

Corrigenda and Addenda

Correction: A Supervised Explainable Machine Learning Model for Perioperative Neurocognitive Disorder in Liver-Transplantation Patients and External Validation on the Medical Information Mart for Intensive Care IV Database: Retrospective Study

Zhendong Ding¹, MD; Linan Zhang¹, MD; Yihan Zhang¹, MD; Jing Yang¹, MD, PhD; Yuheng Luo², MD; Mian Ge¹, MD, PhD; Weifeng Yao¹, MD, PhD; Ziqing Hei¹, MD, PhD; Chaojin Chen¹, MD, PhD

¹Department of Anesthesiology, The Third Affiliated Hospital of Sun Yat-sen University, Guangzhou, Guangdong, China

²Guangzhou AI & Data Cloud Technology Co., LTD, Guangzhou, China

Corresponding Author:

Chaojin Chen, MD, PhD

Department of Anesthesiology

The Third Affiliated Hospital of Sun Yat-sen University

Guangzhou, Guangdong

China

Phone: 86 13430322182

Email: chenchj28@mail.sysu.edu.cn

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In “A Supervised Explainable Machine Learning Model for Perioperative Neurocognitive Disorder in Liver-Transplantation Patients and External Validation on the Medical Information Mart for Intensive Care IV Database: Retrospective Study” [1], the authors made three corrections.

The footnotes of Table 1 originally read as follows:

^aPND: perioperative neurocognitive dysfunction.

^bDBD: donation after brain death.

^cDCD: donation after circulatory death.>

^dDBCD: donation after brain death followed by circulatory death.

The footnotes now read:

^aData presented in Table 1 are based on the original dataset prior to data imputation.

^bPND: perioperative neurocognitive dysfunction.

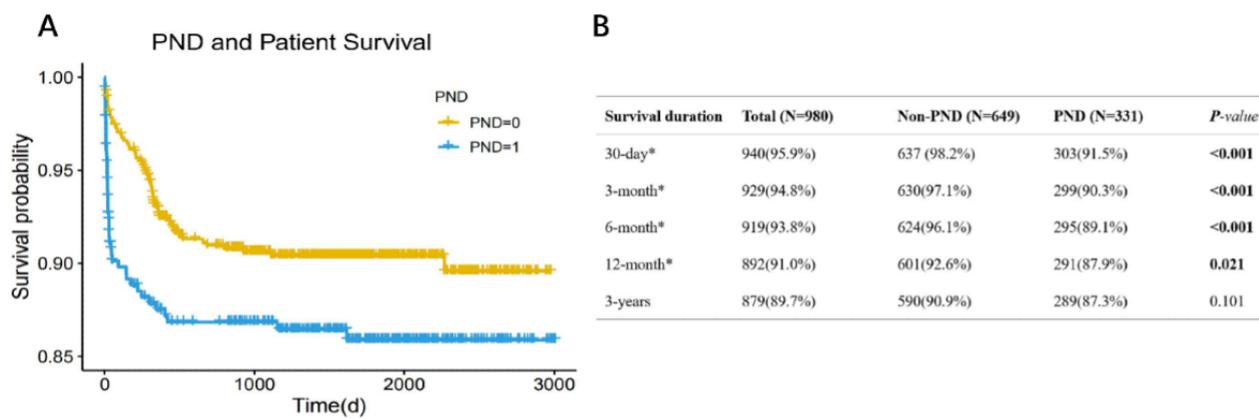
^cDBD: donation after brain death.

^dDCD: donation after circulatory death.

^eDBCD: donation after brain death followed by circulatory death.

Below is the new Figure 4 (presented here as [Figure 1](#)), which will replace the originally published figure.

Figure 1. Post-liver transplantation survival associated with perioperative neurocognitive dysfunction. Patients with post-liver transplantation perioperative neurocognitive dysfunction showed a significantly lower survival rate. LT: liver transplantation; PND: perioperative neurocognitive dysfunction.



A paragraph in the *Effect of PND on Patients' Outcomes and Prognosis* section has been revised. The text originally read as follows:

Further survival analysis (Figure 4) was conducted to assess patient prognosis. The PND group exhibited significantly lower survival rates at 30 days (87.1% vs 97.84%, $P < .001$), 3 months (83.99% vs 96.46%, $P < .001$), 6 months (82.78% vs 95.38%, $P < .001$), and 12 months (78.85% vs 88.44%, $P < .001$), and overall survival ($P = .03$).

The text now reads:

Further survival analysis (Figure 4) was conducted to assess patient prognosis. The PND group exhibited significantly lower survival rates at 30 days (91.5% vs 98.2%, $P < .001$), 3 months (90.3% vs 97.1%, $P < .001$), 6 months (89.1% vs 96.1%, $P < .001$), and 12 months (87.9% vs 92.6%, $P = .02$).

The correction will appear in the online version of the paper on the JMIR Publications website, together with the publication of this correction notice. Because this was made after submission to PubMed, PubMed Central, and other full-text repositories, the corrected article has also been resubmitted to those repositories.

Reference

- Ding Z, Zhang L, Zhang Y, Yang J, Luo Y, Ge M, et al. A supervised explainable machine learning model for perioperative neurocognitive disorder in liver-transplantation patients and external validation on the medical information mart for intensive care IV database: retrospective study. *J Med Internet Res*. Jan 15, 2025;27:e55046. [FREE Full text] [doi: [10.2196/55046](https://doi.org/10.2196/55046)] [Medline: [39813086](https://pubmed.ncbi.nlm.nih.gov/39813086/)]

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