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## Corrigendum

# Corrigendum to ‘The CAP-CR study: Direct medical costs in Italian metastatic colorectal cancer patients on first-line infusional 5-fluorouracil or oral capecitabine’ [European Journal of Cancer 44 (2008) 2615–2622]

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The authors would like it to be known that there is an overestimate of capecitabine arm costs in the above article. This overestimate is due to a wrong automatic distribution of the central venous catheter unit cost to all patients in the infusional therapy arm – also to those treated with capecitabine in association with chemotherapies. Only 6 out of 31 patients treated with capecitabine in association had received a central venous catheter infusion.

This overestimation does not notably affect the results of the study. However, from the IHCS perspective, the mean total

cost is €5668 per CAP patient (instead of €5781). Specifically, the mean cost related to the central venous catheter insertion is €27 per CAP patient (as opposed to €140.22).

From the hospital perspective, the mean total cost is €4319 per CAP patient (instead of €4688). Specifically, the mean cost related to the central venous catheter insertion is €89 per CAP patient (as opposed to €457.50).

DOI of original article: 10.1016/j.ejca.2008.08.010

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doi:10.1016/j.ejca.2009.05.028