Erratum to updated survival outcomes and analysis of long-term survivors from the MORE study on safety and efficacy of radioembolization in patients with unresectable colorectal cancer liver metastases

Andrew Kennedy^1, Michael Cohn^2, Douglas M. Coldwell^3, Alain Drooz^4, Eduardo Ehrenwald^5, Adeel Kaiser^6, Charles W. Nutting^7, Steven C. Rose^8, Eric A. Wang^9, Michael A. Savin^10

^1Department of Radiation Oncology, Sarah Cannon Research Institute, Nashville, TN, USA; ^2Radiology Associates of Hollywood, Pembroke Pines, FL, USA; ^3James Graham Brown Cancer Center, University of Louisville, Louisville, KY, USA; ^4Fairfax Radiological Consultants, Fairfax, VA, USA; ^5Abbott Northwestern Hospital, Minneapolis, MN, USA; ^6University of Maryland Medical Center, Baltimore, MD, USA; ^7Radiology Imaging Associates, Englewood, CO, USA; ^8University of California, San Diego Moores Cancer Center, La Jolla, CA, USA; ^9Charlotte Radiology, Charlotte, NC, USA; ^10Oakland University William Beaumont School of Medicine, Royal Oak, MI, USA

doi: 10.21037/jgo.2018.03.12
View this article at: http://dx.doi.org/10.21037/jgo.2018.03.12

Erratum to: J Gastrointest Oncol 2017;8:614-624

Updated survival outcomes and analysis of long-term survivors from the MORE study on safety and efficacy of radioembolization in patients with unresectable colorectal cancer liver metastases

In the article that appears on page 616, Vol 8, No 4 (August 2017) of the Journal of Gastrointestinal Oncology (JGO) (1), there are some mistakes in the presented box 1.

The sentence “A subgroup analysis of patients >70 years...” should be revised to “A subgroup analysis of patients ≥70 years...”.

Also, the correct last sentence should be “Lung shunt fraction (LSF) >10% was predictive of significantly decreased patient survival time compared to LSF ≤10% (median survival, 6.9 months vs. 10.0 months; hazard ratio, 1.60; P<0.001) (14)”.

The correct box 1 is listed below.

**Box 1** Key prior findings from the Metastatic colorectal cancer liver metastases Outcomes after RadioEmbolization (MORE) Study

Background of the MORE study: Retrospective analysis of 606 patients with unresectable colorectal liver metastases treated with 90Y-RE. Patients had received a median of 2 (range, 0–6) lines of prior chemotherapy (8)

Initial analysis: (median follow-up of 8.6 months). 90Y-RE was well tolerated and appeared to offer a favorable survival benefit for patients, with median survival times similar to those of patients treated with chemotherapy alone in similar settings (8)

Key findings from subsequent analyses:

- A subgroup analysis of patients ≥70 years vs. patients <70 years found that overall survival and toxicities did not differ between these age groups, indicating that 90Y-RE appears well-tolerated and effective even in the very elderly (12)
- Low baseline hemoglobin levels and laboratory values indicative of liver dysfunction (levels of albumin, alkaline phosphatase, aspartate aminotransferase, alanine transaminase, bilirubin, and creatine) were significantly associated with decreased median survival times across all lines of prior chemotherapy (13)
- Lung shunt fraction (LSF) >10% was predictive of significantly decreased patient survival time compared to LSF ≤10% (median survival, 6.9 months vs. 10.0 months; hazard ratio, 1.60; P<0.001) (14)
The publisher regrets the error.

References
