ERRATA

The March 1, 2009, article by Matthay et al, entitled “Long-Term Results for Children With High-Risk Neuroblastoma Treated on a Randomized Trial of Myeloablative Therapy Followed by 13-*cis*-Retinoic Acid: A Children’s Oncology Group Study” (J Clin Oncol 27:1007-1013, 2009), contained *p*-values that were calculated in error; the *p*-values are from a two-sided test of a log(-log(.)) transformation of the survival estimates at the 5-year time point.

In the Abstract Results section, the third sentence, “Overall survival (OS) was significantly higher for each random assignment by a test of the log(-log(.)) transformation of the survival estimates at 5 years ($P < .01$),” should have been omitted.

Also in the Abstract Results section, the last sentence gave the 5-year survival for ABMT/no *cis*-RA as $41\% \pm 7\%$, whereas it should have been $41\% \pm 8\%$.

In the Abstract, the Conclusion was given as: “Myeloablative therapy and autologous hematopoietic cell rescue result in significantly better 5-year EFS and OS than nonmyeloablative chemotherapy; *cis*-RA given after consolidation independently results in significantly improved OS.”

While it should have been:

“Myeloablative therapy and autologous hematopoietic cell rescue result in significantly better **5-year EFS** than nonmyeloablative chemotherapy; **neither myeloablative therapy with autologous hematopoietic cell rescue nor *cis*-RA given after consolidation therapy significantly improved OS.**”

In Figure 2, the legend for Figure 2B was given as:

“Overall survival for patients randomly assigned to CC ($n = 190$) versus BMT ($n = 189$). $P = .3917$ by log-rank test; $P < .0001$ by test of the log(-log(.)) transformation of the survival estimates at 5 years.”

While it should have been:

“Overall survival for patients randomly assigned to CC ($n = 190$) versus BMT ($n = 189$). $P = .3917$ by log-rank test; **$P = .08$** by test of the survival estimates at 5 years.”

In the Results section, under Outcomes of ABMT Versus CC, the fourth sentence was given as:

“At 5 years, the curves are significantly different ($P < .0001$) in a test of the log(-log(.)) transformation of the survival estimate.”

While it should have been:

“At 5 years, the OS curves are **not** significantly different ($P = .08$).”

In the Results section, under Effect of Subsequent Therapy With *cis*-RA, the fourth sentence of the first paragraph was given as:

“Although the OS curve for patients who received *cis*-RA was not statistically significantly higher than that of the patients who received no *cis*-RA, (5-year OS from the time of random

assignment, $50\% \pm 5\%$ v $39\% \pm 5\%$, respectively; $P = .1946$; Fig 3B), the OS for *cis*-RA was significantly higher in a test of the log(-log(.)) transformation of the survival estimates at 5 years ($P = .0006$).”

While it should have been:

“The OS curve for patients who received *cis*-RA was not statistically significantly higher than that of the patients who received no *cis*-RA, (5-year OS from the time of random assignment, $50\% \pm 5\%$ v $39\% \pm 5\%$, respectively; $P = .1946$; Fig 3B), and the 5-year OS for *cis*-RA **was not significantly different ($P = .10$).**”

In the same section, the third sentence of the second paragraph gave the 5-year OS rate for patients assigned to ABMT without *cis*-RA as $41\% \pm 7\%$, whereas it should have been $41\% \pm 8\%$.

In Figure 3, the legend for Figure 3B was given as:

“Overall survival for patients randomly assigned to *cis*-RA ($n = 130$) versus no *cis*-RA ($n = 128$). $P = .1946$ by log-rank test; $P = .0006$ by test of the log(-log(.)) transformation of the survival estimates at 5 years.”

While it should have been:

“Overall survival for patients randomly assigned to *cis*-RA ($n = 130$) versus no *cis*-RA ($n = 128$). $P = .1946$ by log-rank test; **$P = .10$** by test of OS at 5 years.”

In the Discussion section, the third sentence of the first paragraph, “By using a comparison of the log(-log(.)) transformation of the survival estimates at 5 years, OS was significantly higher for each random assignment separately, and OS was higher for the ABMT and the *cis*-RA groups,” should have been omitted.

In the third paragraph of the Discussion section, the first sentence was given as: “Outcome was improved additionally with *cis*-RA compared with no further therapy, and there was a significant increase in the 5-year OS by the log(-log(.)) transformation.”

While it should have been:

“Outcome (OS) **appears to be** improved additionally with *cis*-RA compared with no further therapy, **but this difference is not statistically significant.**”

In the same paragraph of the Discussion section, the last sentence was given as:

“By using the test of the log(-log(.)) transformation of the survival estimates at 5 years, OS was significantly improved for patients who were randomly assigned to receive 13-*cis*-RA ($P = .0006$).

While it should have been:

“By using the test of the survival estimates at 5 years, OS was **not significantly** improved for patients who were randomly assigned to receive *cis*-RA ($P = .10$).”

In the last paragraph of the Discussion section, the last sentence was given as:

“In conclusion, long-term follow-up of this randomized trial showed significantly better 5-year EFS and OS rates for myeloablative therapy with purged ABMT than for non-myeloablative chemotherapy, and *cis*-RA given after intensive therapy resulted in significant improvement in 5-year OS rates, regardless of the type of consolidation.”

While it should have been:

“In conclusion, long-term follow-up of this randomized trial showed significantly better 5-year EFS **rate for myeloablative therapy with purged ABMT than for nonmyeloablative chemotherapy, although there was no statistically significant improvement in OS.**”

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

DOI: 10.1200/JCO.2014.57.0382; published June 10, 2014

The April 10, 2014, editorial by Friedlander et al, entitled “The End of the Beginning: Circulating Tumor Cells As a Biomarker in Castration Resistant Prostate Cancer” (J Clin Oncol 32:1104-1106, 2014), contained an error.

The last sentence of the eighth paragraph was inadvertently given as, “Similarly, in the Trastuzumab in HER2-Negative Early Breast Cancer As Adjuvant Treatment for Circulating Tumor Cells (TREAT-CTC) study, women with detectable CTCs after neoadjuvant chemotherapy are randomly assigned to trastuzumab or a placebo to see whether vascular endothelial growth factor–directed therapy reduces relapses in women at high risk of recurrence.”

It should have been given as, “Similarly, in the Trastuzumab in HER2-Negative Early Breast Cancer As Adjuvant Treatment for Circulating Tumor Cells (TREAT-CTC) study, women with detectable CTCs after neoadjuvant chemotherapy are randomly assigned to trastuzumab or a placebo to see whether **human epidermal growth factor receptor 2**–directed therapy reduces relapses in women at high risk of recurrence.”

The authors apologize for the mistake. .

DOI: 10.1200/JCO.2014.57.0036; published June 10, 2014

The April 10, 2014, Oncology Grand Rounds article by C.S. Higano, entitled “To Treat or Not to Treat, That Is the Question: The Role of Bone-Targeted Therapy in Metastatic Prostate Cancer” (J Clin Oncol 32:1107-1111), contained an error. On page 1108, in the section Summary of the Relevant Literature, the last sentence of the first paragraph under the heading Met-

astatic Castration-Resistant Disease: Bone-Targeted Antiresorptive Agents, incorrectly cited reference 10. It should have cited reference 5.

Journal of Clinical Oncology apologizes for the mistake.

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