



OPEN ACCESS

EDITED AND REVIEWED BY
Sharon R. Pine,
University of Colorado Anschutz Medical
Campus, United States

*CORRESPONDENCE

Alireza Mosavi Jarrahi
✉ rmosavi@yahoo.com
Seyed Aria Nejadghaderi
✉ ariagheri@sbmu.ac.ir;
✉ ariang20@gmail.com

RECEIVED 30 October 2024
ACCEPTED 12 November 2024
PUBLISHED 02 December 2024

CITATION

Mousavi SE, Ilaghi M, Mirzazadeh Y,
Mosavi Jarrahi A and Nejadghaderi SA (2024)
Corrigendum: Global epidemiology and
socioeconomic correlates of hypopharyngeal
cancer in 2020 and its projection to 2040:
findings from GLOBOCAN 2020.
Front. Oncol. 14:1520064.
doi: 10.3389/fonc.2024.1520064

COPYRIGHT

© 2024 Mousavi, Ilaghi, Mirzazadeh, Mosavi
Jarrahi and Nejadghaderi. This is an open-
access article distributed under the terms of
the [Creative Commons Attribution License
\(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction
in other forums is permitted, provided the
original author(s) and the copyright owner(s)
are credited and that the original publication
in this journal is cited, in accordance with
accepted academic practice. No use,
distribution or reproduction is permitted
which does not comply with these terms.

Corrigendum: Global epidemiology and socioeconomic correlates of hypopharyngeal cancer in 2020 and its projection to 2040: findings from GLOBOCAN 2020

Seyed Ehsan Mousavi^{1,2}, Mehran Ilaghi³, Yasaman Mirzazadeh⁴,
Alireza Mosavi Jarrahi^{5,6*} and Seyed Aria Nejadghaderi^{7,8*}

¹Neurosciences Research Center, Aging Research Institute, Tabriz University of Medical Sciences, Tabriz, Iran, ²Department of Community Medicine, Social Determinants of Health Research Center, Faculty of Medicine, Tabriz University of Medical Sciences, Tabriz, Iran, ³Institute of Neuropharmacology, Kerman Neuroscience Research Center, Kerman University of Medical Sciences, Kerman, Iran, ⁴Faculty of Medicine, Ardebil University of Medical Sciences, Ardebil, Iran, ⁵Cancer Research Centre, Shahid Beheshti University of Medical Sciences, Tehran, Iran, ⁶West Asia Organization for Cancer Prevention, Sabzevar, Iran, ⁷HIV/STI Surveillance Research Center, and WHO Collaborating Center for HIV Surveillance, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran, ⁸Systematic Review and Meta-analysis Expert Group (SRMEG), Universal Scientific Education and Research Network (USERN), Tehran, Iran

KEYWORDS

hypopharyngeal neoplasm, epidemiology, incidence, mortality, GLOBOCAN

A Corrigendum on

Global epidemiology and socioeconomic correlates of hypopharyngeal cancer in 2020 and its projection to 2040: findings from GLOBOCAN 2020

By Mousavi SE, Ilaghi M, Mirzazadeh Y, Mosavi Jarrahi A and Nejadghaderi SA (2024). *Front. Oncol.* 14:1398063. doi: 10.3389/fonc.2024.1398063

In the published article, there was an error in **Figure 3** as published. The mortality to incidence ratios in y-axis of panels C and F were not calculated correctly. The corrected **Figure 3** and its caption “**Figure 3**”. Correlations between human development index (HDI) and (A) age-standardized incidence rate, (B) age-standardized mortality rate, and (C) mortality-to-incidence ratio. Correlations between the current healthcare expenditure to gross domestic product (CHE/GDP%) and (D) age-standardized incidence rate, (E) age-standardized mortality rate, and (F) mortality-to-incidence ratio appear below.

In the published article, there was an error in **Supplementary Data Sheet 2**. There was a mistake in the calculation of mortality to incidence ratios. The correct material statement appears below.

In the published article, there was an error. The values of correlation coefficient for the correlation between mortality to incidence ratios and human development index and current healthcare expenditure per gross domestic product were not correct.

A correction has been made to **Results**, *Correlation between HC incidence, mortality, MIR, HDI, and CHE/GDP*, Paragraph 1. This sentence previously stated:

“HDI demonstrated weak significant correlations with HC ASIR (correlation coefficient= 0.249, $p<0.01$; **Figure 3A**), ASMR (correlation coefficient= 0.185, $p<0.05$; **Figure 3B**), a moderate correlation with and MIR (correlation coefficient= 0.347, $p<0.001$; **Figure 3C**). Moreover, a weak significant correlation was observed between CHE/GDP and MIR (correlation coefficient= 0.279, $p<0.001$; **Figure 3F**).”

The corrected sentence appears below:

“HDI demonstrated significant correlations with HC ASIR (correlation coefficient= 0.249, $p<0.01$; **Figure 3A**), ASMR (correlation coefficient= 0.185, $p<0.05$; **Figure 3B**), and MIR (correlation coefficient= -0.449, $p<0.001$; **Figure 3C**). Moreover, a weak significant correlation was observed between CHE/GDP and MIR (correlation coefficient= -0.295, $p<0.001$; **Figure 3F**).”

In the published article, there was an error. The values of correlation coefficient for the correlation between mortality to incidence ratios and human development index and current healthcare expenditure per gross domestic product were not correct.

