and their oncology specialists embrace the transition to primary care settings or shared care, and not all primary care clinicians are comfortable caring for cancer survivors requiring complex care. Thus, while the CDC guideline related to chronic pain did not explicitly exclude cancer patients beyond active treatment, it clearly did not attempt to address the complicated issues of posttreatment cancer survivorship, nor were cancer specialists or palliative care specialists featured on the expert panel.

Dr Meghani applauded our point that the way alternative chronic pain treatment approaches will be discussed, chosen, paid for, and monitored for long-term safety and efficacy outcomes remains unclear. She laments that in our current health care system, nonpharmacologic treatments (such as massage) are often difficult to access because of expense and inconsistent insurance coverage. The underlying issue with such therapies, however, is that their intermediate to long-term efficacy for treating chronic pain has not been established, as there is a paucity of methodologically rigorous trials in this realm. Our call for investment in clinical research related to chronic pain in cancer survivors is one way to address the issue of access to promising therapies and devices that may contribute to the relief of suffering in this complex and vulnerable group of cancer survivors.

Michael J. Fisch, MD, MPH
Victor T. Chang, MD

Author Affiliations: AIM Specialty Health, Chicago, Illinois (Fisch); Veterans Affairs New Jersey Health Care System, East Orange (Chang), Rutgers New Jersey Medical School, Newark (Chang).

Corresponding Author: Michael J. Fisch, MD, MPH, AIM Specialty Health, 8600 Bryn Mawr Ave, South Tower, Ste 800, Chicago, IL 60631 (fischm@aimspecialtyhealth.com).


Conflict of Interest Disclosures: Dr Fisch is an employee of AIM Specialty Health, a subsidiary of Anthem Inc. No other disclosures are reported.


CORRECTION

Error in Figures and Table: In the Original Investigation titled “Clinical Diagnosis of Mental Disorders Immediately Before and After Cancer Diagnosis: A Nationwide Matched Cohort Study in Sweden,” published online April 28, 2016, in JAMA Oncology,1 there were errors in Figures 1-3. The reference lines were inadvertently labeled as “0.1” and should have read as “1.” In the Table the first column heading for Time in Relation to Diagnosis should have read “−1.5 y.” This article was corrected online.


Error in Figure 2 Axis Labels: In the Original Investigation titled “Time to Surgery and Breast Cancer Survival in the United States,”2 published in the March issue of JAMA Oncology, the vertical axis labels in the panels of Figure 2 were incorrect. The labels should read “Mortality Probability, %.” This article was corrected online.


Error in Figure Legends: In the Original Investigation by Ignatiadis et al titled “The Genomic Grade Assay Compared With Ki67 to Determine Risk of Distant Breast Cancer Recurrence,” published online December 3, 2015, and in the February 2016 print issue of JAMA Oncology,1 the colors in the legend for Figure 3 (panel A) were inverted. This article was also previously corrected for an error in a figure legend.2 This article was corrected online.