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Errata

Volume 38, No. 4, page 1849: The legend of Figure 1 should read:

Figure 1. *A: Green fluorescent protein-red fluorescent protein (GFP-RFP)-expressing dual-color XPA-I human pancreatic cancer cancer cells in vitro. Cancer cells were initially transduced with RFP and the neomycin-resistance gene. The cells were subsequently transduced with histone H2B-GFP and the hygromycin- resistance gene. Double transformants were selected with G418 and hygromycin, and stable clones were established. Images were captured under FV1000 confocal microscopy (28). Bi-Bii: High-magnification imaging of XPA-I pancreatic cancer cells and stellate cells in the liver of cyan fluorescent protein (CFP)-expressing nude mice. A, B: XPA-I-GFP-RFP pancreatic cancer cells in the host liver 3 hours after splenic injection. White arrows indicate XPA-1 pancreatic cancer cells. Biii, Biv: Twenty-eight days after co-injection of XPA-I-GFP-RFP pancreatic cancer cells and RFP stellate cells, liver metastases were observed in the host CFP nude mice. White arrows indicate XPA-I-GFP-RFP pancreatic cancer cells. Yellow arrows indicate RFP stellate cells. White arrow in Biv shows dividing cancer cells. Imaging was performed with a FV1000 confocal microscope (Olympus) (24).*

Volume 40, No. 2, page 858: On the right column, the paragraph starting with "Patients were required..6 low adherence (18, 19)" should be replaced by the following:

Patients were required to be able to complete a self-reported demographic questionnaire and the validated Morisky Medication Adherence Scale questionnaire (MMAS-8), in either English or Spanish [detailed MMAS-8 questionnaires can be found elsewhere (18, 19). Self-reported medication adherence was measured by the MMAS-8 (18, 19). The MMAS-8 scale consists of eight items, of which summation yields a maximum of 8 points. Level of adherence to AI therapy was categorized as high, medium, and low (18, 19).

Volume 40, No. 2, page 859: At the end of Table I legend, the following sentence should be added:

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Volume 40, No. 2, page 860: At the end of Table II legend, the following sentence should be added:

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Volume 40, No. 2, page 862: On the left column, the following part should be removed:

The strength of our analysis include the licensing and utilization of the validated 8-item MMAS-8 adherence questionnaire as described previously (18, 19). In addition, the average duration of adjuvant endocrine therapy was 4.3 years, which allowed for assessment of long-term adherence to therapy.

Volume 40, No. 2, page 862: After the sentence ending with "nonadherence data (22, 23, 25, 26, 34, 36, 39)", the following part should be added:

The strengths of our analysis include the licensing and utilization of the validated 8-item MMAS-8 adherence questionnaire as described previously (18, 19, 40, 41). In addition, the average duration of adjuvant endocrine therapy was 4.3 years, which allowed for assessment of long-term adherence to therapy.

Volume 40, No. 2, page 863: At the end of the Acknowledgements section, the following sentence should be added:

