Correction: Integration of Novel Agents into the Care of Patients with Multiple Myeloma

In this article (Clin Cancer Res 2016;22(22):5443–52), which was published in the November 15, 2016, issue of Clinical Cancer Research (1), the author alerted us to errors in Fig. 2 that were introduced during the production process. Specifically, in the box “Four or more prior lines of therapy” located at the top right of the figure, “carfilzomib/daratumumab” should read “carfilzomib, daratumumab.” In addition, in the box “Four or more prior lines of therapy” located at the bottom right of the figure, “carfilzomib/dex/daratumumab” should read “carfilzomib/dex, daratumumab.” The corrected version of Fig. 2 is below. These corrections are reflected in the current version of the article. The publisher regrets this error.

Figure 2.
Evidence-based algorithm for treatment of patients with relapsed and/or refractory myeloma using our currently approved novel agents. This diagram provides an overview of just some of the considerations and options that are involved in management of patients with relapsed and/or refractory disease. Please consult the text for further details about the use of this approach, which will need to be individualized to the molecular characteristics of each patient’s disease (Fig. 1). The patient’s prior exposure to and tolerance of these drug classes need consideration, as do their comorbidities. With regard to the latter, some suggestions are provided about appropriate options in the fit (pink background) and frail patient (gray background). Also, note that this list includes only recently approved, novel single agents and combination regimens, as well as some combinations that will likely be approved based on already-available phase III data. For the sake of brevity, we have not incorporated other drug classes, such as conventional alkylating agents, which may be of substantial use in this setting either at standard doses or in the context of high-dose therapy with autologous stem cell rescue. Moreover, other combinations that have been reported to show encouraging outcomes, such as carfilzomib with pomalidomide and dexamethasone, are not included due to the lack of phase III data. Thus, this algorithm should not be taken as a representation of the full array of available therapies in this setting. “Carfilzomib” refers to the use of this drug as a single agent at the standard dose (20 mg/m² on days 1, 2, 8, 9, 15, and 15 in cycle 1, and then 27 mg/m² on the same days starting cycle 2), whereas “Carfilzomib/dex” refers to its use at a high dose, which is detailed in Table 1. As in Fig. 1, the options are presented alphabetically, and their order should not be construed as a suggestion of their appropriate sequencing, as such studies have not been performed. Finally, providers will need to consider the populations for which each of these regimens have been approved, as detailed in Table 1, in making their treatment decisions. For example, panobinostat with bortezomib and dexamethasone (dex) is approved for patients with two or more prior therapies, and this regimen is, therefore, appropriate as a third-line or later treatment, but not yet as a second-line choice.

Reference

Published online May 15, 2017. doi: 10.1158/1078-0432.CCR-17-0064
©2017 American Association for Cancer Research.
Correction: Integration of Novel Agents into the Care of Patients with Multiple Myeloma


Updated version
Access the most recent version of this article at:
http://clincancerres.aacrjournals.org/content/23/10/2605

Cited articles
This article cites 1 articles, 1 of which you can access for free at:
http://clincancerres.aacrjournals.org/content/23/10/2605.full#ref-list-1

E-mail alerts
Sign up to receive free email-alerts related to this article or journal.

Reprints and Subscriptions
To order reprints of this article or to subscribe to the journal, contact the AACR Publications Department at pubs@aacr.org.

Permissions
To request permission to re-use all or part of this article, use this link
http://clincancerres.aacrjournals.org/content/23/10/2605.
Click on "Request Permissions" which will take you to the Copyright Clearance Center's (CCC) Rightslink site.