CORRECTION

Author Correction

The April 20, 2011, article by Schonberg et al, entitled, “Causes of Death and Relative Survival of Older Women After a Breast Cancer Diagnosis” (J Clin Oncol 29:1570-1577, 2011), contained errors.

The authors discovered that the file used to identify matched controls was incomplete, affecting the estimates of relative survival. After combining the original control file with a control file from an earlier Surveillance, Epidemiology, and End Results—Medicare linkage, the authors reran the analyses using the corrected database. Because the number of potential controls increased, 99% of cases were matched with a control, instead of 97% as previously reported. Differences between cases and controls in sociodemographics and comorbidities remained small (ie, < 4%). As such, the overall results and conclusions are similar to those previously reported with a few notable exceptions.

First, because more controls died during the study period in the revised analysis, the magnitude of the hazard ratios for death from breast cancer decreased for each stage of diagnosis compared with the rematched controls (Tables 2 and 4). For example, although older women diagnosed with stage II breast cancer remained at greater risk of mortality than controls, the adjusted hazard ratio in the revised analysis was 1.2 (95% CI, 1.2 to 1.2) rather than 1.5 (95% CI, 1.5 to 1.6) as originally reported. Second, for survival by treatment, the overall finding remained qualitatively the same as that reported (Table 4). Importantly, however, older women diagnosed with stage I breast cancer who received breast-conserving surgery alone in the revised analysis demonstrated similar survival to controls, which differs from the reported observation that this group of women had worse survival than the controls.

Because of the extensive nature of the corrections, they were subjected to external peer review and found to be acceptable. Because of their length, only corrections to the Abstract follow. The full list of corrections is detailed in the Publisher's Note that accompanies the online version of the article.

1) In the Abstract, the third sentence of the Methods section was given as: “We matched patient cases to controls by birth year and registry (97% or 64,894 patient cases matched successfully).”

Whereas it should have been:

“We matched patient cases to controls by birth year and registry (**99% or 66,039** patient cases matched successfully).”

2) In the Abstract, the Results section was given as: “Median follow-up time was 7.8 years. Differences between patient cases and controls in sociodemographics and comorbidities were small (< 4%). Women diagnosed with DCIS (adjusted hazard ratio [aHR], 0.9; 95% CI, 0.8 to 0.9) or stage I disease (aHR, 1.0; 95% CI, 1.0 to 1.0) had similar mortality to controls. Women diagnosed with stage II disease or higher had greater mortality than controls (stage II disease: aHR, 1.5; 95% CI, 1.5 to 1.6). The association of a breast cancer diagnosis with mortality declined with age among women with advanced disease.”

Whereas it should have been:

“Median follow-up time was **7.7 years**. Differences between patient cases and controls in sociodemographics and comorbidities were small (< 4%). Women diagnosed with DCIS (**adjusted hazard ratio [aHR], 0.7; 95% CI, 0.7 to 0.7**) or stage I disease (**aHR, 0.8; 95% CI, 0.8 to 0.8**) had **slightly lower** mortality **than** controls. Women diagnosed with stage II disease or higher had greater mortality than controls (stage II disease: **aHR, 1.2; 95% CI, 1.2 to 1.2**). The association of a breast cancer diagnosis with mortality declined with age among women with advanced disease.”

3) In the Abstract, the Conclusion section was given as: “Compared with matched controls, a diagnosis of DCIS or stage I breast cancer in older women is associated with similar survival, whereas a diagnosis of stage II or higher breast cancer is associated with worse survival.”

Whereas it should have been:

“Compared with matched controls, a diagnosis of DCIS or stage I breast cancer in older women is associated with **better** survival, whereas a diagnosis of stage II or higher breast cancer is associated with worse survival.”

The online version has been corrected in departure from print. The authors apologize to the readers for the mistakes.

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