The April 10, 2017 article by Castle, et al, entitled, “Screening to Prevent Invasive Cervical Cancer: ASCO Resource-Stratified Clinical Practice Guideline,” (J Clin Oncol 35:1250-1252, 2017) contained an error.

Dr. Jeronimo’s was listed as having no disclosures however, under “Stock and Other Ownership Interests,” it should have stated that he had a conflict of interest with Onco Prev International. His disclosures should have read as:

Jose Jeronimo

Stock and Other Ownership Interests: Onco Prev International

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

DOI: <https://doi.org/10.1200/JCO.2017.74.4961>; published August 1, 2017

The June 10, 2017, article by Virgo et al entitled “Second-Line Hormonal Therapy for Men With Chemotherapy-Naïve, Castration-Resistant Prostate Cancer: American Society of Clinical Oncology Provisional Clinical Opinion” (J Clin Oncol [10.1200/JCO.2017.72.8030](https://doi.org/10.1200/JCO.2017.72.8030)) was published with errors.

In the author list, affiliations, disclosures, and Table A1, “Tom Oliver” should have been “**Thomas K. Oliver.**”

In Table A1, “Eric A. Singer, MD” should have been “**Eric A. Singer, MD, MA.**”

In Table 1 (p. 5), Measurable Metastases for the Ryan et al trial were listed as NR for both the Prednisone 5 mg twice a day, placebo arm and the Prednisone 5 mg twice a day, abiraterone acetate 1 g/d arm. They both should have been **40**.

In Table 1, Measurable Metastases for the Dawson trial were listed as 38 for the Megestrol acetate 160 mg/d arm and 41 for the Megestrol acetate 640 mg/d arm. They should have been **28** for the Megestrol acetate 160 mg/d arm and **31** for the Megestrol acetate 640 mg/d arm.

In Table 2, under Objective Response, both CR and PR for the Ryan trial were listed as NR for both the Prednisone/placebo arm and the Prednisone/abiraterone acetate arm. The objective response (for CR and PR combined) should have been **16** for the Prednisone/placebo arm and **36** for the Prednisone/abiraterone acetate arm. Also, the accompanying p-value of **P<.001** should have been added.

In Table 2, under Objective Response, SD for the Ryan trial was listed as NR for both the Prednisone/placebo arm and the Prednisone/abiraterone acetate arm. This should have been **69**

for the Prednisone/placebo arm and **61** for the Prednisone/abiraterone acetate arm.

In Table 2, PFS for the Ryan trial was listed as 8.2. This should have been **8.3**.

In Table 2, for the Ryan trial, there was no p-value listed under OS. It should have been **P<.01**.

In Table 2, an objective response (for CR and PR combined) of 5 was listed for the Placebo arm and a value of 59 was listed for the Enzalutamide 160 mg/d PO arm. These combined values should have been separate objective response rates for CR and PR, respectively: **1** and **4** for the Placebo arm and **20** and **39** for the Enzalutamide 160 mg/d PO arm.

In Table 2, under OS for the Beer trial, a value of 13.6 was listed for the Placebo arm and “Not reached (but at 18 months, 18.4, a 29% risk reduction)” was listed under the Enzalutamide 160 mg/d PO arm. This should have been **30.2** for the Placebo arm and **32.4** for the Enzalutamide 160 mg/d PO arm.

The following footnote should have been added beneath Table 2: “**Including the 116 additional deaths after enzalutamide was offered to eligible patients receiving placebo, at 18 months, estimated median overall survival was 31 months (placebo) vs. not yet reached (enzalutamide) (HR=0.73; 95% CI, 0.63, 0.85; P<.001), a 27% risk reduction following crossover.**”

This has been corrected as of [Production to add correction date]. *Journal of Clinical Oncology* and the authors apologize for the errors.

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