Leukemia (2011) 25, 1523–1524

www.nature.com/leu

CORRIGENDUM

Melphalan and prednisone versus melphalan, prednisone and thalidomide for elderly and/or transplant-ineligible patients with multiple myeloma: a meta-analysis

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Leukemia (2011) **25,** 1523–1524; doi:10.1038/leu.2011.164

Correction to: *Leukemia* (2011) **4**, 689–696; doi:10.1038/leu.2010.313; published online 14 January 2011

Since the publication of the above paper, the authors have noticed an error in Table 1. The number of MP and MPT patients in 'IFM 01-01' are 116 and 113, respectively; thus, the total number of patients listed should be **229** and not 226. This has now been amended, and the correct table is shown below.

In addition, in the abstract and in the results section, the total number of patients analyzed in all included studies was listed as 1568. It is in fact 1571.

The authors would like to apologize for any inconvenience this may have caused.

Table 1 Trial characteristics

	GIMEMA	*IFM 99-06*	*IFM 01-01*	*NORDIC*	*HOVON 49*
Accrual period	01/2002–05/2005	05/2000–08/2005	04/2002–12/2006	01/2002–05/2007	09/2002–07/2007
Number of patients	331	321	229	357	333
MP	164	196	116	175	168
MPT	167	125	113	182	165
Median follow-up (months)	38.4	51.5	47.5	42	39
Inclusion criteria	>60 yrs or any age, but transplant ineligible	65–75 yrs or transplant ineligible if <65 yrs	⩾75 yrs	Any age, but ineligible for transplant	⩾65 yrs, PS ⩽3
Median Age (years)	72	69	78.5	74	72
Range	60–85	65–75	75–89	49–92	65–87
ECOG performance status 3–4 (%)	5	8	7	30	0.04
Total number of cycles planned	6	12 cycles q6 weeks	12 cycles q6 weeks	Until plateau	8 cycles q4 weeks, if ongoing response then until plateau
Doses					
M	4 mg/m^2 × 7 days	0.25 mg/kg × 4 days	0.2 mg/kg per day × 4 days	0.25 mg/kg × 4 days	0.25 mg/kg × 5 days
P	40 mg/m^2 × 7 days	2 mg/kg × 4 days	2 mg/kg per da y × 4 days	100 mg per day × 4 days	1 mg/kg × 5 days
T	100 mg per day	Dose of T not standardized, 400 mg per day maximum dose	100 mg per day	200 mg per day × 7 days then 400 mg per day	200 mg per day
T maintenance in MPT arm	Yes, 100 mg per day until relapse/ refractory disease	No	No	Yes, 200 mg per day	Yes, 50 mg per day
Primary End Point	RR/PFS	OS	OS	OS	EFS
Secondary End Point	OS Prognostic factors Toxicity frequency	PFS RR	PFS RR safety	PFS RR TTP QOL	OS RR PFS QOL
A priori sample-size calculations performed;	Yes	Yes	Yes	Yes	Yes
Original number of planned patients	380	500	280	800	420

Table 1 (*Continued*)

	GIMEMA	*IFM 99-06*	*IFM 01-01*	*NORDIC*	*HOVON 49*
Accrual	Recruitment stopped at 331 patients as clear ORR advantage of MPT noted on interim analysis	Recruitment stopped at 447 patients as clear OS advantage of MPT noted on unplanned interim analysis	Recruitment stopped at 232 patients because of survival advantage of MPT in IFM 99-06 trial and because MPT was officially made available to HDT ineligible NDMM patients	Accrual stopped at 357 patients; effective power reduced from 80 to 72% to detect HR of 1.4	Accrual stopped at 344 patients based on other publication reports indicating superior effect
Study design	Open labeled; ITT	Open labeled; ITT	Placebo-controlled design, ITT	Placebo-controlled design, ITT	Open labeled; ITT
ORR (%)					
MP	85	35	31	66 (including MR)	45
MPT	51	76	62	71 (including MR)	66
CR					
MP	4	2	1	4	NR
MPT	16	13	7	13	NR
CR+VGPR					
MP	15	7	7	7	8
MPT	45	47	21	23	28
PFS (months)					
MP	14.5	17.8	18.5	14	21
MPT	21.8	27.5	24.1	15	33
OS (months)					
MP	47.6	33.2	29	32	31
MPT	45	51.6	44	29	40
Grade 3–4 Toxicity[a] *(%)*					
PN					
MP	0	0	2	1	4
MPT	10	6	2	6	23
Venous Thromboembolism					
MP	2	4	3	8	0
MPT	11	12	6	8	3
Neutropenia					
MP	17	26	9	20	NR
MPT	16	48	23	25	NR
Infection					
MP	2	9	NR	10	18
MPT	10	13	NR	15	28
Constipation					
MP	0	0	10 (⩾Grade 2)	6	NR
MPT	6	10	17 (⩾Grade 2)	3	NR
DVT Prophylaxis	Not initially, but started in Dec 2003; LMWH with first 4 cycles	No routine prophylaxis recommended	No routine prophylaxis recommended	No routine prophylaxis recommended	Not initially; Jan 2005 LMWH with MPT and ASA with T maintenance
Response criteria	EBMT/IBMTR	Own definitions, VGPR also included	Own definitions, VGPR also included	Own definitions, MR and VGPR also included	Own definitions, VGPR also included
Median duration of T therapy (months)	9.6	11	13.5	7.7 for those living longer than 1 year	8.4 months as maintenance
Total dose of M if completed assigned schedule at recommended maximum dose	4 mg/kg	12 mg/kg	9.6 mg/kg	Incalculable[b]	Incalculable[b]

Abbreviations: ASA, aspirin; CR, complete response; DVT, deep vein thrombosis; EFS, event-free survival; EBMT/IBMTR, European bone marrow transplantation/international bone marrow transplantation registry; ECOG, Eastern cooperative oncology group; GIMEMA, Gruppo Italiano Mallattie Ematologiche dell'Adulto; HDT, high dose therapy; HOVON, Hemato-Oncologie voor Volwassennen Nederland; IFM, Intergroupe Francophone du Myélome; ITT, intention to treat; LMWH, low molecular weight heparin; MR, minor response; M, melphalan; MPT, melphalan, prednisone and thalidomide; NDMM, newly diagnosed multiple myeloma; NR, not reported; ORR, overall response rates; OS, overall survival; P, prednisone; PN, peripheral neuropathy; PFS, progression-free survival; PR, partial response; QOL, quality of life; RR, response rate; TTP, time to progression; T, thalidomide; VGPR, very good partial response; Yrs, Years.
[a]National Cancer Institute Common Toxicity Criteria.
[b]As melphalan was given until plateau.