Check for updates

CORRECTION

Correction to: Effectiveness of Eribulin in Metastatic Breast Cancer: 10 Years of Real-World Clinical Experience in the United States

Sarah S. Mougalian 🕞 · Jonathan K. Kish · Jingchuan Zhang · Djibril Liassou · Bruce A. Feinberg

Published online: April 7, 2021 © The Author(s) 2021

Correction to: Adv Ther

https://doi.org/10.1007/s12325-020-01613-6

In the original article, Table 2 was incorrectly published. The correct Table 2 is given below. The original article has been updated.

The original article can be found online at https://doi. org/10.1007/s12325-020-01613-6.

S. S. Mougalian (⊠) Yale Medical School, Yale Cancer Center, New Haven, CT, USA e-mail: sarah.mougalian@yale.edu

J. K. Kish \cdot D. Liassou \cdot B. A. Feinberg Cardinal Health Specialty Solutions, Dublin, OH, USA

J. Zhang Eisai Inc., Woodcliff Lake, NJ, USA

Table 2 Patient clinical characteristics at the initiation of eribulin

	$All \\ n = 513$	TNBC $n = 256$
Line of therapy at initiation of eribulin $(n, \%)$		
3	400 (78.0)	225 (87.9)
4	77 (15.0)	25 (9.8)
≥ 5	36 (7.0)	6 (2.3)
ECOG-PS Categorical (n, %)		
0/1	313 (61.0)	168 (65.6)
≥ 2	199 (38.8)	88 (34.4)
Unknown	1 (0.2)	0 (0.0)
Sites of metastases at initiation of eribulin $(n, \%)$		
Adrenal gland	63 (12.3)	26 (10.2)
Brain	22 (4.3)	15 (5.9)
Local lymph node(s)	56 (10.9)	40 (15.6)
Gastrointestinal system	10 (2.0)	1 (0.4)
Genitourinary system	10 (2.0)	4 (1.6)
Ovary	14 (2.7)	5 (2.0)
Liver	294 (57.3)	159 (62.1)
Lung	342 (66.7)	179 (69.9)
Lytic or mixed lytic-blastic bone	99 (19.2)	33 (12.9)
Pleura, pericardial, and/or peritoneal cavity	28 (5.5)	16 (6.3)
Other ^a	4 (0.8)	3 (1.2)
Duration of follow-up from metastatic diagnosis ^b , months		
Mean, STD	32.5 (16.8)	28.5 (16.0)
Median, IQR	29.9 (22.7)	25.9 (20.6)

ECOG-PS Eastern Cooperative Oncology Group performance status, IQR interquartile range, STD standard deviation, TNBC triple negative breast cancer

There is an error in result section of abstract. The correct sentence read as "Among the 49.9% of patients with TNBC, ORR was 55.1%, median PFS was 5.8 months (95% CI 5.1, 6.4), and median OS was 9.8 months (95% CI 8.6, 11.0)".

There is an error in second paragraph of Duration of Eribulin Therapy. The correct sentence read as "Following discontinuation of eribulin, 175 (34.1%) of all patients and 99 (38.7%) of TNBC patients initiated another line of therapy".

There is an error in the section Disease Response. The correct sentence read as "In the overall population, ORR was 54.4% (95% CI

^a Including chest wall and those with missing site information

^b Until last visit with provider or at clinic

50.0–58.7%) (Fig. 1). The CBR was 56.7% (95% CI 52.3–61.0%). A total of 41 patients (8.0%) had a CR, 238 (46.4%) had a PR, 88 (17.2%) had SD and 146 (28.5%) had PD".

The duration of best response among the 261 patients with a CR or PR and known dates of initial response and progression was a median of 4.5 months (IQR 2.9, 7.1).

For patients in the TNBC subgroup, ORR was 55.1% (95% CI 48.8–61.2%) (Fig. 1). The CBR was 57.4% (95% CI: 51.1–63.5%).

At the time of data cut-off, 402 (78.4%) patients, including 219 (85.5%) in the TNBC subgroup, had progressed on eribulin therapy. The landmark PFS is presented in Fig. 2.

The landmark OS is presented in Fig. 4. At the 12-month landmark, 43.9% (95% CI 39.6–48.2%) of patients were alive in the overall population, while at the 24-month landmark, 23.9% (95% CI 20.2–27.7%) were alive (Fig. 4).

The figure 1 was incorrectly published. The correct Fig. 1 is given below.

Open Access. This article is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, which permits any non-commercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/bync/4.0/.

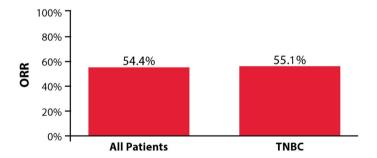


Fig. 1 ORR to eribulin treatment in all patients and the TNBC subgroup