ERRATA

The March 20, 2009, article by Sandler et al, entitled, “Retrospective Evaluation of the Clinical and Radiographic Risk Factors Associated With Severe Pulmonary Hemorrhage in First-Line Advanced, Unresectable Non–Small-Cell Lung Cancer Treated With Carboplatin and Paclitaxel Plus Bevacizumab” (J Clin Oncol 27:1405-1412, 2009) contained errors.

In Table 4, under “Phase II + Phase III (early and late onset),” the data were inadvertently transposed between “presence of centrally located tumor” and “presence of centrally located node.”

The online version has been corrected in departure from the print.

DOI: 10.1200/JCO.2009.24.4541

The April 10, 2009, article by Stewart et al, entitled, “Phase III Study of Gefitinib 250 Compared With Intravenous Methotrexate for Recurrent Squamous Cell Carcinoma of the Head and Neck” (J Clin Oncol 27:1864-1871, 2009), contained errors.

The Title should have read: “Phase III Study of Gefitinib Compared With Intravenous Methotrexate for Recurrent Squamous Cell Carcinoma of the Head and Neck.”

In the Patients and Methods section, under Overall Study Design, CTC was defined in the last sentence as Common Toxicity Criteria, whereas it should have been Common Terminology Criteria.

In Table 3, CTC was also defined as Common Toxicity Criteria and should have been Common Terminology Criteria.

In Figure 1, the following footnote was inadvertently omitted: “Evaluable for efficacy, all randomized patients; Evaluable for response, patients with unidimensional measurable disease at baseline as per the Response Evaluation Criteria In Solid Tumors (RECIST) criteria; Evaluable for safety, all patients who received at least 1 dose of study treatment; Evaluable for quality of life, patients with an evaluable baseline quality of life assessment and at least 1 evaluable post-baseline quality of life assessment.”

In the legend of Figure 4, parts A and B were mislabeled and should have been: (A) EGFR FISH-positive; (B) EGFR FISH-negative.

In the Contributions section, Ezra E.W. Cohen should have been acknowledged for collection and assembly of data.

The online only Appendix was inadvertently omitted.

The online version has been corrected in departure from the print.

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The April 20, 2009, article by Sargent et al, entitled, “Pooled Safety and Efficacy Analysis Examining the Effect of Performance Status on Outcomes in Nine First-Line Treatment Trials Using Individual Data From Patients With Metastatic Colorectal Cancer” (J Clin Oncol 27:1948-1955, 2009), contained errors in some of the data given for PFS and OS.

In the Results section, under Experimental Versus Control Arms, the third and fifth sentences were given as:

“For PFS, the experimental treatment provided a benefit in both PS 0 to 1 patients (HR = 0.81 for experimental *v* control treatment; 95% CI, 0.77 to 0.86; *P* < .00001; median PFS, 17.9 months for experimental treatment *v* 16.4 months for control) and PS2

patients (HR = 0.79 for experimental v control treatment; 95% CI, 0.66 to 0.96; $P = .02$; median PFS, 8.8 months for experimental treatment v 8.2 months for control).”

“Similarly, for the OS end point, the experimental treatment provided similar benefit in both PS 0 to 1 patients (HR = 0.87; 95% CI, 0.82 to 0.93; $P < .00001$; median OS, 8.4 months for experimental treatment v 6.7 months for control) and PS2 patients (HR = 0.88; 95% CI, 0.73 to 1.07; $P = .21$; median OS, 6.0 months for experimental treatment v 4.0 months for control).”

While they should have been:

“For PFS, the experimental treatment provided a benefit in both PS 0 to 1 patients (HR = 0.81 for experimental v control treatment; 95% CI, 0.77 to 0.86; $P < .00001$; median PFS, **8.4** months for experimental treatment v **6.7** months for control) and PS2 patients (HR = 0.79 for experimental v control treatment; 95% CI, 0.66 to 0.96; $P = .02$; median PFS, **6.0** months for experimental treatment v **4.0** months for control).”

“Similarly, for the OS end point, the experimental treatment provided similar benefit in both PS 0 to 1 patients (HR = 0.87; 95% CI, 0.82 to 0.93; $P < .00001$; median OS, **17.9** months for experimental treatment v **16.4** months for control) and PS2 patients (HR = 0.88; 95% CI, 0.73 to 1.07; $P = .21$; median OS, **8.8** months for experimental treatment v **8.2** months for control).”

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