



American Society of Clinical Oncology

### Abstract Notices

The Editor of the *2017 ASCO Annual Meeting Proceedings* has authorized correction of the following errors:

**LBA500, 502, 512, 540, 1009, 1023, 1037, TPS1119, 11526, 2004, 2500, 8510, 9074, LBA11516**

**Notice of Correction:** Conflict of interest information for José Baselga, MD, PhD, has been updated to reflect previously undisclosed relationships. The corrected disclosures of potential conflicts of interest provided by the author are available with the online abstracts on [asco.org](http://asco.org) and [jco.org](http://jco.org).

#### **2506**

The abstract body published in the *ASCO Annual Meeting Proceedings* reflects an earlier version of the abstract. The abstract body now published online has been updated. ASCO apologizes for the error.

#### **2511**

After the abstract was published, the authors discovered Dr. Raffit Hassan was listed incorrectly as an author on the abstract. Dr. Hassan has no involvement in this study. ASCO apologizes for the error.

#### **5502**

The abstract body published in the *2017 Annual Meeting Proceedings* print and PDF versions reflects an earlier version of the abstract. The authors discovered an error in the Results and Conclusion sections of the abstract:

**“Results:** 686 women were included between 2006 and 2013. 13 patients with early informed consent withdrawal and 13 ineligible patients were excluded, leaving 660 patients in the analysis with a median follow up time of 60.2 months (IQR 47.1 – 72.9): 330 CTRT and 330 RT. Three- and five-year overall survival rates for CTRT vs. RT were 84.7% versus 83.7%, and 81.9% versus 76.6%, HR 0.78 [0.55-1.10],  $p = 0.16$ . Three- and five-year FFS rates were 83.5% (CTRT) versus 74.6% (RT) and 79.5% versus 70.8%, HR 0.68 [0.50-0.92],  $p = 0.014$ . Patients with stage III EC had lower 5-year FFS (69.6% vs 79.5% for stage I-II,  $p = 0.00124$ ) and greatest absolute benefit of CTRT: 5-year FFS for stage III was 75.4% for CTRT vs 63.4% for RT,  $p = 0.0292$ . **Conclusions:** Adjuvant chemotherapy given during and after pelvic radiotherapy for treatment of HREC significantly improved 5-year FFS, with absolute and relative risk reductions of 9% and 30%, respectively, compared with RT alone. There was a non-significant 5% higher 5-year OS with CTRT; follow-up will continue to evaluate long-term OS.”

*has been changed to*

**“Results:** 686 women were enrolled between 2006 and 2013. 26 women were excluded; 13 withdrew consent early and 13 were ineligible, which left 660 patients in the analysis, with a median follow up time of 60.2 months (IQR 47.1–72.9): 330 CTRT and 330 RT. Three- and five-year OS for CTRT vs. RT was 84.4% versus 83.9%, and 81.8% versus 76.7%;

overall HR 0.79 [95% CI 0.57-1.12,  $p=0.183$ ]. Three-year FFS was 79.7% (CTRT) versus 71.8% (RT), and at 5 years 75.5% versus 68.9%, overall HR for FFS 0.77 [0.58-1.03,  $p=0.078$ ]. Patients with stage III EC had lower 5-year FFS and OS compared to stage I-II (FFS 63.9% vs 78.9%,  $p<0.001$ , and OS 74.3% vs 83.1%,  $p=0.003$ ). They also had greatest benefit of CTRT: 5-year FFS for stage III was 69.3% for CTRT vs 58.0% for RT [95% CI 0.45-0.97,  $p=0.032$ ], and 5-year OS for stage III was 78.7 % vs 69.8% ( $p=0.114$ ). **Conclusions:** Adjuvant chemotherapy given during and after pelvic radiotherapy for treatment of HREC did not significantly improve 5-year FFS and OS, compared with RT alone. For women with stage III EC FFS was however significantly improved with CTRT by 11% at 5 years. Follow-up will continue to evaluate long-term outcomes.”

### **11013**

**Notice of Retraction:** “Positive and negative predictors of response to chemotherapy in patients with sarcoma.”

Abstract 11013, published in the *2017 ASCO Annual Meeting Proceedings*, was retracted from publication and presentation at the 2017 ASCO Annual Meeting. As the authors were reviewing data prior to presentation at the meeting, they discovered that, due to a data-entry error, there were resulting flaws in analysis and reporting of the data.

### **e15039**

An earlier version of the abstract contained the wrong conclusions and has been corrected online. ASCO apologizes for the error.

*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.*