

Erratum to: Everolimus Plus Exemestane in Postmenopausal Patients with HR⁺ Breast Cancer: BOLERO-2 Final Progression-Free Survival Analysis

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The authors of the above-mentioned paper noticed an error subsequent to publication. In the Abstract, patients with disease recurrence during or within 12 months of completion of

adjuvant therapy are grouped with other patient subgroups as being “prospectively defined”. This subgroup was not included within the prospectively defined patient subgroups for the BOLERO-2 trial. Of note, within the article (i.e., in the Results section and in Fig. 2), this subgroup is described using the correct terminology. All subgroups shown in Fig. 2 were prospectively defined with the

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exception of prior chemotherapy for metastatic disease (no/yes) and last therapy setting (adjuvant/metastatic).

The incorrect sentence in the abstract is: Final study results with median 18-month follow-up show that median PFS remained significantly longer with everolimus plus exemestane versus placebo plus exemestane [investigator review: 7.8 versus 3.2 months, respectively; hazard ratio = 0.45 (95% confidence interval 0.38–0.54); log-rank $P < 0.0001$; central review: 11.0 versus 4.1 months, respectively; hazard ratio = 0.38 (95% confidence interval 0.31–0.48); log-rank $P < 0.0001$] in the overall population and in all prospectively defined subgroups, including patients with visceral metastases, patients with recurrence during or within 12 months of completion of adjuvant therapy, and irrespective of age.

The correct sentence should read: Final study results with median 18-month follow-up show that median PFS remained significantly longer with everolimus plus exemestane versus placebo plus exemestane [investigator review: 7.8 versus 3.2 months, respectively; hazard ratio = 0.45 (95% confidence interval 0.38–0.54); log-rank $P < 0.0001$; central review: 11.0 versus 4.1 months, respectively; hazard ratio = 0.38 (95% confidence interval 0.31–0.48); log-rank $P < 0.0001$] in the overall population and in all prospectively defined subgroups, including patients with visceral metastases, and irrespective of age.

The authors regret this imprecision, and thank Springer Healthcare for publishing the correction.

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