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CORRIGENDUM

Retinoic acid and arsenic trioxide in the treatment of acute promyelocytic leukemia: current perspectives [Corrigendum]

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On page 1594, Table 3 contained several errors. The correct table is presented below and the notes section has been updated throughout the table accordingly.

Table 3 Commonly employed current treatment regimens in APL, stratified by risk category

Protocol	Induction	Consolidation	Maintenance
Low-intermediate risk			
APL0406[39]	ATRA 45 mg/m^2/d PO + ATO 0.15 mg/kg/d IV until CR (max 60 days)	ATRA 45 mg/m^2/d PO for 14 days then rest for 14 days ×7 cycles + ATO 0.15 mg/kg/d IV for 5 days per week for 4 weeks then rest for 4 weeks ×4 cycles	Nil
LPA2005[37]	ATRA 45 mg/m^2/d PO[a] until CR + Idarubicin 12 mg/m^2/d d2, 4, 6, 8[b]	1. ATRA 45 mg/m^2/d PO d1–15 + Idarubicin 5^{low}/7^{int} mg/m^2/d d1–4 2. ATRA 45 mg/m^2/d PO d1–15 + MTZ 10 mg/m^2/d d1–3 3. ATRA 45 mg/m^2/d PO d1–15 + Idarubicin 12 mg/m^2/d d1^{low} or d1–2^{int}	ATRA 45 mg/m^2/day PO d1–15 every 3 months MTX 15 mg/m^2/wk IM d15–90 6-MP 50 mg/m^2/d PO d15–90 for 2 years
High risk			
APML4[38]	ATRA 45 mg/m^2/day PO d1–36 ATO 0.15 mg/kg/day IV d9–36 Idarubicin 6–12 mg/m^2 d2, 4, 6, 8[c,d]	1. ATRA 45 mg/m^2/d PO days 1–28 + ATO 0.15 mg/kg/d IV d1–28 2. ATRA 45 mg/m^2/d PO d1–7, 15–21 and 29–35 + ATO 0.15 mg/kg/d IV for 5 days per week for 5 weeks	ATRA 45 mg/m^2/day PO d1–14 every 90 days MTX 5–15 mg/m^2/wk PO d15–90 6-MP 50–90 mg/m^2/d PO d15–90 ×8 cycles
Study C9710[36]	ATRA 45 mg/m^2/d PO until CR (max 90 days) + Cytarabine 200 mg/m^2 IV d3–9 + DNR 50 mg/m^2 IV d3–6	1. ATO 0.15 mg/kg/d IV for 5 days per week for 5 weeks ×2 cycles 2. ATRA 45 mg/m^2/d PO days 1–7 + DNR 50 mg/m^2 IV d1–3 ×2 cycles	ATRA 45 mg/m^2/d PO days 1–7 repeated on alternate weeks MTX 20 mg/m^2/wk PO 6-MP 60 mg/m^2/d PO for 1 year
APL2000[96]	ATRA 45 mg/m^2/d PO until CR + Cytarabine 200 mg/m^2 d1–7 + DNR 60 mg/m^2 d1–3	1. DNR 60 mg/m^2/d d1–3 + Cytarabine 200 mg/m^2/d d1–7 2. DNR 45 mg/m^2/d d1–3 + Cytarabine 2 g/m^2/12h d1–5 (<50 years) or Cytarabine 1.5 g/m^2/12h d1–5 (50–60 years) or Cytarabine 1.0 g/m^2/12h d1–4 (>60 years) + 5 doses of MTX 15 mg/Cytarabine 50 mg/Depomedrol given IT	ATRA 45 mg/m^2/day PO d1–15 every 90 days MTX 15 mg/m^2/wk PO d15–90 6-MP 50 mg/m^2/d PO d15–90 for 2 years
LPA2005[37]	ATRA 45 mg/m^2/d PO[a] until CR + Idarubicin 12 mg/m^2/d d2, 4, 6, 8[b]	1. ATRA 45 mg/m^2/d PO d1–15 + Idarubicin 5 mg/m^2/d d1–4 + Cytarabine 1 g/m^2/d d1–4[e] 2. ATRA 45 mg/m^2/d PO d1–15 + MTZ 10 mg/m^2/d d1–5 3. ATRA 45 mg/m^2/d PO d1–15 + Idarubicin 12 mg/m^2/d d1 + Cytarabine 150 mg/m^2/8h d1–4[e]	ATRA 45 mg/m^2/day PO d1–15 every 3 months MTX 15 mg/m^2/wk IM d15–90 6-MP 50 mg/m^2/d PO d15–90 for 2 years

Notes: [a]ATRA 25 mg/m^2/d if <20 years. [b]If >70 years Idarubicin 12 mg/m^2 d8 omitted. [c]Prednisolone 1 mg/kg/day PO on d1–10 or until WCC <1×10^9/L. [d]Age adjusted idarubicin; 1–60 years, 12 mg/m^2; 61–70 years, 9 mg/m^2; >70 years, 6 mg/m^2. [e]If >60 years no Cytarabine given in consolidation and Idarubicin dose as per intermediate risk patients described in LPA2005 low-int risk protocol.

Abbreviations: Low, low risk patients; Int, intermediate risk patients; MTX, Methotrexate; 6-MP, Mercaptopurine; DNR, Daunorubicin; MTZ, Mitoxantrone; IT, intrathecal; IM, intramuscular; IV, intravenous; PO, per os (orally).

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