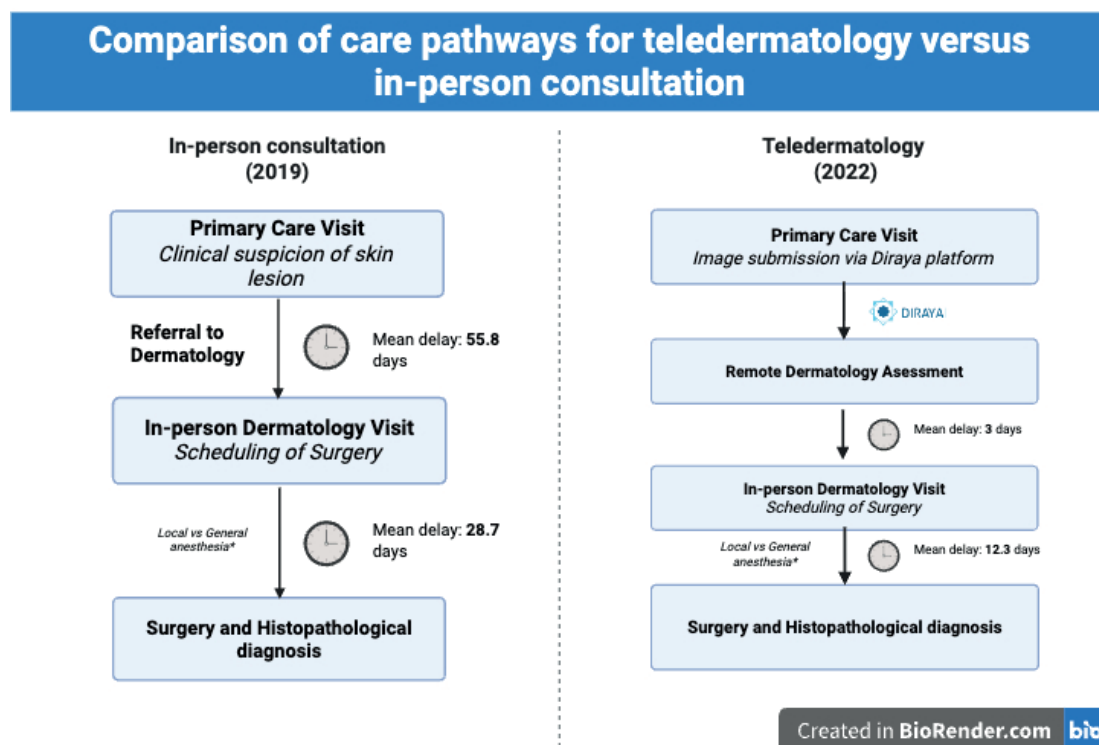


In the originally published article: *Marta Cebolla-Verdugo, Husein Husein El-Ahmed and Ricardo Ruiz-Villaverde. Does Teledermatology Enable Earlier Diagnosis of Cutaneous Squamous Cell Carcinoma Than Face-to-face Consultation?* *Acta Derm Venereol* 2025; 105: adv44362. DOI: 10.2340/actadv.v105.44362, several statistical values were reported incorrectly. The correct values are detailed below. These corrections do not alter the principal conclusions of the study, with one exception: the corrected bivariate analysis of tumour surface area (see entry below) shows no statistically significant difference between groups, whereas the original (incomplete) values had suggested a borderline difference.

