CORRECTION

Error in calculating costs of screening: In *"Risk assessment to guide prostate cancer screening decisions: a cost-effectiveness analysis"* in the 3 June 2013 issue of the Journal (*Med J Aust* 2013; 198: 546-550), there was an error in the way screening costs were calculated. These corrections do not alter the study conclusions. The corrected figures are in bold as follows.

Results section of the abstract (*page 546*): "The base-case incremental cost effectiveness ratio of PSA screening was **$168 611** per QALY for men with average risk, **$73 452** per QALY for men with two times the average risk, and **$22 938** per QALY for men with five times the average risk."

First paragraph of the results section (*page 547*): "For men with an average risk, PSA screening led to an additional 2.7 quality-adjusted life-days (14.3 undiscounted) at an additional cost of **$1263**, giving an incremental cost effectiveness ratio (ICER) of **$168 611** per QALY gained. For the high-risk cohort, PSA screening led to an additional 8.3 quality-adjusted life-days (43.0 undiscounted) at an additional cost of **$1671**, giving an ICER of **$73 452** per QALY gained. For the very high-risk cohort, PSA screening led to an additional 32.9 quality adjusted life-days (161.2 undiscounted) at an additional cost of **$2067**, giving an ICER of **$22 938** per QALY gained . . .".

Second paragraph of the discussion section (*page 549*): "We estimated that for a 50-year-old man with average risk, PSA screening would lead to an average additional **$1263** per individual screened, with negligible increase in quality-adjusted survival. The cost-effectiveness of screening remained unfavourable for the high-risk cohort at **$73 452** per QALY gained, but was considerably more attractive for the very high-risk group at **$22 938** per QALY gained."