

OPEN ACCESS

EDITED BY
Harshad Thakur,
Tata Institute of Social Sciences, India

REVIEWED BY Azim Siraj Azimuddin, Ministry of Health, Brunei

*CORRESPONDENCE Andrzej Grzybowski ⊠ ae.grzybowski@gmail.com

RECEIVED 05 July 2024 ACCEPTED 12 September 2024 PUBLISHED 25 September 2024

CITATION

Lanca C, Pang CP and Grzybowski A (2024) Corrigendum: Effectiveness of myopia control interventions: a systematic review of 12 randomized control trials published between 2019 and 2021.

Front. Public Health 12:1460156. doi: 10.3389/fpubh.2024.1460156

COPYRIGHT

© 2024 Lanca, Pang and Grzybowski. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). 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: Effectiveness of myopia control interventions: a systematic review of 12 randomized control trials published between 2019 and 2021

Carla Lanca^{1,2}, Chi Pui Pang^{3,4,5} and Andrzej Grzybowski^{6,7*}

¹Escola Superior de Tecnologia da Saúde de Lisboa (ESTeSL), Instituto Politécnico de Lisboa, Lisboa, Portugal, ²Comprehensive Health Research Center (CHRC), Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, Lisboa, Portugal, ³Department of Ophthalmology and Visual Sciences, The Chinese University of Hong Kong, Hong Kong, China, ⁴Hong Kong Hub of Paediatric Excellence, The Chinese University of Hong Kong, Hong Kong, China, ⁵Joint Shantou International Eye Center, Shantou University/The Chinese University of Hong Kong, Shantou, China, ⁶Department of Ophthalmology, University of Warmia and Mazury, Olsztyn, Poland, ⁷Institute for Research in Ophthalmology, Foundation for Ophthalmology Development, Poznan, Poland

KEYWORDS

myopia, progression, axial length, elongation, treatment, efficacy, systematic review

A Corrigendum on

Effectiveness of myopia control interventions: a systematic review of 12 randomized control trials published between 2019 and 2021

by Lanca, C., Pang, C. P., and Grzybowski, A. (2023). Front. Public Health. 11:1125000. doi: 10.3389/fpubh.2023.1125000

In the published article, there was an error in Figure 2 as published. The legend inside Figure 2 was incorrect. "Favours [control]" and "Favours [experimental]" were swapped. The corrected Figure 2 and its caption appear below.

The authors apologize for this error 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.

