The March 1, 2021, article by Borghaei et al entitled “Five-Year Outcomes From the Randomized, Phase III Trials CheckMate 017 and 057: Nivolumab Versus Docetaxel in Previously Treated Non–Small-Cell Lung Cancer” (*J Clin Oncol* 10.1200/JCO.20.01605) was published with an error.

On page 729, the footnote “d” for Figure 5 was missing from the figure legend. The legend read as:

FIG 5. Treatment status of $\geq$ 5-year survivors treated with nivolumab (A) and docetaxel (B). Timing of only the first administered subsequent therapy is noted, patients may have received $\geq$ 1 subsequent treatment. ^aPatient received radiotherapy prior to discontinuation of nivolumab; ^bPatient received radiotherapy in addition to nivolumab; ^cPatient withdrew consent, and so subsequent treatment status is unknown. CR, complete response; No., number; PD, progressive disease; PR, partial response.

complete response; No., number; PD, progressive disease; PR, partial response.

It should have read as:

FIG 5. Treatment status of $\geq$ 5-year survivors treated with nivolumab (A) and docetaxel (B). Timing of only the first administered subsequent therapy is noted, patients may have received $\geq$ 1 subsequent treatment. ^aPatient received radiotherapy prior to discontinuation of nivolumab; ^bPatient received radiotherapy in addition to nivolumab; ^cPatient withdrew consent, and so subsequent treatment status is unknown. **“Patient response note reported.”** CR, complete response; No., number; PD, progressive disease; PR, partial response.

This has been corrected as of March 4, 2021. The authors apologize for the error.

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The October 10, 2020, article by Chang et al entitled “Antithymocyte Globulin for Matched Sibling Donor Transplantation in Patients With Hematologic Malignancies: A Multicenter, Open-Label, Randomized Controlled Study” (*J Clin Oncol* 10.1200/JCO.20.00150) was published with errors.

In the Results section of the abstract, the second and third sentences read, “The cumulative incidence rate of grade 2-4 aGVHD was significantly reduced in the ATG group (13.7%; 95% CI, 13.5% to 13.9%) compared with the control group (27.0%; 95% CI, 26.7% to 27.3%; $P = .007$). The ATG group had significantly lower incidences of 2-year overall chronic GVHD (27.9% [95% CI, 27.6% to 28.2%] v 52.5% [95% CI, 52.1% to 52.9%]; $P < .001$) and 2-year extensive chronic GVHD (8.5% [95% CI, 8.4% to 8.6%] v 23.2% [95% CI, 22.9% to 23.5%]; $P = .029$) than the control group.” They should have read, “The cumulative incidence rate of grade 2-4 aGVHD was significantly reduced in the ATG group (13.7%; 95% CI, **7.8%** to **19.6%**) compared with the control group (27.0%; 95% CI, **19.3%** to **34.7%**; $P = .007$). The ATG group had significantly lower incidences of 2-year overall chronic GVHD (27.9% [95% CI, **20.1%** to **35.7%**] v 52.5% [95% CI, **43.8%** to **61.2%**]; $P < .001$) and 2-year extensive chronic GVHD (8.5% [95% CI, **3.7%** to **13.3%**] v 23.2% [95% CI, **15.9%** to **30.5%**]; $P = .029$) than the control group.”

In the Results section:

- In the Engraftment subsection, the second and third sentences read, “The median times of neutrophil engraftment in the ATG group and control group were 12 days (range, 9-24 days) and 13 days (range, 8-23 days), respectively ($P = .911$). The median times of platelet engraftment in the ATG group and control group were 13 days (range, 8-106 days) and 13 days (range, 8-43 days), respectively ($P = .506$).” They should have read, “The median times of neutrophil engraftment in the ATG group and control group were 12 days (range, 9-24 days) and 13 days (range, 8-23 days), respectively ($P = .740$). The median times of platelet engraftment in the ATG group and control group were 13 days (range, 8-106 days) and 13 days (range, 8-43 days), respectively ($P = .300$).”

- In the GVHD subsection:

