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# Corrigendum: Neoadjuvant tislelizumab combined with chemotherapy in locally advanced oral or oropharyngeal squamous cell carcinoma: a real-world retrospective study

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#### KEYWORDS

neoadjuvant, immunotherapy, chemotherapy, head and neck, squamous cell carcinoma

#### A Corrigendum

Neoadjuvant tislelizumab combined with chemotherapy in locally advanced oral or oropharyngeal squamous cell carcinoma: a real–world retrospective study

by Wu W-J, Liu Q, An P-G, Wang L, Zhang J-Y, Chen Y, Zhang T and Zhang J (2023) *Front. Immunol.* 14:1282629. doi: 10.3389/fimmu.2023.1282629

# **Text Correction**

In the published article, there was an error. Some of the statements in the article about the results in Figure 2A were inappropriate.

A correction has been made to **Results**, *Efficacy of neoadjuvant therapy*, Line 3-9, Paragraph 2, Page 3. This sentence previously stated:

"A significant difference was observed in the median OS in the MPR (20 months) and non-MPR groups (16 months) respectively (p = 0.0138). In addition, the median DFS showed significant difference and in the MPR (18.5 months) and non-MPR groups (12 months), respectively, (p < .001) (Figure 2A)."

The corrected sentence appears below:

"A significant difference was observed in the OS between the MPR and non-MPR groups (p = 0.0138). In addition, the DFS showed a significant difference between the MPR and non-MPR groups (p < .001) (Figure 2A)."

In the published article, there was an error. Some of the statements in the article about the results in Figure 4B were inappropriate.

A correction has been made to **Results**, *Survival*, Line 4-9, Page 5. This sentence previously stated:

"Prognostic evaluation based on the PD-L1 CPS status revealed median OS durations of 22, 19, and 19 months for patients with PD-L1 CPS < 1, 1 $\leq$ PD-L1 CPS <20, and PD-L1 CPS $\geq$ 20, respectively (p = .3825). Median DFS durations for the three groups were consistently 16 months (p = .0244) (Figure 4B)."

The corrected sentence appears below:

"Prognostic evaluation based on the PD-L1 CPS status revealed that there was no significant difference in the OS among patients with PD-L1 CPS < 1, 1 $\leq$ PD-L1 CPS <20, and PD-L1 CPS $\geq$ 20 (*p* = .3825). But there was a significant difference in the DFS among the three groups (*p* = .0244) (Figure 4B)."

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.

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