surprising because pathways are explicitly designed to optimize the quality of care for each patient.

It is important to acknowledge the appropriate role as well as the limitations of patient preference discussions in affecting the value of care. Multiple studies have questioned the ability for shared decision making to improve health outcomes or reduce the cost of care.\textsuperscript{5,6} The centaur care model seeks to address unnecessary clinical variation that leads to low value for patients.\textsuperscript{7} Measured through this lens, shared decision making is not a primary driver.

The authors’ characterization of the Physician Innovation Collaborative as akin to tumor boards is contrary to our intent. Most tumor boards do not incorporate a feedback loop for rapid learning that could lead to improved value for patients. We agree that the term war has shortcomings. We used it to refer to a historic milestone and still-prevailing perception among the general public. The metaphor of “war” in cancer served a beneficial purpose at its inception nearly 50 years ago. It rallied support and resources for a disease with a then less than 50% survival rate. Much has improved since that time, and this new era may warrant new metaphors in addition to new models of care delivery such as centaur care.

Patient preferences and values are integral to cancer care and should be considered during initial evaluation and ongoing treatment of any patient. Only a small proportion of patients are likely to opt out when high-value treatment options are offered by a well-organized clinical team supported by software-based algorithms. In the current era when many patients face painful economic trade-offs in their quest for the best care, health systems must focus on interventions that both improve outcomes and reduce cost for patients. The centaur model is an innovative and novel way to do so.

Ian M. Goldstein, MD, MPH
Julie Lawrence, MBA
Adam S. Miner, PsyD

Author Affiliations: Clinical Excellence Research Center, Stanford University School of Medicine, Stanford, California.

Corresponding Author: Julie Lawrence, MBA, Clinical Excellence Research Center, Stanford University School of Medicine, 75 Alta Rd, Stanford, CA 94305 (juliexlawrence@gmail.com).

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CORRECTION

Incorrect Spelling in Byline: In the Original Investigation titled “Baseline Surveillance in Li-Fraumeni Syndrome Using Whole-Body Magnetic Resonance Imaging: A Meta-analysis,” published online August 3, 2017, and in the December 2017 print issue, the surname of Lorenzo Mannelli was spelled incorrectly as Manelli. This article has been corrected online.


Errors in Author Affiliations: In the article titled “Effect of Neoadjuvant Chemotherapy Plus Regional Hyperthermia on Long-term Outcomes Among Patients With Localized High-Risk Soft Tissue Sarcoma: The EORTC 62961-ESHO 95 Randomized Clinical Trial,” 2 incorrect author affiliations have been corrected. The correct affiliation for Dr Verweij is “Erasmus University Medical Center Rotterdam, Rotterdam, the Netherlands,” and the correct affiliation for Dr Gronchi is “Department of Surgery, Fondazione IRCCS Instituto Nazionale dei Tumori, Milan, Italy.” The article was corrected online. This article was also corrected on March 8, 2018, for a typographical error in the label for panel C in Figure 2.