- The first paragraph read, “The cumulative incidence of grade 2-4 aGVHD was significantly reduced in the ATG group compared with the control group (13.7% [95% CI, 13.5% to 13.9%] v 27.0% [95% CI, 26.7% to 27.3%], respectively; $P = .007$; Fig 2A). There was no difference in grade 3-4 aGVHD between the ATG group and control group (8.4% [95% CI, 8.3% to 8.5%] v 14.2% [95% CI, 14.0% to 14.4%], respectively; $P = .151$; Fig 2B). For the organ-specific aGVHD, there was a significantly lower incidence of intestinal aGVHD in the ATG group (8.4%; 95% CI, 8.3% to 8.5%) than in the control group (24.3%; 95% CI, 24.0% to 24.6%; $P < .001$; Table 2). It should have read, “The cumulative incidence of grade 2-4 aGVHD was significantly reduced in the ATG group compared with the control group (13.7% [95% CI, **7.8%** to **19.6%**] v 27.0% [95% CI, **19.3%** to **34.7%**], respectively; $P = .007$; Fig 2A). There was no difference in grade 3-4 aGVHD between the ATG group and control group (8.4% [95% CI, **3.6%** to **13.2%**] v 14.2% [95% CI, **8.1%** to **20.3%**], respectively; $P = .151$; Fig 2B). For the organ-specific aGVHD, there was a significantly lower incidence of intestinal aGVHD in the ATG group (8.4%; 95% CI, **3.4%** to **13.4%**) than in the control group (24.3%; 95% CI, **16.5%** to **32.1%**; $P < .001$; Table 2).”
- The first sentence of the second paragraph read, “With regard to cGVHD, the ATG group had a significantly lower incidence than the control group in terms of overall cGVHD (27.9% [95% CI, 27.6% to 28.2%] v 52.5% [95% CI, 52.1% to 52.9%]; $P < .001$; Fig 2C) and extensive cGVHD (8.5% [95% CI, 8.4% to 8.6%] v 23.2% [95% CI, 22.9% to 23.5%]; $P = .029$; Fig 2D).” It should have read, “With regard to cGVHD, the ATG group had a significantly lower incidence than the control group in terms of overall cGVHD (27.9% [95% CI, **20.1%** to **35.7%**] v 52.5% [95% CI, **43.8%** to **61.2%**]; $P < .001$; Fig 2C) and extensive cGVHD (8.5% [95% CI, **3.7%** to **13.3%**] v 23.2% [95% CI, **15.9%** to **30.5%**]; $P = .029$; Fig 2D).”

TABLE 2. Transplantation Outcomes of Two Groups of Patients

Variable	ATG Group, Median (range)	Control Group, Median (range)	P
ANC time, days	12 (9-24)	13 (8-23)	.740
Platelet time, days	13 (8-106)	13 (8-43)	.300
aGVHD at 100 days (95% CI)			
Grade 2-4	13.7 (7.8 to 19.6)	27.0 (19.3 to 34.7)	.007
Grade 3-4	8.4 (3.6 to 13.2)	14.2 (8.1 to 20.3)	.151
Organ-specific aGVHD (95% CI)			
Skin	16.4 (10.2 to 22.8)	19.9 (12.5 to 27.3)	.484
Intestine	8.4 (3.4 to 13.4)	24.3 (16.5 to 32.1)	< .001
Liver	4.1 (0.6 to 7.6)	11.1 (5.1 to 17.1)	.053
cGVHD (95% CI)			
2-year overall	27.9 (20.1 to 35.7)	52.5 (43.8 to 61.2)	< .001
2-year extensive	8.5 (3.7 to 13.3)	23.2 (15.9 to 30.5)	.029
Percent free of ISP at 2 years	84.8 (56 of 66)	57.4 (35 of 61)	.001
CMV at day 100 (95% CI)	22.7 (15.2 to 30.2)	23.9 (16.3 to 31.5)	.674
EBV at day 180 (95% CI)	7.8 (2.9 to 12.7)	3.4 (0.1 to 6.7)	.289
Bacterial BSI at day 30 (95% CI)	3.8 (2.7 to 4.9)	3.1 (2.2 to 4.0)	.769
IFD at 1 year (95% CI)	13.7 (7.8 to 19.6)	13.8 (7.9 to 19.7)	.843
3-year NRM (95% CI)	9.9 (4.8 to 15.0)	14.3 (8.1 to 20.5)	.552
3-year GVHD-related NRM (95% CI)	3.0 (0.1 to 5.9)	5.3 (1.4 to 9.2)	.345
3-year CIR (95% CI)	20.8 (13.8 to 27.8)	15.4 (8.7 to 22.1)	.362
3-year OS (95% CI)	69.0 (61.2 to 76.8)	70.4 (62 to 78.8)	.937
3-year LFS (95% CI)	65.7 (57.7 to 73.7)	69.4 (61.2 to 77.6)	.788
3-year GRFS (95% CI)	38.7 (29.9 to 47.5)	24.5 (16.9 to 32.1)	.003
Days of first hospitalization (95% CI)	42 (21 to 150)	39.5 (20 to 166)	.131

Abbreviations: aGVHD, acute graft-v-host disease; ANC, absolute neutrophil count; ATG, antithymocyte globulin; BSI, blood stream infection; cGVHD, chronic graft-v-host disease; CIR, cumulative incidence of relapse; CMV, cytomegalovirus; EBV, Epstein-Barr virus; GRFS, graft-v-host disease relapse-free survival; IFD, invasive fungal disease; ISP, immunosuppressant; LFS, leukemia-free survival; NRM, nonrelapse mortality; OS, overall survival.