Lanca et al. 10.3389/fpubh.2024.1460156

| tudy or Subgroup 1.1. Atropine AMP atropine 0.05% (Yam et al., 2019) AMP atropine 0.025% (Yam et al., 2019) | Mean | SD | | | Control | | | | Mean Difference |
|--|----------|---------------------|-------------------|-------|---------|------------------|----------------------|---|--------------------|
| AMP atropine 0.05% (Yam et al., 2019) | | 30 | Total | Mean | SD | Total | Weight | IV, Random, 95% CI | IV, Random, 95% CI |
| | | | | | | | | | |
| AMP atropine 0.025% (Yam et al., 2019) | -0.27 | | | -0.81 | | 93 | 5.8% | 0.54 [0.38, 0.70] | |
| | -0.46 | 0.45 | 91 | -0.81 | 0.53 | 93 | 6.0% | 0.35 [0.21, 0.49] | |
| tropine 0.02 % (Fu et al., 2020) | -0.38 | 0.35 | 117 | -0.7 | 0.6 | 100 | 6.1% | 0.32 [0.19, 0.45] | |
| tropine 0.01% (Wei et al, 2020) | -0.49 | 0.42 | 76 | -0.76 | 0.5 | 86 | 6.0% | 0.27 [0.13, 0.41] | |
| tropine 0.01 % (Fu et al., 2020) | -0.47 | 0.45 | 119 | | | 100 | 6.0% | 0.23 [0.09, 0.37] | |
| AMP atropine 0.01% (Yam et al., 2019) | -0.59 | | | -0.81 | | 93 | 5.8% | 0.22 [0.06, 0.38] | |
| TOM-J Atropine 0.01% (Hieda et al., 2021) | -1.26 | 0.3 | 85 | -1.48 | 0.3 | 86 | 6.5% | 0.22 [0.13, 0.31] | ~- |
| ATOM atropine 0.01% (Saxena et al., 2021) | -0.16 | 0.4 | | -0.35 | 0.4 | 45 | 5.8% | 0.19 [0.03, 0.35] | |
| ubtotal (95% CI) | | | 734 | | | 696 | 48.0% | 0.29 [0.22, 0.36] | • |
| eterogeneity: $Tau^2 = 0.01$; $Chi^2 = 15.30$, $df = 7$ (P = | = 0.03); | $I^2 = 5$ | 4% | | | | | | |
| est for overall effect: $Z = 7.81 (P < 0.00001)$ | | | | | | | | | |
| 1.2 Soft contact lenses for myopia control | | | | | | | | | |
| iSight contact lens (Chamberlain et al., 2019) | -0.65 | 0.07 | 53 | -1.31 | 0.08 | 56 | 6.8% | 0.66 [0.63, 0.69] | * |
| ofinity +2.50 contact lens (Walline et al, 2020) | -0.6 | 0.51 | 97 | -1.05 | 0.61 | 97 | 5.8% | 0.45 [0.29, 0.61] | |
| ktended depth of focus CL III (Sankaridurg, 2019) | -0.78 | 0.65 | 45 | -1.15 | 0.51 | 50 | 5.0% | 0.37 [0.13, 0.61] | |
| ktended depth of focus CL IV (Sankaridurg, 2019) | -0.85 | 0.56 | 47 | -1.15 | 0.51 | 50 | 5.2% | 0.30 [0.09, 0.51] | |
| sencia lens (Garcia-del valle et al., 2021) | -0.28 | 0.35 | 36 | -0.57 | 0.52 | 34 | 5.3% | 0.29 [0.08, 0.50] | |
| ktended depth of focus CL I (Sankaridurg, 2019) | -0.87 | 0.56 | 47 | -1.15 | 0.51 | 50 | 5.2% | 0.28 [0.07, 0.49] | |
| ktended depth of focus CL II (Sankaridurg, 2019) | -0.88 | 0.56 | | -1.15 | 0.51 | 50 | 5.2% | 0.27 [0.05, 0.49] | |
| ubtotal (95% CI) | | | 370 | | | 387 | 38.5% | 0.39 [0.21, 0.56] | • |
| eterogeneity: $Tau^2 = 0.05$; $Chi^2 = 54.22$, $df = 6$ (Peest for overall effect: $Z = 4.34$ (P < 0.0001) | < 0.000 | 01); I ² | = 89% | | | | | | |
| 1.3 Spectacle lenses for myopia control | | | | | | | | | |
| ighly aspherical lenslets (Bao et al 2022) | -0.66 | | | -1.46 | | 50 | 6.8% | 0.80 [0.77, 0.83] | * |
| IMS spectacle lens (Lam et al., 2020) ubtotal (95% CI) | -0.41 | 0.06 | 79 133 | -0.85 | 0.08 | 81 131 | 6.8% 13.5% | 0.44 [0.42, 0.46] 0.62 [0.27, 0.97] | · |
| eterogeneity: $Tau^2 = 0.06$; $Chi^2 = 296.85$, $df = 1$ (P est for overall effect: $Z = 3.44$ (P = 0.0006) | < 0.00 | 001); I | ² = 10 | 0% | | | | | |
| otal (95% CI) | | | 1237 | | | 1214 | 100.0% | 0.37 [0.27, 0.47] | • |
| eterogeneity: $Tau^2 = 0.04$; $Chi^2 = 522.22$, $df = 16$ | P < 0.0 | 0001): | $I^2 = 9$ | 7% | | | | -2 | -1 0 1 |

FIGURE 2

Forest plot of myopia progression (D) showing mean differences between treatment and control groups. The point estimate for the mean difference for each study is shown in gray color. The weight assigned to each study is represented by the size of each gray point estimate. The horizontal line through each gray point estimate shows the 95% confidence interval for the mean difference for each treatment. CL, contact lenses; Cl, confidence interval; SD, standard deviation.