Errata

Volume 40, No. 2, page 858: On the right column, the paragraph starting with “Patients were required...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:

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; dmorisky@gmail.com or trubow1@gmail.com.

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

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; dmorisky@gmail.com or trubow1@gmail.com.

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; dmorisky@gmail.com.

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


*All corrections have been inserted in the updated online version of the article.
A secondary cytoreductive surgery was taken into consideration in patients in good general conditions and performance status $\leq 1$ and without ascites, diffuse bulky peritoneal nodules or peritoneal nodules confluent in plaques, mesenteric retraction, and extra-abdominal disease (except groin metastases) (3, 9, 34).

Freeware LIFEx software was used to enable calculation of several metabolic indices from the PET images imported in DICOM format on a dedicated personal computer (35).

References (29, 35-42) should read (29, 36-43).

References (35) should read (36).

References (37) should read (38).

References (36) should read (37).

References (38-40) should read (39-41).

References (38) should read (39) and reference (40) should read (41).

References (39) should read (40).

References (39) should read (40).

References (39) should read (40).

References after 34 should read:


40 Vargas HA, Burger IA, Goldman DA, Miccò M, Sosa RE, Weber W, Chi DS, Hricak H and Sala E: Volume-based quantitative FDG PET/CT metrics and their association with optimal debulking and progression-free survival in patients with recurrent ovarian cancer undergoing secondary cytoreductive


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