Denosumab for the prevention of skeletal complications in metastatic castration-resistant prostate cancer: comparison of skeletal-related events and symptomatic skeletal events

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In the original manuscript, there was an error in Table 1.

Under 'First skeletal event', the entry 'Fracture' should have included the superscript footnote designator 'b', rather than 'c'. The table has been corrected below.

### Table 1. Confirmed on-study skeletal events: comparison of SSEs and SREs

| Event                              | SRE | SSE | Difference (n) |
|------------------------------------|-----|-----|---------------|
| First skeletal event, a n          | 937 | 641 | 296           |
| Spinal cord compression b          | 82  | 78  | 4             |
| Surgery to bone                    | 24  | 24  | 0             |
| Fracture b                         | 328 | 36  | 292           |
| Radiation to bone                  | 503 | 503 | 0             |
| First and subsequent skeletal event, c n | 1078| 738 | 340           |
| Spinal cord compression b          | 81  | 78  | 3             |
| Surgery to bone                    | 12  | 15  | −3            |
| Fracture b                         | 391 | 32  | 359           |
| Radiation to bone                  | 594 | 613 | −19           |

aData shown are the first of each SRE/SSE event type (radiation to bone, fracture, or surgery to bone, or spinal cord compression) without considering when the other event types first occurred.

bFor SSE, the incidence of symptomatic pathologic fractures and symptomatic spinal cord compression is shown. For SRE, the incidence of pathologic fractures and spinal cord compression is shown.

For first and subsequent skeletal events, regardless of whether assessed as SRE or SSE, only events occurring ≥21 days after the previous event were counted, and if multiple event types occurred on the same day, only one event was counted based on the following priority order (based on severity): (i) spinal cord compression, (ii) surgery to bone, (iii) fracture, and (iv) radiation to bone. For these reasons, some first and subsequent events may not have been counted, resulting in a lower incidence than first skeletal events (e.g. 15 versus 24 surgery to bone events assessed as SSE).