

Erratum to: Evolving Approaches to Metastatic Breast Cancer Patients Pre-treated with Anthracycline and Taxane

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A Published-Ahead-of-Print version of this article was made available online on 9 May 2013 at <http://link.springer.com/journal/40259/onlineFirst/page/1>.

Errors were subsequently identified in that version of the article, and the following corrections should be noted.

Page 3, section 3.2.1, column 1, 1st paragraph, lines 9–13:

The following phrase which reads:

“In the per-protocol population of the smaller study ($n = 87$), eribulin had an overall response rate of 11.5 %, whereas patients in the larger study had an overall response rate of 9.3 %; in both studies, all responses were considered partial [27, 28].”

should read:

“In the per-protocol population of the smaller study ($n = 87$), eribulin had an overall response rate of 11.5 %, whereas patients in the larger study who met key inclusion criteria (eligible patients, $n = 269$) had an overall response rate of 9.3 %; in both studies, all responses were considered partial [27, 28].”

Page 5, section 3.2.2, column 1, 3rd paragraph, lines 4–7:

The following phrase which reads:

“Patients were required to have previously received at most three chemotherapy regimens (at most two for

advanced disease) with each regimen including an anthracycline or a taxane.”

should read:

“Patients were required to have previously received anthracycline and taxane therapy, and at most three chemotherapy regimens (at most two for advanced disease).”

Page 5, section 3.2.2, column 1, 4th paragraph, line 1:

The following phrase which reads:

“Like the EMBRACE study, eribulin increased the median overall survival of patients compared with capecitabine (15.9 vs 14.5 months; HR 0.88, 95 % CI 0.77, 1.00; $p = 0.056$; Table 4), although this difference was not statistically significant.”

should read:

“Eribulin increased the median overall survival of patients compared with capecitabine (15.9 vs 14.5 months; HR 0.88, 95 % CI 0.77, 1.00; $p = 0.056$; Table 4), although this difference was not statistically significant.”

Page 6, section 3.3, column 1, 4th paragraph, lines 3–9 and column 2, lines 10–14:

The following phrase which reads:

“Adverse events were reported in 94.1 % of patients receiving eribulin and 90.5 % of patients receiving capecitabine; 17.5 and 21.1 % of patients reported serious adverse events [31]. More patients receiving eribulin had neutropenia (54 vs 16 %) and leukopenia (31 vs 10 %); however, the incidence of anaemia, thrombocytopenia and febrile neutropenia was similar between treatment groups [31]. Other common adverse events reported in patients receiving eribulin included alopecia (35 %), nausea (22 %), fatigue (17 %) and asthenia (15 %). Peripheral sensory neuropathy was observed in 13 % of patients (grade 3, 4 % of patients; no grade 4) [31].”

should read:

“More patients receiving eribulin had neutropenia (54 vs 16 %) and leukopenia (31 vs 10 %); other common

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adverse events reported in patients receiving eribulin included alopecia (35 %) and nausea (22 %) [31].”

Page 9, column 2, reference 31

Reference should be replaced with:

“Kaufman PA, Awada A, Twelves C, Yelle L, Perez EA, Wanders J, et al. A phase III, open-label, randomized, multicenter study of eribulin mesylate versus capecitabine in patients with locally advanced or metastatic breast cancer previously treated with anthracyclines and taxanes. *Cancer Res* 2012; 72 (Suppl. 24): Abs S6-6.”

Page 10, column 2, references 50, 51 and 52

References should be replaced with:

50. “Vahdat L, Schwartzberg L, Glück S, Rege J, Liao J, Cox D, et al. Results of a phase 2, multicenter, single-arm study of eribulin mesylate as first-line therapy for locally recurrent or metastatic HER2-negative breast cancer. *Cancer Res* 2012; 72 (Suppl. 24): Abs P1-12-02.”

51. “Vahdat L, Schwartzberg L, Wilks S, Rege J, Liao J, Cox D, et al. Eribulin mesylate + trastuzumab as first-line therapy for locally recurrent or metastatic HER2-positive

breast cancer: results from a phase 2, multicenter, single-arm study. *Cancer Res* 2012; 72 (Suppl. 24): Abs P5-20-04.”