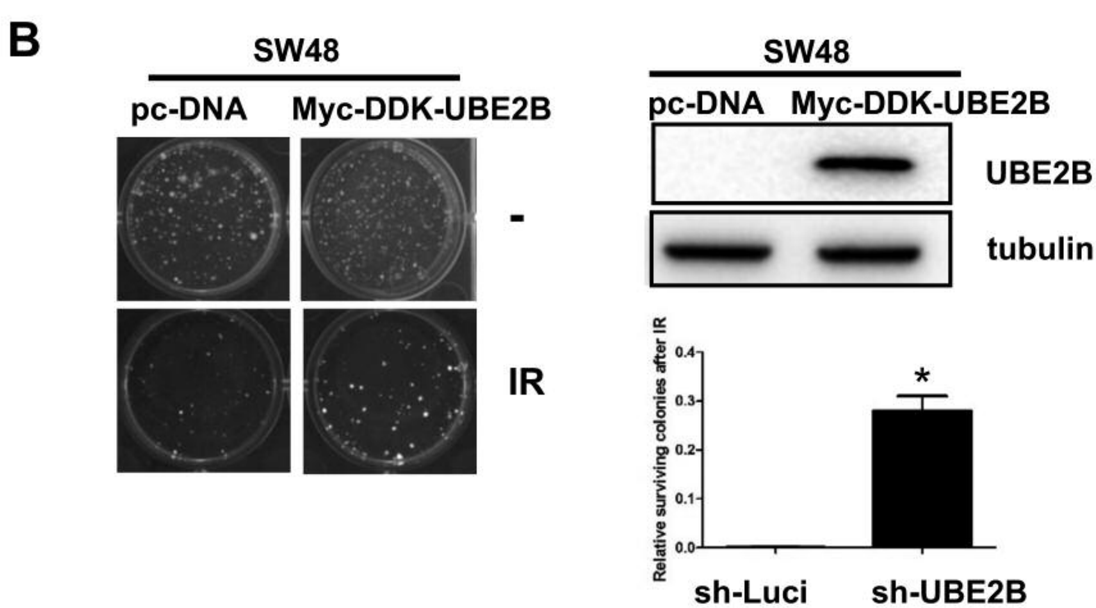
We thank Professor Donald E. Morisky, Department of Community Health Sciences, UCLA Fielding School of Public Health, Los Angeles, United States, for granting us the use of the copyrighted MMAS-8. Professor Morisky has worked his entire career in developing the very important instrument for medication-taking behavior measure. Use of the ©MMAS is protected by US copyright laws. Permission for use is required. A license agreement is available from: Donald E. Morisky, 14725 NE 20th St Bellevue, WA 98007, USA; dmoriskiy@gmail.com.

Volume 40, No. 2, page 865: At the end of the References section, the following two References should be added:

40 Krousel-Wood MA, Islam T, Webber LS, Re RS, Morisky DE and Muntner P: New medication adherence scale versus pharmacy fill rates in seniors with hypertension. Am J Manag Care 15(1): 59–66, 2009. PMID: 19146365.
41 Morisky DE and DiMatteo MR: Improving the measurement of self-reported medication nonadherence: Final response. J Clin Epidemiol 64(3): 258–263, 2011. PMID: 21144706. DOI: 10.1016/j.jclinepi.2010.09.002

*All corrections have been inserted in the updated online version of the article.

Volume 40, No. 11, page 6311: Figure 4B should be replaced by the following:



Volume 40, No. 12, page 6990, left column, line 22 should read:

After a follow-up of up to 24.3 years, the mean survival of patients with tumor stage I or II was 19.3 years and only 4.6 years for patients suffering from tumor stage III or IV. The mean survival of patients who had undergone surgery was 14 years. On the other hand, in patients who had not undergone surgical treatment, the mean survival was only 1.8 years.

Volume 41, No. 2, page 916: The Acknowledgements section should read:

Acknowledgements

The Authors are grateful to data managers and other support staff (Especially, Ms. Yoko Yabuuchi) at the Wakayama Medical University Data Center. Also, the Authors appreciate Dr. Satoru Miura, Hirotsugu Kenmotsu and Prof. Masahiro Fukuoka for their great contribution as the Data and Safety Monitoring Board. The Authors acknowledge proofreading and editing by Benjamin Phillis at the Clinical Study Support Center, Wakayama Medical University.

