

CORRECTION

Open Access



Correction: Quantifying the reduction of respiratory motion by mechanical ventilation with MRI for radiotherapy

Z. van Kesteren^{1*}, J. K. Veldman¹, M. J. Parkes¹, M. F. Stevens^{2,3}, P. Balasubramaniam¹, J. G. van den Aardweg⁴, G. van Tienhoven¹, A. Bel¹ and I. W. E. M. van Dijk¹

Correction to: *Radiation Oncology* (2022) 17:99

<https://doi.org/10.1186/s13014-022-02068-5>

After publication of this article [1], the authors reported that a wrong figure appeared as Fig. 5; the figure should have appeared as shown below.

The original article [1] has been updated.

Author details

¹Department of Radiation Oncology, Amsterdam UMC Location University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands. ²Department of Anesthesiology, Amsterdam UMC Location University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands. ³Department of Anesthesiology, Amsterdam UMC Location Vrije Universiteit Amsterdam, De Boelelaan 1117, Amsterdam, The Netherlands. ⁴Department of Pulmonology, Amsterdam UMC Location University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands.

Published online: 28 June 2022

Reference

1. van Kesteren Z, Veldman JK, Parkes MJ, et al. Quantifying the reduction of respiratory motion by mechanical ventilation with MRI for radiotherapy. *Radiat Oncol.* 2022;17:99. <https://doi.org/10.1186/s13014-022-02068-5>.

The original article can be found online at <https://doi.org/10.1186/s13014-022-02068-5>.

*Correspondence: z.vankesteren@amsterdamumc.nl

¹ Department of Radiation Oncology, Amsterdam UMC Location University of Amsterdam, Meibergdreef 9, Amsterdam, The Netherlands
Full list of author information is available at the end of the article



© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

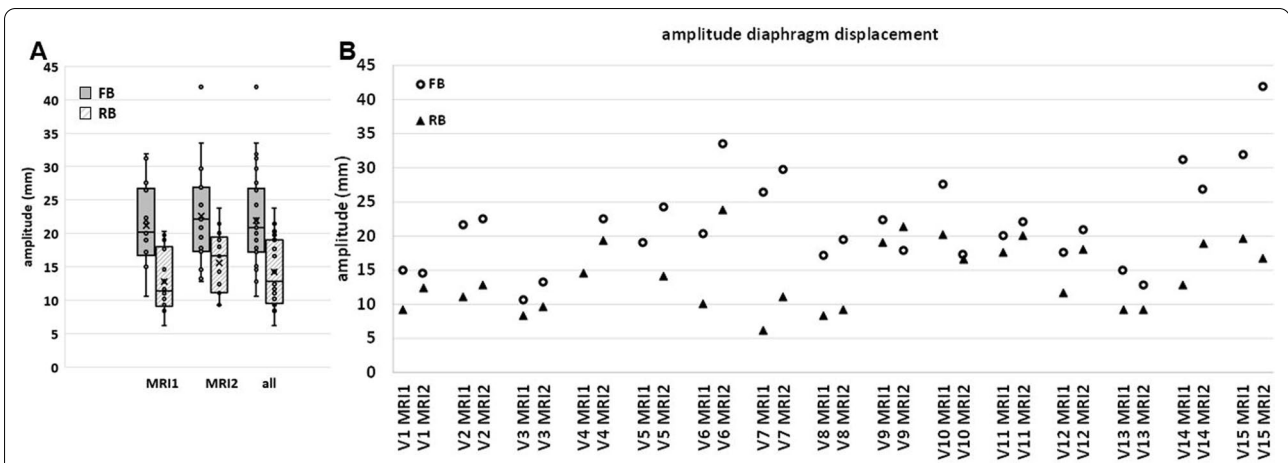


Fig. 5 Regularized breathing (RB) significantly reduces diaphragm motion compared to free breathing (FB). Breathing peak-to-peak amplitude of the right diaphragm excursion in cranio-caudal direction, shown **A** over all volunteers per session, and **B** per volunteer and session. Regularized breathing at 22 brpm (triangles) induced by non-invasive mechanical ventilation demonstrated significantly smaller amplitudes compared to free breathing (FB, circles) in both MRI sessions. Boxes: median value and lower and higher quartiles, whiskers: lowest and highest data point within 1.5 times the inter-quartile range, 'x' denotes the mean value

Publisher’s Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.