52. “Traina TA, Hudis C, Fournier M, Lake D, Lehman R, Berkowitz AP, et al. Adjuvant treatment of early-stage breast cancer with eribulin mesylate following dose-dense doxorubicin and cyclophosphamide: preliminary results from a phase 2, single-arm feasibility study. *Cancer Res* 2012; 72 (Suppl. 24): Abs P1-13-11.”

Page 10, column 2

The following reference should be inserted

“55. Pharmaceuticals and Medical Devices Agency, Japan. Halaven 1 mg Rinsyo Gaiyou, section 2.7.3-5, page 28 (Japanese only) [online]. Available from URL: <http://www.info.pmda.go.jp/shinyaku/P201100077/index.html> [Accessed 2013 Jul 15].”

Page 4, Table 3 should be replaced with (bolded text is amended):

Page 6, Table 5 should be replaced with (bolded text is amended):

Table 3 Phase II studies of eribulin in patients with metastatic breast cancer who have previously received an anthracycline and taxane

<i>n</i>	201 [27] 87 (per protocol population)	211 [28] 269 (eligible population)	221 [29] 80 (eligible population)
Prior chemotherapy	Any prior regimen of chemotherapy with A and T (median 4)	2–5 prior regimens of chemotherapy with A, T and CAP (median 4)	≤3 prior regimens of chemotherapy including A and T (median 3)
Dosing schedule	1.4 mg/m ² IV inf d1 + 8 + 15 q4w 1.4 mg/m ² IV inf d1 + 8 q3w	1.4 mg/m ² IV inf d1 + 8 q3w	1.4 mg/m ² IV inf d1 + 8 q3w
Tumour response (independent review)			
PR (%)	11.5 [total] 10.2 [q4w cohort] 14.3 [q3w cohort]	9.3	21.3
SD (%)	42.5 [total] 35.6 [q4w cohort] 57.1 [q3w cohort]	46.5	37.5
ORR ^a (%)	11.5 [total] 10.2 [q4w cohort] 14.3 [q3w cohort]	9.3	21.3
CBR ^b (%)	17.2 [total] 11.9 [q4w cohort] 28.6 [q3w cohort]	17.1	27.5
Median duration of response (months)	5.6	4.1	3.9
Median PFS (months)	2.6	2.6	3.7
Median OS (months)	9.0	10.4	11.1

A anthracycline, CAP capecitabine, CBR clinical benefit rate, *d* day, IV inf intravenous infusion, ORR objective response rate, OS overall survival, PFS progression-free survival, PR partial response, qXw every X weeks, SD stable disease, T taxane

^a Objective response rate = complete response + partial response

^b Clinical benefit rate = complete response + partial response + stable disease ≥6 months

Table 5 Overall survival in the phase III studies of eribulin by human epidermal growth factor receptor 2 (HER2) and oestrogen receptor (ER) status

	305 (EMBRACE) [30, 55]			301 [31, 32]		
	OS (months)		HR (95 % CI)	OS (months)		HR (95 % CI)
	Eribulin	TPC		Eribulin	CAP	
Total	13.1	10.6	0.81 (0.66, 0.99)	15.9	14.5	0.88 (0.77, 1.00)
HER2+	11.3 ^a	9.1 ^a	0.76 (0.47, 1.24)	14.3	17.1	0.97 (0.69, 1.36)
HER2–	13.2 ^a	10.5 ^a	0.81 (0.64, 1.02)	15.9	13.5	0.84 (0.72, 0.98)
ER+	13.8 ^a	11.4 ^a	0.81 (0.63, 1.04)	18.2	16.8	0.90 (0.74, 1.09)
ER–	10.2 ^a	7.8 ^a	0.78 (0.54, 1.13)	14.4	10.5	0.78 (0.64, 0.96)
TN	9.5 ^a	7.0 ^a	0.71 (0.46, 1.10)	14.4	9.4	0.70 (0.55, 0.91)

CAP capecitabine, ER oestrogen receptor, HER2 human epidermal growth factor receptor 2, TN triple negative, TPC treatment of physician's choice

^a Values calculated from data available from the Pharmaceuticals and Medical Devices Agency, Japan. Halaven 1 mg Rinsyo Gaiyou [55]