

The October 20, 2017, article by Shore et al entitled “Intravesical rAd-IFN α /Syn3 for Patients With High-Grade, Bacillus Calmette-Guerin-Refractory or Relapsed Non-Muscle-Invasive Bladder Cancer: A Phase II Randomized Study” (J Clin Oncol: [10.1200/JCO.2017.72.3064](https://doi.org/10.1200/JCO.2017.72.3064)) was published with an error.

In the section Authors’ Disclosures of Potential Conflict of Interest, Colin P.N. Dinney’s disclosures were presented as “Other Relationship: FKD Therapies Oy, University of Michigan Comprehensive Center.”

They should have been presented as “**Consulting or Advisory Role: FKD Therapies Oy, Research Funding: FKD Therapies Oy, Other Relationship: University of Michigan Comprehensive Center.**”

This has been corrected as of July 19, 2019. *Journal of Clinical Oncology* apologizes for the error.

DOI: <https://doi.org/10.1200/JCO.19.01753>

The February 1, 2008, article by Elting et al entitled “Outcomes and Cost of Outpatient or Inpatient Management of Patients With Febrile Neutropenia” (J Clin Oncol [10.1200/JCO.2007.13.8222](https://doi.org/10.1200/JCO.2007.13.8222)) was published with errors.

The fourth and fifth sentences of the third paragraph of the Results section previously read “Interestingly, using a threshold of 21 or higher, the baseline MASCC risk index would have excluded from outpatient therapy all of the outpatients who ultimately required hospitalization. This improved specificity would have come at the expense of hospitalization of only nine patients who were successfully managed as outpatients.”

They should have read “Interestingly, using a threshold of 21 or higher, the baseline MASCC risk index would have excluded from outpatient therapy **three** of the outpatients who ultimately required hospitalization. This improved specificity would have come at the expense of hospitalization **of nine** patients who were successfully managed as outpatients.”

The second and third sentences of the Discussion section previously read “However, the 21% hospitalization rate suggests considerable room for improvement. The MASCC risk index, which was published after our guideline was initiated, may provide such improvement.⁵ At the recommended threshold (≥ 21), the MASCC index would have assigned to inpatient treatment all of the 121 patients who were treated unsuccessfully as outpatients.”

They should have read “However, the 21% hospitalization rate suggests considerable room for improvement. The MASCC risk index, which was published after our guideline was initiated, may provide such improvement.⁵ At the recommended threshold (≥ 21), the MASCC index would have assigned to inpatient treatment **only three** of the 121 patients who were treated unsuccessfully as outpatients.”

This has been corrected as of November 14, 2018. The authors apologize for the errors.

DOI: <https://doi.org/10.1200/JCO.18.01852>

The January 10, 2018, article by Pappo et al entitled “Rhabdomyosarcoma, Ewing Sarcoma, and Other Round Cell Sarcomas” (J Clin Oncol [10.1200/JCO.2017.74.7402](https://doi.org/10.1200/JCO.2017.74.7402)) was published with errors.

In Table 2:

- In the Low section of the COG Risk Assessment column:
 - The first row read “eRMSI (FOXO1 negative):” but should have read “**eRMS: (FOXO1 negative):**”
 - The second row read “Stage 1, group II” but should have read “**Stage 1, group I, II**”

- In the Intermediate section of the COG Risk Assessment column:
 - The second row read “Stage 1, group II (nonorbital)” but should have read “**Stage 1, group III (nonorbital)**”
- In the High section of the COG Risk Assessment column:
 - The second row read “Stage 4, group IV (> 10 years old)” but should have read “**Stage 4, group IV (≥ 10 years old)**”

This has been corrected as of February 20, 2019. *Journal of Clinical Oncology* and the authors apologize for the errors.

DOI: <https://doi.org/10.1200/JCO.19.00081>