

# Erratum to updated survival outcomes and analysis of long-term survivors from the MORE study on safety and efficacy of radioembolization in patients with unresectable colorectal cancer liver metastases

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*Updated survival outcomes and analysis of long-term survivors from the MORE study on safety and efficacy of radioembolization in patients with unresectable colorectal cancer liver metastases*

In the article that appears on page 616, Vol 8, No 4 (August 2017) of the *Journal of Gastrointestinal Oncology (JGO)* (1), there are some mistakes in the presented box 1.

The sentence “A subgroup analysis of patients >70 years...” should be revised to “A subgroup analysis of patients ≥70 years...”. Also, the correct last sentence should be “Lung shunt fraction (LSF) >10% was predictive of significantly decreased patient survival time compared to LSF ≤10% (median survival, 6.9 vs. 10.0 months; hazard ratio, 1.60; P<0.001) (14)”

The correct box 1 is listed below.

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## Box 1 Key prior findings from the Metastatic colorectal cancer liver metastases Outcomes after RadioEmbolization (MORE) Study

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Background of the MORE study: Retrospective analysis of 606 patients with unresectable colorectal liver metastases treated with 90Y-RE. Patients had received a median of 2 (range, 0–6) lines of prior chemotherapy (8)

Initial analysis: (median follow-up of 8.6 months). 90Y-RE was well tolerated and appeared to offer a favorable survival benefit for patients, with median survival times similar to those of patients treated with chemotherapy alone in similar settings (8)

Key findings from subsequent analyses:

A subgroup analysis of patients ≥70 years vs. patients <70 years found that overall survival and toxicities did not differ between these age groups, indicating that 90Y-RE appears well-tolerated and effective even in the very elderly (12)

Low baseline hemoglobin levels and laboratory values indicative of liver dysfunction (levels of albumin, alkaline phosphatase, aspartate aminotransferase, alanine transaminase, bilirubin, and creatine) were significantly associated with decreased median survival times across all lines of prior chemotherapy (13)

Lung shunt fraction (LSF) >10% was predictive of significantly decreased patient survival time compared to LSF ≤10% (median survival, 6.9 months vs. 10.0 months; hazard ratio, 1.60; P<0.001) (14)

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The publisher regrets the error.

## References

1. Kennedy A, Cohn M, Coldwell DM, et al. Updated survival outcomes and analysis of long-term survivors from the MORE study on safety and efficacy of radioembolization in patients with unresectable colorectal cancer liver metastases. *J Gastrointest Oncol* 2017;8:614-24.

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