CORRECTION   **Open Access**

Correction: Emergency management of incidental pulmonary embolism (IPE)

Carme Font[1], Tim Cooksley[2*], Shin Ahn[3], Bernardo Rapoport[4] and Carmen Escalante[5]

Correction: Emerg Cancer Care 1, 7 (2022)
https://doi.org/10.1186/s44201-022-00004-7

Following publication of the original article [1], the authors identified that Table 2 contains wrong references.

The correct references are given below:

Consequently, references in section: "**Risk stratification in patients with IPE**" have been corrected as below:

Following the diagnosis of an acute PE, patients undergo assessment for the risk of complications and several scoring systems have been validated to identify low-risk patients who can be managed in an outpatient ambulatory setting [34, 35]. PESI (Pulmonary Embolism Severity Index) and simplified PESI, the two most validated clinical-physiological risk scoring systems, consider patients with cancer not to be low risk [37]. However, the outcomes related to PE in these patients are difficult to distinguish from the underlying malignancy. Therefore, several risk stratification models for cancer patients with PE have been developed but none is specifically focused on those with IPE (see Table 2) [36-40]. The EPIPHANY index, which was derived from a registry of symptomatic and IPE patients in 14 Spanish hospitals, stratifies patients into low, intermediate, or high risk of complications within 15 days of diagnosis [39, 40]. This index uses six variables (Hestia-like clinical decision rule, Eastern Cooperative Group (ECOG) performance scale, oxygen saturation, presence of PE specific symptoms, tumour response,

and primary tumour resection). It has been validated in an external study of 258 IPE patients presenting to EDs [41]. This index may be a useful adjunct in the risk stratification of cancer patients with IPE. A study of IPE patients managed through the ED of the MD Anderson Cancer Center in Texas reported that in the absence of saddle PE, hypoxaemia and significant co-morbidities, these patients could be considered for ambulatory outpatient management with LMWH therapy [42]. A prognostic score incorporating performance status and the presence of new or worsening symptoms at the time of IPE diagnosis, with and without considering the presence of incurable malignancy, correlated with overall survival and early mortality in patients with IPE [43]. Analysis of a registry of 695 IPE patients found that respiratory symptoms within 14 days of the presentation and the ECOG performance status were the most consistent predictors of mortality [44].

Also, the below missing reference should be added:

36. den Exter PL, Gómez V, Jiménez D, Trujillo-Santos J, Muriel A, Huisman MV, Monreal M; Registro Informatizado de la Enfermedad TromboEmbólica (RIETE) Investigators. A clinical prognostic model for the identification of low-risk patients with acute symptomatic pulmonary embolism and active cancer. Chest. 2013 Jan;143(1):138-145. doi: 10.1378/chest.12-0964. PMID: 22814859.

Furthermore, dr. C. Font affiliation is wrongly listed as:

1. Department of Internal Medicine, Hospital Clinic, Barcelona, Spain

It should be listed as:

1. Department of Medical Oncology, Hospital Clinic Barcelona, Barcelona, Spain

The original article [1] has been corrected.

---

*Correspondence: cooks199@hotmail.com
[2] The Christie, Wilmslow Road, Manchester M20 4BX, UK
Full list of author information is available at the end of the article

Font *et al. Emergency Cancer Care* (2022) 1:9

Page 2 of 2

Table 2 Risk assessment models

POMPE-C [38]	RIETE [36]	EPIPHANY Index [40,41]	Workup scenarios (4S rule) [39]

Author details
[1]Department of Medical Oncology, Hospital Clinic Barcelona, Barcelona, Spain. [2]The Christie, Wilmslow Road, Manchester M20 4BX, UK. [3]Department of Emergency Medicine, Cancer Emergency Room, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Republic of Korea. [4]The Medical Oncology Centre of Rosebank, Johannesburg, South Africa. [5]Division of Internal Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.

Reference
1. Font, et al. Emergency management of incidental pulmonary embolism (IPE). Emerg Cancer Care. 2022;1:7. https://doi.org/10.1186/s44201-022-00004-7.