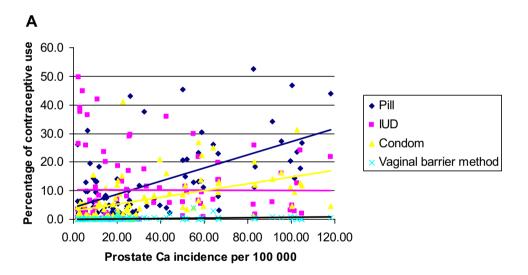
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## Correction

After review of the data it appears that the authors accidentally miscoded several points in the data set, which have resulted in an error in the published article (BMJ Open 2011;1: e000311. doi:10.1136/bmjopen-2011-000311). In the abstract the year used to retrieve age standardised incidence and mortality rates was the 2008 and not 2007 dataset (the correct year is mentioned in the methods section and in the references), and the number of countries was 88 (as appears in the appendix) and not 87. The Pearson correlation between prostate cancer incidence in nations' world-wide and oral contraceptive use was 0.58 and not 0.61. The Pearson correlation between prostate cancer incidence in Europe and oral contraceptive use was 0.59 and not 0.55. Prostate cancer incidence correlated with condom use in nations worldwide (r=0.48) but not in Europe or by continent. Figure 1A,B have been corrected. In the multivariable mode the adjusted estimates for the association of oral contraceptive use with prostate cancer incidence is 0.65 (95% CI 0.3 to 1.01), p=0.001 (not 1.06 (95% CI 0.58 to 1.6)). Table 1 has been corrected. The correlation of prostate cancer mortality rates with oral contraceptive use was not statistically significant (r=0.16, p=0.1 not 0.53, p<0.05). Figure 2 has been changed. With hindsight, after correcting the data and the analysis, the title of the manuscript would have been less easily misinterpreted if it had been: 'Oral contraceptive use is associated with prostate cancer incidence: an ecologic study'.

Data deposited in the Dryad repository: doi:10.5061/dryad.ff6bd0pq (http://datadryad.org/).



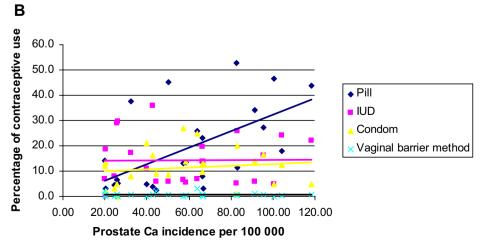
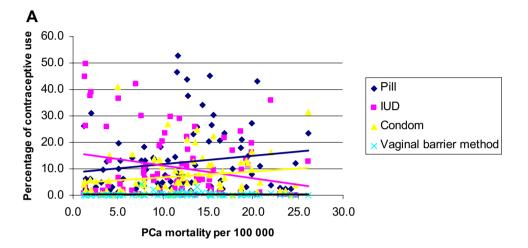


Figure 1 (A) Correlation between contraceptive mode and prostate cancer incidence. (B) Correlation between contraceptive mode and prostate cancer incidence in Europe.

Table 1 Multivariable linear regression of the association of mode of contraception and GDP (a measure of country's wealth) with PCa incidence			
	Estimate	95% CI	p Value
Oral contraceptive use	0.65	0.3 to 1.01	0.001
Intrauterine device	-0.12	-0.4 to 1.7	0.46
Vaginal barrier	2.2	-3.6 to 8.2	0.45
Condom use	0.59	0.02 to 1.2	0.04
GDP	0.01	0.009 to 0.011	<0.001



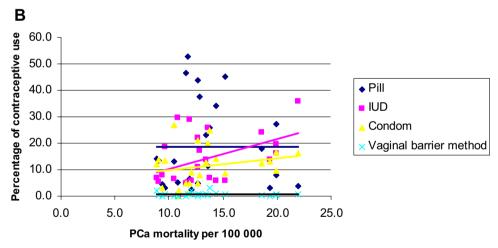


Figure 2 (A) Correlation between contraceptive mode and PCa mortality. (B) Correlation between contraceptive mode and PCa mortality in Europe.

BMJ Open 2012; 2:e000311corr1. doi:10.1136/bmjopen-2011-000311corr1