| Location                                                            | Original text                                                                                                                                                                                                                                                                                                                                             | Corrected text                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Abstract                                                            | "...significantly smaller minor diameters ( $0.56 \pm 0.3$ cm vs $1.09 \pm 0.5$ cm; $p < 0.001$ )..."                                                                                                                                                                                                                                                     | "...significantly smaller minor diameters ( $0.56 \pm 0.96$ cm vs $1.09 \pm 0.63$ cm; $p < 0.001$ )..."                                                                                                                                                                                                                       |
| Abstract                                                            | "In multivariate analysis, minor diameter was the strongest independent predictor of teledermatology-based diagnosis (OR=0.01, 95% CI: 0.001–0.02)."                                                                                                                                                                                                      | "In multivariate analysis, minor diameter was the strongest independent predictor of teledermatology-based diagnosis (estimate=−4.31751; $p < 0.001$ )."                                                                                                                                                                      |
| Table I (column headers)                                            | Face-to-face (2019) $n = 112$ / Teledermatology (2022) $n = 107$                                                                                                                                                                                                                                                                                          | Face-to-face (2019) $n = 101$ / Teledermatology (2022) $n = 123$                                                                                                                                                                                                                                                              |
| Table I (Minor tumour diameter row)                                 | $1.09 \pm 0.5$ (2019) / $0.56 \pm 0.3$ (2022)                                                                                                                                                                                                                                                                                                             | $1.09 \pm 0.63$ (2019) / $0.56 \pm 0.96$ (2022)                                                                                                                                                                                                                                                                               |
| Table I (footnote)                                                  | "...(n = 112 in 2019; n = 107 in 2022)."                                                                                                                                                                                                                                                                                                                  | "...(n = 101 in 2019; n = 123 in 2022)."                                                                                                                                                                                                                                                                                      |
| Results – Descriptive and univariate analysis                       | "...minor tumour diameter was significantly smaller in the teledermatology group ( $0.56 \pm 0.3$ cm vs $1.09 \pm 0.5$ cm; $p < 0.001$ )."                                                                                                                                                                                                                | "...minor tumour diameter was significantly smaller in the teledermatology group ( $0.56 \pm 0.96$ cm vs $1.09 \pm 0.63$ cm; $p < 0.001$ )."                                                                                                                                                                                  |
| Results – Descriptive and univariate analysis                       | "...or recurrence rate (7.9% vs 9.1%; $p = 0.617$ )."                                                                                                                                                                                                                                                                                                     | "...or recurrence rate (5.0% vs 1.6%; $p = 0.2997$ )."                                                                                                                                                                                                                                                                        |
| Results – Descriptive and univariate analysis (tumour surface area) | "In addition, the bivariate analysis of tumour surface area (product of maximum $\times$ minor diameter) showed that lesions diagnosed via teledermatology had a smaller mean surface area compared with those diagnosed through face-to-face consultation (mean $\pm$ SD: $1.53 \pm X$ cm <sup>2</sup> vs $1.92 \pm X$ cm <sup>2</sup> ; $p = 0.051$ )." | "Bivariate analysis of tumour surface area (maximum $\times$ minor diameter) showed no statistically significant difference between groups (mean $\pm$ SD: $1.51 \pm 5.43$ cm <sup>2</sup> vs $1.93 \pm 2.07$ cm <sup>2</sup> ; $p = 0.4479$ )."                                                                              |
| Results – Descriptive and univariate analysis (referral delay)      | "...the average delay from primary care referral to dermatology consultation was 55 days in 2019..."                                                                                                                                                                                                                                                      | "...the average delay from primary care referral to dermatology consultation was 55.8 days in 2019..."                                                                                                                                                                                                                        |
| Table II (footnote)                                                 | Includes: "Odds ratios (ORs) and 95% confidence intervals (CIs) are reported for each variable", plus model-fit statistics: Null deviance: 306.77 (df=222); Residual deviance: 224.59 (df=212); AIC: 246.59; Observations removed due to missingness: 1; Fisher Scoring iterations: 14.                                                                   | Footnote revised to: "Estimated coefficients, standard errors, z-values, and p-values were reported for each predictor. When appropriate, coefficients were transformed into odds ratios to facilitate clinical interpretation." The model-fit statistics listed above are removed from the footnote.                         |
| Discussion – Multivariate analysis paragraph                        | "The adjusted model confirmed that minor tumour diameter was the strongest predictor of teledermatology diagnosis (OR=0.01, 95% CI: 0.001–0.02, $p < 0.001$ )."                                                                                                                                                                                           | "The adjusted model confirmed that minor tumour diameter was the strongest predictor of teledermatology-based diagnosis, showing a strong negative association on the log-odds scale (estimate=−4.31751, $p < 0.001$ )."                                                                                                      |
| Discussion (referral delay, paragraph 1)                            | "The average delay from primary care referral to dermatology consultation was reduced from 55 days in 2019 to only 3 days in 2022."                                                                                                                                                                                                                       | "The average delay from primary care referral to dermatology consultation was reduced from 55.8 days in 2019 to only 3 days in 2022."                                                                                                                                                                                         |
| Fig. 1 (originally published as Fig. 5) and caption                 | Figure shows a mean referral delay of "55 days" and a mean surgical delay of "12.7 days" (the latter inconsistent with the 12.3 days reported throughout the text).                                                                                                                                                                                       | Figure replaced with a corrected version showing a mean referral delay of "55.8 days" and a mean surgical delay of "12.3 days", consistent with the text. The figure has also been renumbered as Fig. 1 (all subsequent figures renumbered accordingly: original Fig. 1→Fig. 2, Fig. 2→Fig. 3, Fig. 3→Fig. 4, Fig. 4→Fig. 5). |

Corrected Fig. 1



**Fig. 1. Comparison of clinical pathways for cutaneous squamous cell carcinoma (cSCC) management via conventional in-person consultation (2019) vs asynchronous teledermatology (2022).** In the conventional pathway, patients were referred from primary care and typically waited 55.8 days for an in-person dermatology visit, followed by a mean delay of 28.7 days until surgical excision.\* In the teledermatology model, macroscopic and dermoscopic images were submitted via the Andalusian digital health platform (DIRAYA®), with remote dermatologist evaluation completed within 24–48 h. Patients were triaged for in-person consultation (mean delay: 3 days), and if suitable, excision was frequently performed the same day in a minor surgical setting (mean delay to surgery: 12.3 days)\*. \*In both care models, surgical planning depended on clinical factors such as anaesthesia requirements and reconstructive complexity. Excision under local anaesthesia was performed in an outpatient minor surgery room while patients requiring general anaesthesia or complex reconstructions (e.g., skin flaps or grafts) were referred to the main operating theatre after pre-anaesthetic evaluation and scheduling.

The authors apologize for these errors and any inconvenience they may have caused.

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