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Abstract Notices

The Editor of the *2020 Gastrointestinal Cancers Symposium Proceedings* has authorized correction of the following:

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Notice of Correction: The first author was missing from the published abstract.

Due to a data error, Benjamin Powers was incorrectly listed as the first and last author.

The list of authors should have read as follows:
Amina Dhahri, Estrella M. Carballido, Seth Felder, Sean Patrick Dineen, Benjamin D. Powers

87
Notice of Correction: An error was discovered in how the statistics were interpreted and displayed in table form. The abstract was revised according to new statistics and the table was omitted.

The table illustrated adverse events during six cycles. However, it should have been adverse events from baseline.

The following text was inserted at the beginning of the Methods section, "A subgroup of 400 RAS wild-type metastatic colorectal cancer (mCRC) patients of the FIRE-3 trial were evaluated. Linear mixed effect models were fitted to explore the mean evolution of weight over time. The presence of a breakpoint at month 1 was investigated by the addition of an adequate parameter into the model. A linear evolution was supposed from month 1." The following text was inserted at the beginning of the Results section, "Patients lost in average 0.75 kg during the first month of treatment, whereas body weight increased hereafter 0.43 kg per month. Of note, patients older than 65 years lost most body weight at month one (1.35kg) and gained least hereafter (0.20kg per month)." The following text was omitted from the end of the Results section, "The frequency of diarrhea, vomiting, infection, neurotoxicity, pain was significantly higher and the frequency of hypertension was significantly lower among patients with weight loss $ 5% compared to their weight at treatment start."

157
Notice of Retraction: Abstract 157 was withdrawn.

Abstract 157, published in the *2020 Gastrointestinal Cancers Symposium Proceedings*, was retracted from publication and presentation at the 2020 Gastrointestinal Cancers Symposium.

The purpose of this post hoc analysis was to evaluate the outcomes including adverse events after liver resection in patients enrolled in SIRFLOX, a randomized phase III trial comparing first-line

mFOLFOX6 (plus or minus bevacizumab) versus mFOLFOX6 (plus or minus bevacizumab) plus selective internal radiation therapy in patients with metastatic colorectal cancer.

Since submission of this abstract and further examination of the data in this study, the authors discovered a systematic bias associated with the collection of data after hepatic resection. In SIRFLOX, laboratory test data were collected for patients every two weeks while receiving study chemotherapy. Adverse event data were collected up to 28 days post last dose of study chemotherapy. Significant underreporting of safety data was identified, as only 24% (18/78) of patients received study chemotherapy after resection. Therefore, the authors requested that the abstract be withdrawn.

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Notice of Correction: A problem with the original analysis was identified, and a correction to one statement in the Results section was provided.

The n value in the Results section was changed from "No OS trend was seen in Asian pts (n = 114; HR 0.90 [95%CI 0.59-1.36]) or other subgroups, except for a potential benefit with avelumab in pts with no metastatic sites at randomization (n = 114; HR 0.55 [95% CI 0.35-0.86])" to "(n = 60; HR 0.52 [95% CI 0.28-0.98])."

560
Notice of Correction: The author list was updated to include coauthors.

The author list and affiliations read as:
J Richelcyn Baclay, Stanford University, Stanford, CA

The author list should have read as:
J Richelcyn Baclay, Diego Augusto Santos Toesca, Rie von Eyben, Madeline Minneci, Erqi L. Pollom, Daniel Tandel Chang; Stanford University, Stanford, CA; Stanford University School of Medicine, Stanford, CA; Stanford Cancer Institute, Palo Alto, CA

All errors have been corrected in the online versions of the abstracts on JCO.org and ASCO.org. This notice is updated on a rolling basis, as needed.