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CORRIGENDUM **OPEN ACCESS**

Corrigendum to: Determinants of Health-related Quality of Life in Breast Cancer Patients: A Comprehensive Study in Marrakech, Morocco

Meryam Belhaj Haddou[1,*], Tariq Igarramen[2], Mouna Khouchani[2] and Noureddine Elkhoudri[1]

[1]*Laboratory of Sciences and Health Technologies, Hassan First University of Settat, Higher Institute of Health Sciences, Settat, Morocco*
[2]*Department of Radiation Oncology, Hematology and Oncology Center, University Hospital Mohamed VI, Marrakesh, Morocco*

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On the request of the authors, the percentage sign (%) has been deleted in the **Abstract** and **Discussion** sections and a revision made in the section **Quality of Life Scale Scores** in the article, titled "**Determinants of Health-related Quality of Life in Breast Cancer Patients: A Comprehensive Study in Marrakech, Morocco**," published in "The Open Public Health Journal," 2024; 17: e18749445317154 [1].

The corrections do not affect the results, interpretations, or conclusions of the article.

We apologize for any inconvenience caused and appreciate the opportunity to rectify this matter.

The original article can be found online at: https://openpublichealthjournal.com/VOLUME/17/ELOCATOR/e18749445317154/FULLTEXT/

Details of the error and its correction are provided here.

Original

The mean score for overall health (QoL) was 60.4%. For the functional subscales of QOL-C30, the highest score was social functioning at 85.8%, followed by cognitive functioning at 76.6%, then physical at 72.4%, and lastly, role functioning at a rate of 71.7%, and the lowest score was emotional functioning with a rate of 70.4%. As for the symptom subscales, the highest score was for fatigue (31%), followed by pain (29.2%), and then lack of appetite (27.11%). The highest score was financial difficulties at 42.72% (Table **2**).

In the BR23 functional scale, the most affected functional scale was the future perspective, with a percentage of 25.30%, followed by body image at 13.79%. Among the 146 sexually active patients, 14.4% expressed the physical and physiological capacity to engage in normal sex-ual activity, and 12.8% were satisfied with this activity (sexual pleasure). Regarding symptom scales, they ranged from 20.4% to 61.6%, with the most concerning symptom being "systemic treatment of side effects" at a rate of 61.6%.

Corrected

The mean global health status/quality of life (QoL) score was 60.4 ± 25.0. Regarding the functional scales of the EORTC QLQ-C30, the highest score was observed for social functioning (85.8 ± 28.1), followed by cognitive functioning (76.6 ± 28.5) and physical functioning (72.4 ± 26.9). Role functioning showed a mean score of 71.7 ± 30.5, whereas the lowest score was reported for emotional functioning (70.4 ± 29.9). With respect to the symptom scales, fatigue had the highest mean score (31.0 ± 28.1), followed by pain (29.2 ± 30.1) and loss of appetite (27.1 ± 33.5). The highest symptom burden was related to financial difficulties, with a mean score of 42.7 ± 33.0 (Table **2**). Concerning the functional scales of the EORTC QLQBR23, future perspective demonstrated the highest

mean score (74.7 ± 30.1), whereas body image appeared to be the most impaired dimension, with a mean score of 86.1 ± 21.8. Among the 146 sexually active patients, sexual functioning was markedly impaired, with low mean scores for sexual activity (14.4 ± 16.6) and sexual enjoyment (12.8 ± 19.7). Regarding the symptom scales, scores ranged from 20.4 ± 20.0 to 61.6 ± 41.9, with hair loss being the most prominent symptom (61.6 ± 41.9) (Table **2**).

REFERENCES

[1] Belhaj Haddou M, Igarramen T, Khouchani M, Elkhoudri N. Determinants of Health-related Quality of Life in Breast Cancer Patients: A Comprehensive Study in Marrakech, Morocco. Open Public Health J 2024; 17: e18749445317154. http://dx.doi.org/10.2174/0118749445317154240729053442