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Correction to: The effect of pre- and postoperative physical activity on recovery after colorectal cancer surgery (PHYSSURG-C): study protocol for a randomised controlled trial



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Correction to: Trials (2017) 18:212 https://doi.org/10.1186/s13063-017-1949-9

Following publication of the original article [1], we were notified of two errors in the Methods section.

• In the "Allocation" section, the sentence:

"To ensure good balance of participant characteristics in each group, randomisation will be stratified with regard to surgical method (laparoscopic versus open), tumour site and pre-operative treatment (colon, rectum with/without radiotherapy), and study centre." However, study centre was not included in the electronic randomisation system as stratification.

Should instead read:

"To ensure good balance of participant characteristics in each group, randomisation will be stratified with regard to surgical method (laparoscopic versus open) and tumour site and pre-operative treatment (colon, rectum with/without radiotherapy)." that we wrote both that we needed 640 evaluable patients and that this would require 640 randomised patients to account for losses to follow-up. We planned to include 538 evaluable patients, which would result in a need to randomize 640 patients to account for patients being lost to evaluation, as found in the first 100 patients and the interim analysis. Initially we included a Bonferroni correction due to second look into the calculation but discarded this since no statistical testing was performed during the interim analysis. We therefore planned to recruit 538 evaluable participants.

• In the "Sample size" section, there was a mix of two

approaches considered, which is reflected in the fact

Therefore the sentence:

"For true rates of these magnitudes, a difference will be detected with 80% power using a total of 640 patients and a two-sided test with a 2.5% significance level (Bonferroni adjustment for interim look)."

Should instead read:

"For true rates of these magnitudes, a difference will be detected with 80% power using a total of 538 patients and a two-sided test with a 5% significance level."

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The original article can be found online at https://doi.org/10.1186/s13063-017-1949-9.

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Onerup et al. Trials (2020) 21:1030 Page 2 of 2

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Published online: 23 December 2020

Reference

 Onerup A, et al. The effect of pre- and post-operative physical activity on recovery after colorectal cancer surgery (PHYSSURG-C): study protocol for a randomised controlled trial. Trials. 2020;18:212. https://doi.org/10.1186/ s13063-017-1949-9.