

## ERRATUM

In the article, "Clinical outcomes of endoscopic submucosal dissection for rectal tumor close to the dentate line," in the August issue of *Gastrointestinal Endoscopy* (*Gastrointest Endosc* 2012;76:444-50), there was a typographical error in Table 2. The complete corrected table appears below.

**TABLE 2. Clinical outcomes and complications among the 14 study patients\***

Duration of ESD procedure (minutes)	99.3 ± 55.9 (30-240)
En bloc resection rate	85.7% (12/14)
Complications	
Perforation	0 (0%)
Postoperative bleeding	4 (28.6%)
Others	
Anal pain	1 (7.1%)
Proctostenosis	1 (7.1%)
Local recurrence	0 (0%)

Number (%) of patients is shown unless otherwise indicated.

ESD, endoscopic submucosal dissection.

\*Endoscopic follow-up time = 24.4 ± 17.2 (range, 3-64) months.

### Registration of Human Clinical Trials

*Gastrointestinal Endoscopy* follows the **International Committee of Medical Journal Editors (ICMJE)**'s Uniform Requirements for Manuscripts Submitted to Biomedical Journals. All prospective human clinical trials eventually submitted in *GIE* must have been registered through one of the registries approved by the ICMJE, and proof of that registration must be submitted to *GIE* along with the article. For further details and explanation of which trials need to be registered as well as a list of ICMJE-acceptable registries, please go to <http://www.icmje.org>.