CORRECTIONS

Author Correction

The March 20, 2013, article by Hurvitz et al entitled “Phase II Randomized Study of Trastuzumab Emtansine Versus Trastuzumab Plus Docetaxel in Patients With Human Epidermal Growth Factor Receptor 2–Positive Metastatic Breast Cancer” (J Clin Oncol 31:1157-1163, 2013), contained errors.

The percentage of patients with adverse events leading to treatment discontinuations in the control arm was given as 40.9%, whereas it should have been 34.8%. This requires correction in three instances as follows:

1) In the Abstract Results section, the third sentence should have read: “T-DM1 had a favorable safety profile versus HT, with fewer grade ≥ 3 adverse events (AEs; 46.4% v 90.9%), AEs leading to treatment discontinuations (7.2% v **34.8%**), and serious AEs (20.3% v 25.8%).”

2) In the Results section, under Safety, the second sentence of the first paragraph should have read: “Serious AEs (25.8% v

20.3%) and AEs leading to treatment discontinuation (**34.8%** v 7.2%) also occurred less frequently with T-DM1.”

3) In the Discussion section, the last sentence of the second paragraph should have read: “Furthermore, AEs leading to treatment discontinuation (of either drug) occurred in **34.8%** of patients in the HT group versus 7.2% in the T-DM1 group.”

In Table 1, a footnote should have been added indicating that the denominator in the control arm for the “number of distinct sites of involvement” is 69, rather than 70.

In Figure 1, the footnote ($\ddagger$) for efficacy analysis in the trastuzumab + docetaxel arm should have indicated that 70 patients were included in the analyses for progression-free survival and overall survival, while 69 patients were included in the objective response analysis.

The authors apologize for the mistakes.

DOI: 10.1200/JCO.2013.52.3639; published May 1, 2013

Journal Corrections

The January 1, 2005, article by Cristofanilli et al, entitled “Invasive Lobular Carcinoma Classic Type: Response to Primary Chemotherapy and Survival Outcomes” (J Clin Oncol 23:41-48, 2005), contained an error.

The tenth author’s last name was inadvertently spelled as Buccholz and should have been spelled as Buchholz. *Journal of Clinical Oncology* apologizes for the mistake.

DOI: 10.1200/JCO.2013.52.3621; published May 1, 2013

The July 1, 2013, article by Hahn et al, entitled “Significant Improvement in Survival After Allogeneic Hematopoietic Cell Transplantation During a Period of Significantly Increased Use, Older Recipient Age, and Use of Unrelated Donors” (J Clin Oncol 31:2437-2449, 2013), contained errors.

In the Abstract, the second sentence under Results gave the increased use of peripheral blood as 6%, whereas it should have been 63%, as follows:

“From 1994 to 2005, use of both peripheral (7% to **63%**) and cord blood increased (2% to 10%), whereas use of marrow decreased (90% to 27%).”

In the same section, in the third sentence under Results, the increase in unrelated donors for alloHCT was omitted, whereas it should have been 165%, as follows:

“Despite a median age increase from 33 to 40 years and **165%** increase in unrelated donors for alloHCT, overall survival (OS) at day 100 significantly improved for patients with AML in first complete remission after myeloablative sibling alloHCT (85% to 94%; $P < .001$) and unrelated alloHCT (63% to 86%; $P < .001$). . .”

In Table 3, the Disease/Disease Status at HCT of the second row was given as “AML in CR with myeloablative conditioning intensity,” whereas it should have been “AML in CR2 with myeloablative conditioning intensity.”

The online version has been corrected in departure from the print. *Journal of Clinical Oncology* apologizes for the mistakes.

DOI: 10.1200/JCO.2013.52.3605; published May 1, 2013