Volume 41, No. 4, page 2061, Results, 18th line should read:

(median=36.2 months, 95% CI=21.2- not achieved) and

Vol 41, No. 4, page 2101, Patients and Methods section, 1st line should read:

We retrospectively analyzed the recorded rectal toxicity data of prostate

Vol 41, No. 4, page 2102, left column, 5th line should read:

from January 2013 to November 2016 received RT using the same

Vol 41, No. 4, page 2102, left column, penultimate line should read:

<15% for conventional fractionation, V32 ≤50%, V50 ≤25.8% and V60

Vol 41, No. 4, page 2103, Tables II and III should be replaced with the following ones:

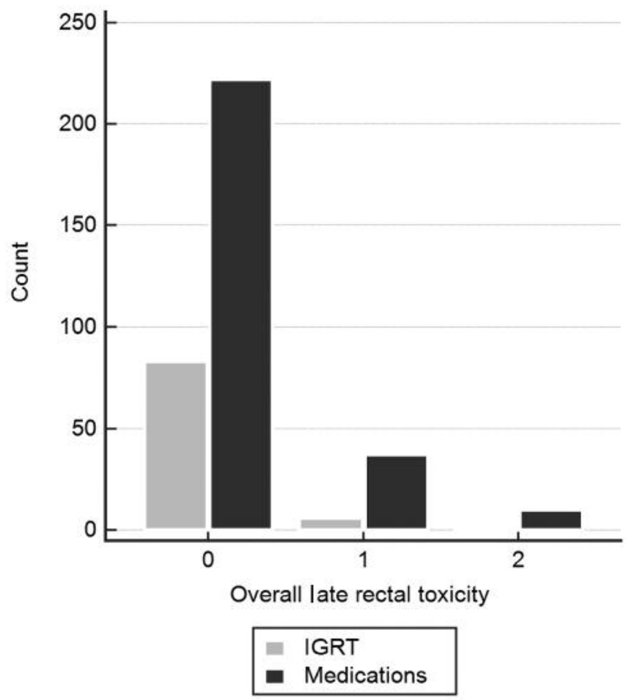
Table II. *Acute rectal toxicity frequencies among 146 patients treated at the level of prostate bed.*

	Acute rectal toxicity in prostate bed patients					
	G0		G1-G2		Total	
	n	%	n	%	n	
IGRT	27	81.8%	6 (4+2)	18.2%	33	
Medications	45	39.8%	68 (62+6)	60.2%	113	p<0.001
Total	72		74		146	

Table III. *Late rectal toxicity frequencies among 146 patients treated at the level of prostate bed.*

	Late rectal toxicity in prostate bed patients					
	G0		G1-G2		Total	
	n	%	n	%	n	
IGRT	29	87.9%	4 (4+0)	12.1%	33	
Medications	91	80.5%	22 (15+7)	19.5%	113	p=0.44
Total	120		26		146	

Vol 41, No. 4, page 2104, Figure 4 should be replaced with the following one:



Vol 41, No. 4, page 2105, Legend of Figure 5 should read:

Figure 5. *Considering only clinically relevant acute rectal toxicity in the whole sample, we observed 3/91 G2 cases in the image-guided radiation therapy (IGRT) group and 18/268 G2 cases in the Medications group, p=0.30.*

Vol 41, No. 4, page 2105, Legend of Figure 6 should read:

Figure 6. *Considering only clinically relevant late rectal toxicity in the whole sample, we observed 2/91 G2 cases in the image-guided radiation therapy (IGRT) group and 10/268 G2 cases in the Medications group, p=0.74.*

Vol 41, No. 4, page 2106, Legend of Figure 7 should read:

Figure 7. *Discriminating the clinically relevant acute rectal toxicity in the whole sample on the basis of fractionation scheme, we observed 17/270 G2 cases in the conventional group and 4/89 G2 cases in the hypofractionated group, p=0.79.*

Volume 41, No. 7, page 3589, Abstract, 12th line should read:

follow-up period from the initiation of PBT was 42.9 months.

