

In the article “Clinical Impact of Early Tumour Shrinkage in Metastatic or Unresectable Oesophageal Cancer Treated with Pembrolizumab plus Chemotherapy” [Oncology 2024;102(6):484–493. DOI: 10.1159/000535186] by Sugase et al., the values of the median follow-up period were used in place of the median progression-free survival period. The following corrections should be observed.

Abstract

The median period was incorrectly described as:

The median progression-free survival (PFS) and overall survival for ETS $\geq 20\%$ and $< 20\%$ were 12.7 and 5.5 months and 14.4 and 8.2 months and 12.7 and 4.9 months and 14.4 and 8.0 months for DpR $\geq 30\%$ and $< 30\%$, respectively.

The correct description of the period is:

The median progression-free survival (PFS) and overall survival for ETS $\geq 20\%$ and $< 20\%$ were not reached (NR) and 5.5 months and NR and 9.5 months and NR and 4.9 months and NR and 8.3 months for DpR $\geq 30\%$ and $< 30\%$, respectively.

Results

Early Tumour Shrinkage

The median period was incorrectly described as:

Patients with ETS $< 20\%$ and $\geq 20\%$ had median PFS of 12.7 months and 5.5 months, respectively (HR 0.11, 95% CI: 0.05–0.27, $p < 0.001$). All patients with ETS $< 20\%$ had disease progression within 1 year of the date of diagnosis of metastatic or unresectable disease. Patients with ETS $\geq 20\%$ and $< 20\%$ had median OS durations of 14.4 months and 8.2 months, respectively (HR 0.10, 95% CI: 0.04–0.29, $p < 0.001$).

The correct description of the period is:

The median PFS of patients with ETS $< 20\%$ and $\geq 20\%$ was not reached (NR) and 5.5 months, respectively (HR 0.11, 95% CI:

0.05–0.27, $p < 0.001$). All patients with ETS $< 20\%$ had disease progression within 1 year of the date of diagnosis of metastatic or unresectable disease. The median OS of patients with ETS $\geq 20\%$ and $< 20\%$ was NR and 9.5 months, respectively (HR 0.10, 95% CI: 0.04–0.29, $p < 0.001$).

Depth of Response

The median period was incorrectly described as:

Patients with a DpR of $\geq 30\%$ and $< 30\%$ had median PFS of 12.7 months and 4.9 months, respectively (HR 0.10, 95% CI: 0.04–0.23, $p < 0.001$). All patients with DpR $< 30\%$ had disease progression within 1 year of the date of diagnosis of metastatic or unresectable disease. Patients with DpR $\geq 30\%$ and $< 30\%$ had median OS of 14.4 months and 8.0 months, respectively (HR 0.12, 95% CI: 0.05–0.32, $p < 0.001$).

The correct description of the period is:

The median PFS of patients with a DpR of $\geq 30\%$ and $< 30\%$ was NR and 4.9 months, respectively (HR 0.10, 95% CI: 0.04–0.23, $p < 0.001$). All patients with DpR $< 30\%$ had disease progression within 1 year of the date of diagnosis of metastatic or unresectable disease. The median OS of patients with DpR $\geq 30\%$ and $< 30\%$ was NR and 8.2 months, respectively (HR 0.12, 95% CI: 0.05–0.32, $p < 0.001$).

Discussion

The median period was incorrectly described as:

In the present study, patients with ETS $\geq 20\%$ showed a sufficient long-term response (median PFS 12.7 months) compared to the previous study with chemotherapy alone (median PFS 7.5 months).

The correct description of the period is:

In the present study, patients with ETS $\geq 20\%$ showed a sufficient long-term response compared to the previous study with chemotherapy alone (median PFS 7.5 months).