A correction has been made to **Abstract**, *Results*, paragraph 1. This sentence previously stated:

“Also, HDI demonstrated weak significant correlations with HC ASIR ($r= 0.249$, $p<0.01$), ASMR ($r= 0.185$, $p<0.05$), and MIR ($r= 0.347$, $p<0.001$). Moreover, a weak significant correlation was also observed between CHE/GDP and MIR ($r= 0.279$, $p<0.001$).”

The corrected sentence appears below:

“Also, HDI demonstrated significant correlations with HC ASIR ($r= 0.249$, $p<0.01$), ASMR ($r= 0.185$, $p<0.05$), and MIR ($r= -0.449$, $p<0.001$). Moreover, a weak significant correlation was also observed between CHE/GDP and MIR ($r= -0.295$, $p<0.001$).”

In the published article, there was an error. The interpretations based on the correlations between mortality to incidence ratios and human development index and current healthcare expenditure per gross domestic product were not correct.

A correction has been made to **Discussion**, Paragraph 6. This sentence previously stated:

“On the other hand, analyzing the general correlations of developmental metrics with incidence rates, suggested a weak positive correlation between HDI and all metrics of ASIR, ASMR, and MIR, and also a weak positive correlation between CHE/GDP and MIR. However, despite our finding that the low HDI countries had the highest MIR values for HC, we observed a generally weak positive correlation between MIR and both metrics of HDI and CHE/GDP, which might be suggestive that the MIR is mostly influenced in low HDI countries, and the differences are less pronounced among countries with medium to very high HDI.”

The corrected sentence appears below:

“On the other hand, analyzing the general correlations of developmental metrics with incidence rates, suggested a positive correlation between HDI and ASIR and ASMR. Our findings showed that the low HDI countries had the highest MIR values for HC, and we observed a generally negative correlation between MIR and both metrics of HDI and CHE/GDP.”

The authors apologize for these errors and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Supplementary material

The Supplementary Material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fonc.2024.1398063/full#supplementary-material>

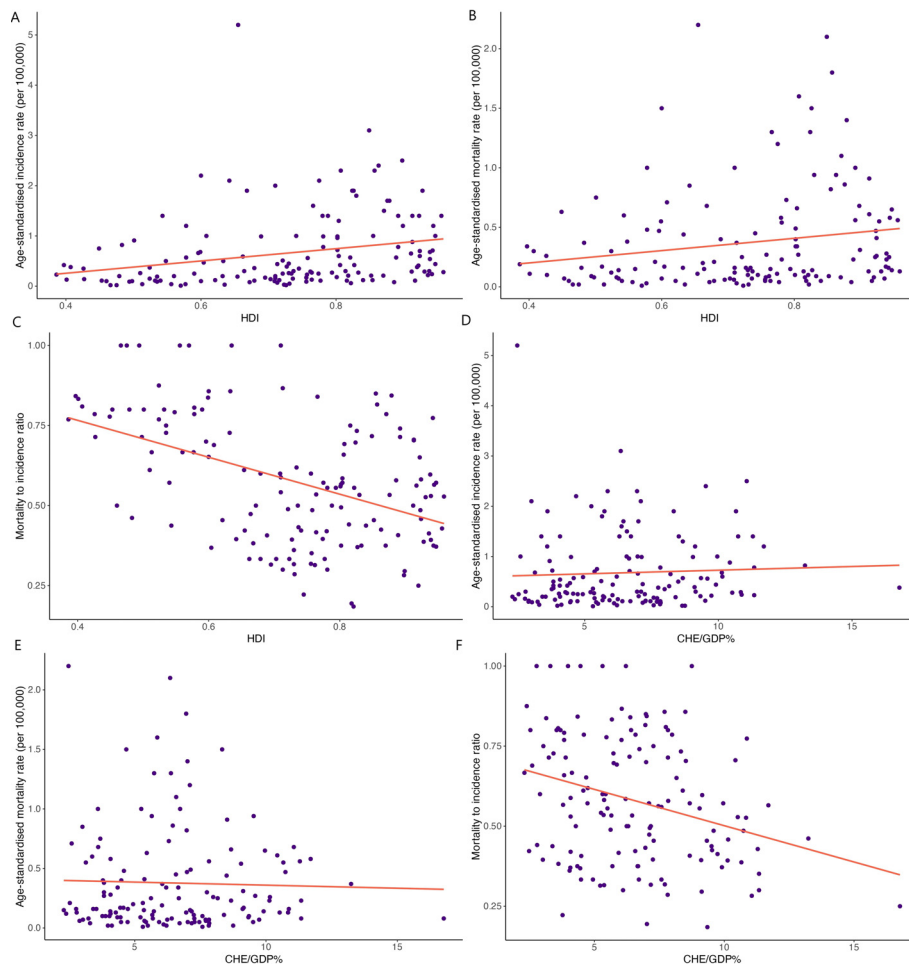


FIGURE 3 Correlations between human development index (HDI) and (A) age-standardized incidence rate, (B) age-standardized mortality rate, and (C) mortality-to-incidence ratio. Correlations between the current healthcare expenditure to gross domestic product (CHE/GDP%) and (D) age-standardized incidence rate, (E) age-standardized mortality rate, and (F) mortality-to-incidence ratio.