Vol 41, No. 4, page 2106, Legend of Figure 8 should read:

Figure 8. *Discriminating the clinically relevant late rectal toxicity in the whole sample on the basis of fractionation scheme, we observed 10/270 G2 cases in the conventional group and 2/89 G2 cases in the hypofractionated group, p=0.74.*

Vol 41, No. 4, page 2107, Legend of Figure 9 should read:

Figure 9. *Discriminating the clinically relevant acute rectal toxicity in the whole sample on the basis of radiotherapy target (prostate vs. prostate bed), we observed 13/213 G2 cases in the prostate group and 8/146 G2 cases in the prostate bed group, p=1.*

Vol 41, No. 4, page 2107, Legend of Figure 10 should read:

Figure 10. *Discriminating the clinically relevant late rectal toxicity in the whole sample on the basis of radiotherapy target (prostate vs. prostate bed), we observed 5/213 G2 cases in the prostate group and 7/146 G2 cases in the prostate bed group, p=0.24.*

Volume 41, No. 7, page 3589, Abstract, 14th line should read:

overall survival rates were 80.2%, 12.1% and 71.3%,

Volume 41, No. 7, page 3591, Results, Treatment outcomes paragraph, 2nd line should read:

the initiation of PBT was 42.9 months (range=3.6-102.6

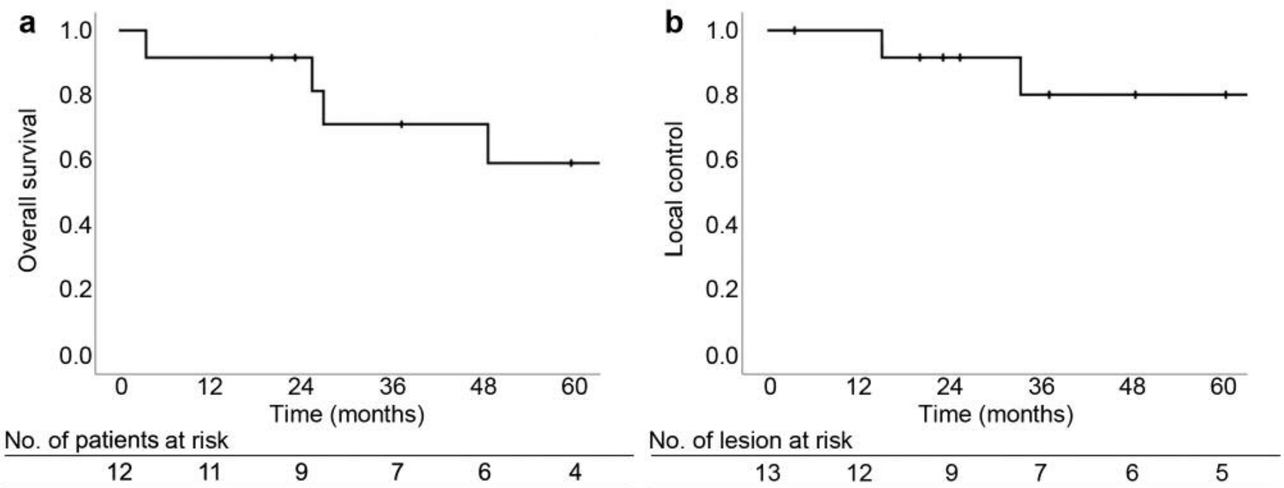
Volume 41, No. 7, page 3591, Results, Treatment outcomes paragraph, 8th-11th lines should read:

interval (CI)=55.1-100%], 12.1% (95% CI=0-33.7%) and 71.3% (95% CI=43.7-98.9%), respectively. Median survival time was 67.1 months (95% CI=24.0-110.2 months) (Figure 2).

