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CORRIGENDUM

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

McCulloch D, Brown C, Iland H. *Onco Targets Ther*. 2017;10:1585–1601.

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-intermedia	ate risk		
APL0406 ³⁹	ATRA 45 mg/m²/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/m²/d POª until CR + Idarubicin 12 mg/m²/d d2, 4, 6, 8 ^b	 ATRA 45 mg/m²/d PO d1–15 + Idarubicin 5^{low}/7^{int} mg/m²/d d1–4 ATRA 45 mg/m²/d PO d1–15 + MTZ 10 mg/m²/d d1–3 ATRA 45 mg/m²/d PO d1–15 + Idarubicin 12 mg/m²/d d1^{low} or d1–2^{int} 	ATRA 45 mg/m²/day PO d1–15 every 3 months MTX 15 mg/m²/wk IM d15–90 6-MP 50 mg/m²/d PO d15–90 for 2 years
High risk			
APML4 ³⁸	ATRA 45 mg/m²/day PO d1–36 ATO 0.15 mg/kg/day IV d9–36 Idarubicin 6–12 mg/m² d2, 4, 6, 8 ^{c.d}	 ATRA 45 mg/m²/d PO days 1–28 + ATO 0.15 mg/kg/d IV d1–28 ATRA 45 mg/m²/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/m²/d PO until CR (max 90 days) + Cytarabine 200 mg/m² IV d3–9 + DNR 50 mg/m² IV d3–6	 ATO 0.15 mg/kg/d IV for 5 days per week for 5 weeks ×2 cycles ATRA 45 mg/m²/d PO days 1–7 + DNR 50 mg/m² IV d1–3 ×2 cycles 	ATRA 45 mg/m ² /d PO days I–7 repeated on alternate weeks MTX 20 mg/m ² /wk PO 6-MP 60 mg/m ² /d PO for I year
APL2000%	ATRA 45 mg/m ² /d PO until CR + Cytarabine 200 mg/m ² d1–7 + DNR 60 mg/m ² d1–3	 I. DNR 60 mg/m²/d dI-3 + Cytarabine 200 mg/m²/d dI-7 2. DNR 45 mg/m²/d dI-3 + Cytarabine 2 g/m²/12h dI-5 (<50 years) or Cytarabine 1.5 g/m²/12h dI-5 (50-60 years) or Cytarabine 1.0 g/m²/12h dI-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/m²/d POª until CR + Idarubicin 12 mg/m²/d d2, 4, 6, 8 ^b	 ATRA 45 mg/m²/d PO d1-15 + Idarubicin 5 mg/m²/d d1-4 + Cytarabine 1 g/m²/d d1-4^e ATRA 45 mg/m²/d PO d1-15 + MTZ 10 mg/m²/d d1-5 ATRA 45 mg/m²/d PO d1-15 + Idarubicin 12 mg/m²/d d1 + Cytarabine 150 mg/m²/8h d1-4^e 	ATRA 45 mg/m²/day PO d1–15 every 3 months MTX 15 mg/m²/wk IM d15–90 6-MP 50 mg/m²/d PO d15–90 for 2 years

Notes: ^aATRA 25 mg/m²/d if <20 years. ^bIf >70 years Idarubicin 12 mg/m² d8 omitted. ^cPrednisolone 1 mg/kg/day PO on d1–10 or until WCC <1×10⁹/L. ^dAge adjusted idarubicin; 1–60 years, 12 mg/m²; 61–70 years, 9 mg/m²; >70 years, 6 mg/m². ^eIf >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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