- The second and third sentences of the third paragraph read, “In patients with $ALC \leq 0.1$, those in the ATG group experienced no significant impact on grade 2-4 aGVHD (14.7%; 95% CI, 14.2% to 15.2%) compared with the control group (22.7%; 95% CI, 21.9% to 23.5%; $P = .328$). Meanwhile, in patients with $ALC > .1$, ATG was associated with decreased grade 2-4 aGVHD (12.9%; 95% CI, 12.6% to 13.2%) compared with the control group (26.7%; 95% CI, 26.1% to 27.3%; $P = .041$).” They should have read, “In patients with $ALC \leq 0.1$, those in the ATG group experienced no significant impact on grade 2-4 aGVHD (14.7%; 95% CI, **4.5%** to **24.9%**) compared with the control group (22.7%; 95% CI, **10.2%** to **35.3%**; $P = .328$). Meanwhile, in patients with $ALC > .1$, ATG was associated with decreased grade 2-4 aGVHD (12.9%; 95% CI, **5.1%** to **20.7%**) compared with the control group (26.7%; 95% CI, **16.0%** to **37.4%**; $P = .041$).”
- The Infection subsection read, “There were no differences between the ATG and control groups in CMV reactivation at day 100 (22.7% [95% CI, 22.4% to 23.0%] v 23.9% [95% CI, 23.6% to 24.2%]; $P = .674$), EBV reactivation at day 180 (7.8% [95% CI, 7.7% to 7.9%] v 3.4% [95% CI, 3.3% to 3.5%]; $P = .289$), BSI at day 30 (3.8% [95% CI, 3.0% to 4.6%] v 3.1% [95% CI, 3.0% to 3.2%]; $P = .769$), and IFD at 1 year (13.7% [95% CI, 13.5% to 13.9%] v 13.8% [95% CI, 13.6% to 14.0%]; $P = .843$; Table 2).” It should have read, “There were no differences between the ATG and control groups in CMV reactivation at day 100 (22.7% [95% CI, **15.2%** to **30.2%**] v 23.9% [95% CI, **16.3%** to **31.5%**]; $P = .674$), EBV reactivation at day 180 (7.8% [95% CI, **2.9%** to **12.7%**] v 3.4% [95% CI, **0.1%** to **6.7%**]; $P = .289$), BSI at day 30 (3.8% [95% CI, **2.7%** to **4.9%**] v 3.1% [95% CI, **2.2%** to **4.0%**]; $P = .769$), and IFD at 1 year (13.7% [95% CI, **7.8%** to **19.6%**] v 13.8% [95% CI, **7.9%** to **19.7%**]; $P = .843$; Table 2).”
- The NRM subsection read, “The 3-year NRM was similar between the ATG group and control group (9.9% [95% CI, 9.8% to 10.0%] v 14.3% [95% CI, 14.1% to 14.5%], respectively; $P = .552$; Fig 3A). The detailed causes of death are listed in Table 3. The GVHD-related NRM at 3 years after transplantation was similar in the ATG group (3.0%; 95% CI, 3.0% to 3.0%) and control group (5.3%; 95% CI, 5.2% to 5.4%; $P = .345$; Fig 3B).” It should have read, “The 3-year NRM was similar between the ATG group and control group (9.9% [95% CI, **4.8%** to **15.0%**] v 14.3% [95% CI, **8.1%** to **20.5%**], respectively; $P = .552$; Fig 3A). The detailed causes of death are listed in Table 3. The GVHD-related NRM at 3 years after transplantation was similar in

the ATG group (3.0%; 95% CI, **0.1%** to **5.9%**) and control group (5.3%; 95% CI, **1.4%** to **9.2%**; $P = .345$; Fig 3B)."

- The Relapse subsection read, "The cumulative incidence of relapse (CIR) was similar between the ATG group and control group at 3 years after transplantation (20.8% [95% CI, 20.5% to 21.1%] v 15.4% [95% CI, 15.2% to 15.6%], respectively; $P = .362$; Fig 3C)." It should have read, "The cumulative incidence of relapse (CIR) was similar between the ATG group and control group at 3 years after transplantation (20.8% [95% CI, **13.8%** to **27.8%**] v 15.4% [95% CI, **8.7%** to **22.1%**], respectively; $P = .362$; Fig 3C)."

Table 2 contained several data errors related to range in both the ATG Group, Median (range) and Control Group, Median (range) columns.

The Figure 3A legend read, "Transplantation outcomes. (A) The 3-year nonrelapse mortality (NRM) was similar between the antithymocyte

globulin (ATG) group and control group (5.7% v 12.4%, respectively; $P = .552$)."

It should have read, "(A) The 3-year nonrelapse mortality (NRM) was similar between the antithymocyte globulin (ATG) group and control group (**9.9%** v **14.3%**, respectively; $P = .552$)."

The Figure 3F legend read, "(F) The 3-year GVHD relapse-free survival (GRFS) rate was significantly better in the ATG group than in the control group (40.3% v 26.0%, respectively; $P = .003$)."

It should have read, "(F) The 3-year GVHD relapse-free survival (GRFS) rate was significantly better in the ATG group than in the control group (**38.7%** v **24.5%**, respectively; $P = .003$)."

This has been corrected as of March 26, 2021. The authors apologize for the errors.

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