THE STOCKHOLM SPINAL CORD URO STUDY

Errata

Please note the following corrections marked in **bold script**:

BACKGROUND AND LITERATURE REVIEW

Page 15, paragraph 3, lines 2-3
'In case of mild **infection-related** symptoms **an** ultrasound of the scrotum should be used to verify the epididymitis…'

MATERIALS AND METHODS

Page 30, paragraph 3, line 5
'cystatin-C related GFR, any other renal function **tests**, renal ultrasound or other radiology.'

Page 31, paragraph 3, line 1-2
'(IBM SPSS Statistics for Windows, Version **28.0**. Armonk, NY: IBM Corp.)'

RESULTS

Page 37, paragraph 4, lines 1-2
'…who used normal voiding, bladder reflex **triggering,** or sacral anterior root stimulation.'

Page 38, paragraph 3, lines 1-2
'For urinary diversions and continence procedures with implants the ratio was 57% **men**/43% women.'

Page 38, paragraph 6, lines 1-2
'Primary surgery was performed at a median of 3 years after SCI **with 46% occurring within 2 years and 53% within 3 years. Almost all of these procedures were imperative interventions.**'

DISCUSSION

Page 42, paragraph 1, line 1
'…should be routinely **followed up**, monitored and changed when necessary.'

CONCLUSIONS

Page 45, paragraph 3, lines 2-3
'…and a duration of detrusor overactivity during bladder filling of more than one-third **of the filling phase**.'

PAPER IV

Page 4, ***Data analyses***, lines 1-2
'(IBM SPSS Statistics for Windows, Version **28.0**. Armonk, NY: IBM Corp.)'

Page 5, **Results**, second paragraph, lines 3-7
'SCI duration was longer by **a mean/median 3.6/3 years in the surgery population** and the proportion of patients with an SCI classification C1-C4 AIS A-C or C5-C8 AIS A-C was **more than three times** that in the non-surgery group. The proportion of patients with T1-S3 AIS A-C was **lower** in the surgery group **and the proportion of patients with an AIS D lesion at any level was one-fourth of that in the non-surgery group.**'

PAPER IV - continued

Page 5, **Table 1.** Corrections highlighted in bold script and yellow:
Row 4 in Table 1:

SCI duration, years, mean, **median** (SD), /range/	16.4, **13** (11.8)/1-51/	18.5, 15 (12.3)/1-52/	14.9, 12(11.2)/1-48/

Row 9 in Table 1:

AIS D at any level	143 (35)	**17** (12.5)	126 (46)

Page 8, lines 1-2
'Primary surgery was performed at a median of 3 years after SCI **with 46% occurring within 2 years and 53% within 3 years. Almost all of these procedures were imperative interventions.**'

Page 9, paragraph 7 should read as follows:
'The incidence of surgical treatment and types of procedures were related to the neurological level, severity, and duration of the SCI as illustrated in Figures 1-3 and Table 2. **For patients with a cervical-thoracic level of lesion and AIS grades A-C the odds ratio (OR) for any type of urological surgery was 11.3 (CI 95% [6.82-18.78]) versus patients with an AIS D lesion.** There was no difference with age at the time of the SCI.'

PAPER IV - printing error

Page 11. **Table 3.**
In this table the first column to the left is incomplete due to a printing error. The complete table is included here.

Table 3. Follow-up. Objective and patient-reported outcomes.

Type of urological surgery, number of patients, n	**Follow-up, years, Mean/median/ (range)**	**Outcome, objective Blood chemistry and radiology**	**Outcome, patient-reported**	
		Signs of renal complications n (%)	**UTIs ≥3 during preceding year, n (%)**	**Incontinence**
Recurring stone surgery 16	10.3/5/ (0-46)	7/16 (44)	7 (44)	0 50% 1 25% 2 25%
Bladder outlet procedures 22	19.0/19.5/ (3-49)	4/22 (18)	9/20 (=excluding 2 patients who later had urinary diversions)	0 25% 1 15% 2 20% 3 40%
Suprapubic catheter 45	8.4/8/ (3-17)	8/45 (18)	14/45 (31)	0 49% 1 33% 2 11% 3 7%
Urinary diversions 30	13,6/12,5/ (1-38)	18/30 (60) Metabolic alterations 5/30 (17)	10/ (33%)	0 70% 1 10% 2 7% 3 13%
Continence procedure with the use of implants 9	10/8/ (3-28)	0/9 (0)	2/8 (=excluding 1 patient who later had a urinary diversion)	0 25% 1 0 2 75% 3 0
Severe infections 16	17.4/16/ (4-34)	8/16 (50)	4 (25)	0 81% 1 0 2 6% 3 13%
Severe infections excluding cystectomy/urethrectomy following urinary diversion 12	16.25/14.4/ (7-33)	4/12 (33)	3 (25)	0 83% 1 0 2 0 3 17%
All patients	17.0/14.5/11.3 (1-50)			

FOOTNOTES: Recurring stone surgery is defined as ≥2 stone procedures, including bladder, renal and ureter stones, but not stones in a continent urinary reservoir.
Metabolic alterations include deficiency of vitamin B12 and folic acid, derangement
UTI = urinary tract infection
Incontinence:
0=continent, no need for protective appliances
1= incontinence episodes on average once a month
2= incontinence episodes on average once a week
3= incontinence episodes on average ≥ 1 per day

PAPER IV – data labels added for easier reading. Included as a service.

Page 12. **Figure 5.**

Figure 5. Types of surgery for patients with ≥3 urological procedures and number of procedures in each group