"Towards a close computed tomography monitoring approach for screen detected subsolid pulmonary nodules?" Ernst T. Scholten, Pim A. de Jong, Bartjan de Hoop, Rob van Klaveren, Saskia van Amelsvoort-van de Vorst, Matthijs Oudkerk, Rozemarijn Vliegenthart, Harry J. de Koning, Carlijn M. van der Aalst, René M. Vernhout, Harry J.M. Groen, Jan-Willem J. Lammers, Bram van Ginneken, Colin Jacobs, Willem P.T.M. Mali, Nanda Horeweg, Carla Weenink, Erik Thunnissen, Mathias Prokop and Hester A. Gietema. *Eur Respir J* 2015; 45: 765–773.

Unfortunately, table 3 in this article was originally printed incorrectly, with rows of data being improperly aligned. The corrected table is republished below, and the online version of the manuscript has been amended to reflect this correction.

TABLE 3 Management and histology of persistent decreasing, stable and growing subsolid nodules

	Growth <30%[#]	Growth ⩾30%[¶]		Total
		Slow[+]	Fast[§]	
Non-solid[f]				
Non-resected	13	15	1	29
Benign	2	1		3
AIS		4	1	5
Invasive		2	2	4
Subtotal	15	22	4	41
Part-solid[f]				
Non-resected	24	16		40
Benign			2	2
AIS		1	2	3
Invasive	1	13	1	15
Subtotal	25	30	5	60
Total	40	52	9	101

AIS: adenocarcinoma *in situ*. [#]: including 22 subsolid nodules that were stable or decreased in size; [¶]: increase in mass compared with baseline computed tomography (*i.e.* the first computed tomography on which the nodule could be detected); [+]: mass doubling time ⩾400 days; [§]: mass doubling time <400 days; [f]: nature of the subsolid nodule as assessed on the last computed tomography scan.

Eur Respir J 2015; 45: 1517 | DOI: 10.1183/09031936.50005914 |