Errata	
The April 1, 2012, article by Bellmunt et al, entitled "Randomized Phase III Study Comparing Paclitaxel/Cisplatin/ Gemcitabine and Gemcitabine/Cisplatin in Patients With Locally Advanced or Metastatic Urothelial Cancer Without Prior Sys- temic Therapy: EORTC Intergroup Study 30987" (J Clin Oncol 10.1200/JCO.2011.38.6979), was published with an error.	Under Affiliations, Luis Paz-Ares' information should have included University of Seville . This has been corrected as of February 7, 2018. The authors apologize for the error. DOI: https://doi.org/10.1200/JCO.2018.78.0759; published March 10, 2018
The February 10, 2014, article by Paz-Ares et al, entitled "Reply to S. Barni et al, K.R. Dearing et al, and N. Murray" (J Clin Oncol 10.1200/JCO.2013.53.6011), was published with an error. Under Affiliations, Luis Paz-Ares' information should have included University of Seville .	This has been corrected as of February 7, 2018. The authors apologize for the error. DOI: https://doi.org/10.1200/JCO.2018.78.0775; published March 10, 2018
The February 1, 2017, article by Spigel et al, entitled "Results From the Phase III Randomized Trial of Onartuzumab Plus Erlotinib Versus Erlotinib in Previously Treated Stage IIIB or IV Non–Small-Cell Lung Cancer: METLung" (J Clin Oncol 10.1200/JCO.2016.69.2160), was published with an error.	Under Affiliations, Luis Paz-Ares' information should have included University of Seville . This has been corrected as of February 7, 2018. The authors apologize for the error. DOI: https://doi.org/10.1200/JCO.2018.78.0783; published March 10, 2018

The November 1, 2015, article by Turcotte, et al, entitled "Risk of Subsequent Neoplasms During the Fifth and Sixth Decades of Life in the Childhood Cancer Survivor Study Cohort" (J Clin Oncol 33: 3568-3575), was published with errors. The authors, upon re-analysis of the data, identified an error in the initial analysis, which led to reporting incorrect results. Calculations of standardized incidence ratios (SIRs) erroneously included survivors' person-years prior to age 40 years, resulting in an overestimation of the expected number of subsequent malignant neoplasms, and thus, an underestimation of the SIRs reported for malignancies after age 40 years among survivors of childhood cancer. Changes from the original report are described below and are presented in the Data Supplement Table. Findings remain consistent with what was initially reported. Previously significant observations have not been reversed. The magnitude of the findings is increased with the corrected analysis. The changes do not affect the main conclusions of the study.

Abstract: All SIR and RR values and corresponding 95% CIs were modified.

Results: Within the sub-section heading "Risk of SMNs Among Survivors With a History of SN Before Age 40 Years" all SIR values and 95% CIs were modified. Within the sub-section heading "Risk of SMNs Among Survivors Without a History of SN Before Age 40 Years" all SIR values and 95% CIs were modified.

Within the first paragraph of sub-section heading "Multivariable Analyses" all RR values and corresponding 95% CIs for SMNs were modified.

The third sentence of the second paragraph of the Discussion originally read as: "For the CCSS at age 40 or older, the SIR was 2.2 (95% CI, 1.9 to 2.5)."

It has been corrected to read as: "For the CCSS at age 40 years or older, the SIR was 4.4 (95% CI, 3.8 to 5)."

The sentence, "Of interest, and somewhat encouragement, male survivors who attained an age of 40 years or older, who were not exposed to therapeutic radiation, did not have an increased risk for SMN after the age of 40 regardless of their SN history before this age" in the third paragraph of the Discussion was removed to reflect the updated analysis results.

The last sentence of the third paragraph of the Discussion originally read as, "Of the chemotherapeutic exposures, only treatment with platinum agents was significantly associated with development of an SMN after 40 years of age."

It has been corrected to read as: "Of the chemotherapeutic exposures, treatment with platinum agents and epipodophylloxins

were significantly associated with development of an SMN after 40 years of age."

Table A2: The expected number of SMNs, SIRs, 95% CIs, and EARs were modified for "All Survivors Age \geq 40 Years" and "Cohort Members Treated With Previous Irradiation" columns.

Table A3: The expected number of SMNs, SIRs, 95% CIs, and EARs were modified for "Cohort Members Not Treated With Previous Irradiation" columns.

Table A4: The relative risk, 95% CI, and P values were modified. Epipodophyllotoxin was added to the table to reflect its inclusion in the multivariable model.

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

DOI: https://doi.org/10.1200/JCO.2018.77.9884; published March 10, 2018