not reflect consistent trends on closer study.”

In the online Appendix, Table A3 (Distribution of Per Capita Hospitals by Increasing Values of the Composite Ethnic Isolation Variable) has now been added to the online version.

The online version has been corrected in departure from the print. The authors apologize for the mistakes.

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