

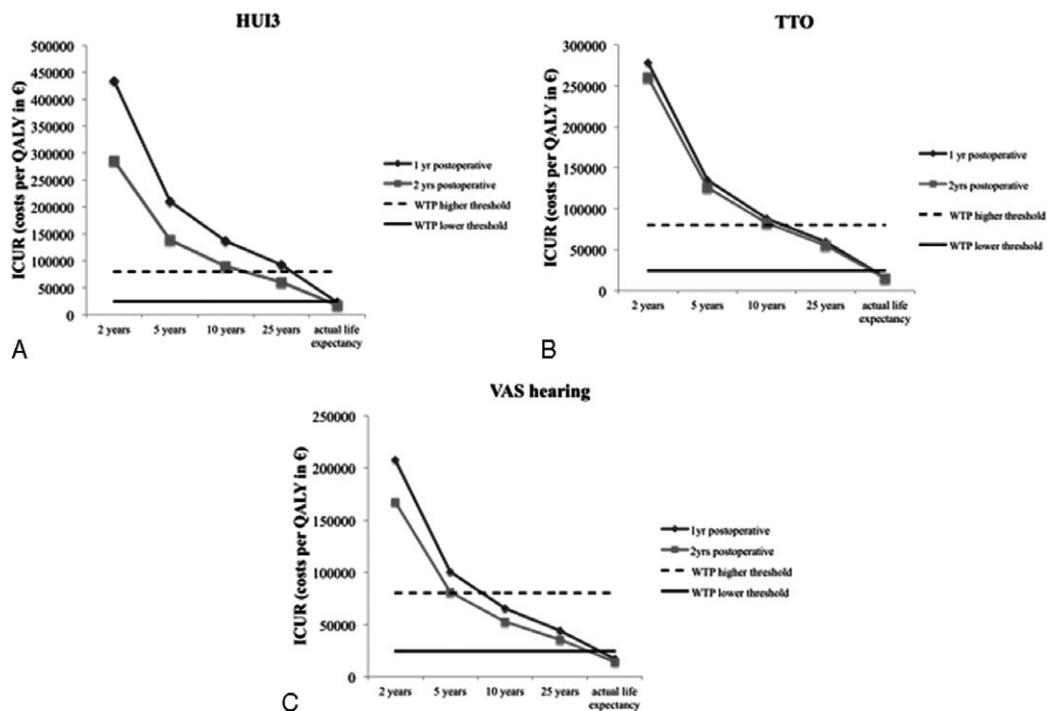
## Erratum

### Cost–Utility of Bilateral Versus Unilateral Cochlear Implantation in Adults: A Randomized Controlled Trial: Erratum

The authors of “Cost–Utility of Bilateral Versus Unilateral Cochlear Implantation in Adults: A Randomized Controlled Trial,” which appeared in the January 2016 issue of *Otology & Neurotology*, have reported that they discovered a mistake in the analyses of their study.

The authors modeled the costs for different periods of time in their analyses and compared unilateral and bilateral cochlear implantation. Unfortunately, instead of calculating the total costs over a certain period of time, they used the average costs per year. So, over a period of 2 years, the costs that they put into the cost–utility analysis equation were a factor 2 lower than the amount that they should have put into the equation and over a period of 25 years the costs that they put into the cost–utility equation were a factor 25 lower.

The authors’ conclusion was that bilateral cochlear implantation becomes a cost-effective treatment after a period of 5–10 years. That conclusion is wrong. Based on new calculations, with a willingness to pay of 80,000 EUR/QALY, the authors estimate that bilateral implantation becomes cost effective after a period of 5–10 years based on the Visual Analog Scale (VAS) on hearing and 10–25 years based on the time trade-off (TTO) and Health Utilities Index-3 (HUI3). The authors regret this error. Please refer to the revised Figure 1 below.



**FIG. 1.** Cost–utility analyses: A, HUI3; B, TTO; and C, VAS on hearing. ICUR indicates incremental cost–utility ratio; QALY, quality-adjusted life year; WTP, willingness to pay.

## REFERENCE

1. Smulders YE, van Zon A, Stegeman I, et al. Cost–utility of bilateral versus unilateral cochlear implantation in adults: A randomized controlled trial. *Otol Neurotol* 2016;37:38–45.