

A network meta-analysis of nonsmall-cell lung cancer patients with an activating EGFR mutation: Should osimertinib be the first-line treatment?: Erratum

In the article, “A network meta-analysis of nonsmall-cell lung cancer patients with an activating EGFR mutation: Should osimertinib be the first-line treatment?”^[1] which appeared in Volume 97, Issue 30 of *Medicine*, several corrections need to be noted based on corrections to the hazard ratios (HR) and confidence intervals (CI) for the subgroup of men, non-Asians, smokers and Del19 mutations with new ln-derived values.

Table 3

Rank and P-scores of subgroups.

	N	Rank 1 P-score, % HR (95%CI)	Rank 2 P-score, % HR (95%CI)	Rank 3 P-score, % HR (95%CI)	Rank 4 P-score, % Reference
Total	3145	Osimertinib 91 0.46 (0.24–0.88)	Dacomitinib 78 0.59 (0.31–1.13)	Afatinib 46 0.92 (0.59–1.43)	SoC 35 1
Subgroups					
Female	1749	Osimertinib 89 0.40 (0.16–1.01)	Dacomitinib 79 0.50 (0.20–1.23)	Afatinib 45 0.93 (0.51–1.72)	SoC 38 1
Male	1003	Osimertinib 95 0.58 (0.41–0.82)	Dacomitinib 76 0.72 (0.51–1.02)	Afatinib 46 0.93 (0.68–1.27)	SoC 34 1
Asian	2421	Dacomitinib 85 0.51 (0.23–1.12)	Osimertinib 82 0.55 (0.25–1.21)	Afatinib 43 0.99 (0.58–1.70)	SoC 40 1
Non-Asian	721	Osimertinib 95 0.34 (0.12–0.95)	Dacomitinib 53 0.89 (0.31–2.56)	Afatinib 50 0.97 (0.41–2.28)	SoC 46 1
Non-smoker	1876	Osimertinib 88 0.45 (0.20–1.02)	Dacomitinib 82 0.51 (0.23–1.16)	Afatinib 40 1.02 (0.58–1.78)	SoC 40 1
Smoker	876	Osimertinib 93 0.48 (0.26–0.88)	Dacomitinib 66 0.72 (0.39–1.34)	Afatinib 57 0.81 (0.53–1.24)	SoC 33 1
Del19	1560	Osimertinib 92 0.43 (0.24–0.78)	Dacomitinib 78 0.55(0.30–1.01)	Afatinib 49 0.83 (0.54–1.28)	SoC 30 1
Leu858Arg	1114	Osimertinib 88 0.51 (0.25–1.03)	Dacomitinib 75 0.63 (0.31–1.28)	Afatinib 51 0.88 (0.53–1.47)	SoC 36 1

HR=Hazard Ratio, SoC=Standard of Care (Erlotinib or Gefitinib).

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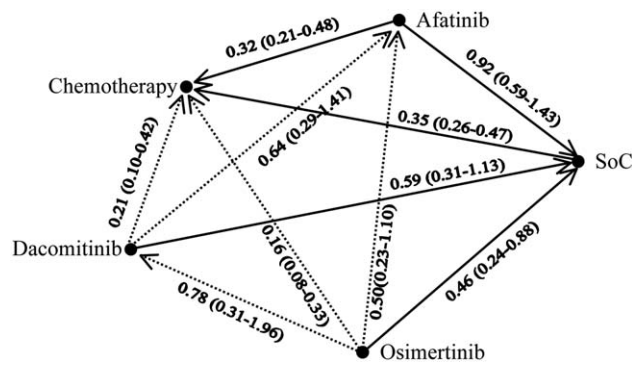
<http://dx.doi.org/10.1097/MD.00000000000016824>

In the Results section of the Abstract, the sentence starting with “Compared with erlotinib or gefitinib, osimertinib was . . .” should be corrected to “Compared with erlotinib or gefitinib, osimertinib was associated with improvement in men (HR=0.46, 95% CI, 0.24–0.88), non-Asians (HR=0.34, 95% CI, 0.12–0.95), smokers (HR=0.48, 95% CI, 0.26–0.88), and those with a Del19 mutation (HR=0.43, 95% CI, 0.24–0.78).”

In the Results section of the paper, the sentence starting with “Regarding PFS, compared with SoC, the 3 TKIs with . . .” should be corrected to “Regarding PFS, compared with SoC, the three TKIs with the highest probability of benefit were osimertinib, dacomitinib, and afatinib, with HRs (95% CI) of 0.46 (0.24–0.88), 0.59 (0.31–1.13), and 0.92 (0.59–1.43), respectively.” Also, the sentence starting with “Compared with SoC, osimertinib was associated with improvement in men . . .” should be corrected to “Compared with SoC, osimertinib was associated with improvement in men (HR=0.46, 95% CI, 0.24–0.88), non-Asians (HR=0.34, 95% CI, 0.12–0.95), smokers (HR=0.48, 95% CI, 0.26–0.88), and those with a Del19 mutation (HR=0.43, 95% CI, 0.24–0.78).”

In Table 3, all values which were log10-derived in the published version were changed to ln-derived in the corrected version.

In Figure 2, the line between dacomitinib and SoC should be a solid line and was a dash line before correction.



Reference

- [1] Lin JZ, Ma SK, Wu SX. A network meta-analysis of nonsmall-cell lung cancer patients with an activating EGFR mutation: Should osimertinib be the first-line treatment? *Medicine*. 97;30:e11569.