Volume 41, No. 7, page 3592, Discussion, 1st line should read:

In our study, the 3-year OS and LC rates were 71.3% and

Volume 41, No. 7, page 3592, Figure 2 should be replace with the following:



Volume 41, No. 8, page 3848, Acknowledgements, 3rd line should read:

Thailand (NRCT), Thailand (N41A640075). The Authors thank Dr. Sucharat

Volume 41, No. 8, page 3860, right column, 13-14th lines should read:

Casitas B-lineage Lymphoma (CBL R149Q). Next-generation
sequencing was attempted in another patient but failed due to

Volume 41, No. 8, page 3864, Authors' Contributions, 4th line should read:

Sandhu, Angela Sanguino and Shifeng Mao. Drafting of the article:

Volume 41, No. 8, page 3917, the Authors' list and the affiliations should read:

DANIEL STELLER[1], RONJA SIMON[1], ROBERT VON BIALY[1], RALPH PRIES[2] and SAMER G. HAKIM[1]

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University Hospital of Lübeck, Lübeck, Germany

Volume 41, No. 8, page 3960, Table V should be replaced with:

Table V. *Descriptive statistics of the quantitative variables prior to treatment with abiraterone acetate (base line). Statistical differences between the patients with higher (group A) and lower (group B) survival rates.*

Value*	All (n=53)	Group A (n=27)	Group B (n=26)	*p* -
	Median (range)	Median (range)	Median (range)	
Treatment duration (months)	16 (3-78)	32 (6-78)	8.5 (3-16)	
***p*<0.0001**				
PSA 2 w (ng/ml)	24.37 (0.87-257)	25.22 (3.47-257)	19.93 (0.87-250)	
p>0.05				
PSA 1 m (ng/ml)	17.96 (0.56-240)	10.40 (0.81-128)	22.01 (0.56-240)	
p>0.05				
PSA 2 m (ng/ml)	21.20 (0.19-329)	20.21 (0.19-329)	22.71 (0.48-246)	
p>0.05				
PSA 3 m (ng/ml)	11.88 (0.05-244)	8.24 (0.05-102)	13.48 (0.33-244)	
p>0.05				
PSA 4 m (ng/ml)	12.41 (0.16-274)	14.00 (0.52-274)	9.83 (0.16-208)	
p>0.05				
PSA 5 m (ng/ml)	21.61 (0.06-261)	15.73 (0.06-261)	43.63 (5.50-199)	
***p*=0.0304**				
PSA 6 m (ng/ml)	16.88 (0.00-423)	11.06 (0.00-423)	47.40 (1.47-282)	
***p*=0.0163**				
AP 2 w (UI/l)	89 (46-735)	84.5 (46-317)	96 (54-735)	
p>0.05				
AP 1 m (UI/l)	92 (49-361)	83 (49-361)	102.5 (55-340)	
p>0.05				
AP 2 m (UI/l)	97.5 (41-441)	83 (46-441)	98 (41-299)	
p>0.05				
AP 3 m (UI/l)	84.5 (41-559)	58 (41-559)	95 (54-363)	
p>0.05				
AP 4 m (UI/l)	92.5 (38-300)	57 (38-130)	95 (41-300)	
p>0.05				
AP 5 m (UI/l	72 (44-196)	56 (44-139)	86 (54-196)	
***p*=0.0180**				
AP 6 m (UI/l)	71 (35-306)	56 (35-150)	107 (42-306)	
***p*=0.0055**				
LDH 2 w (UI/l)	191 (133-613)	167 (133-613)	210 (152-317)	
***p*=0.0424**				
LDH 1 m (UI/l)	189 (122-347)	187 (141-287)	197 (122-347)	
p>0.05				
LDH 2 m (UI/l)	197 (137-393)	185 (146-253)	209 (137-393)	
p>0.05				
LDH 3 m (UI/l)	224 (152-360)	225 (166-281)	206 (152-360)	
p>0.05				
LDH 4 m (UI/l)	200 (130-328)	208 (165-267)	199 (130-328)	
p>0.05				
LDH 5 m (UI/l)	218 (177-320)	208 (189-308)	219 (177-320)	
p>0.05				
LDH 6 m (UI/l)	194 (119-525)	196 (154-525)	192 (119-408)	
p>0.05				

*Mann-Whitney *U*-test. Bold values indicate statistical significance.

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