we believe that using current technology, it is no longer a point of contention that achieving a response with no detectable MRD by any of the available assays (performed by a laboratory with adequate expertise) is superior to a response with persistent MRD. Przepiorka and colleagues also notably pointed out that various morphological response states may be associated with the magnitude of benefit of achieving negative MRD.\textsuperscript{3} In our report,\textsuperscript{1} although many of the studies included did not restrict their cohort to patients in “true” complete remission, the vast majority of patients were in complete remission at the time of MRD assessment (particularly in studies looking at postinduction time points).

Ongoing work will further define the best thresholds for various assays, and newly developed technology will likely further refine our ability to detect residual disease capable of confidently predicting who will or will not relapse with even greater certainty.\textsuperscript{4} Clearly defining the best cutoff points and standardizations of the assays would be ideal; but considering the inherent heterogeneity of AML (compared with acute lymphoblastic leukemia) and the lack of a universally applicable assay with equal predictive ability among the diverse subsets of AML, this will require a major collaborative effort likely with participation of academia, industry, and regulatory authorities.

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\textbf{CORRECTION}

\textbf{Missing Data in Figure:} In the article titled “Association of Generic Imatinib Availability and Pricing With Trends in Tyrosine Kinase Inhibitor Use in Patients With Chronic Myelogenous Leukemia” published in the December 2020 issue of \textit{JAMA Oncology}, important data for the years 2018 and 2019 were missing in panel A, and data for the year 2018 were missing in panel B of the Figure. This article was corrected online.


\textbf{Error in Funding/Support:} In the Brief Report titled “Chronic Immune-Related Adverse Events Following Adjuvant Anti–PD-1 Therapy for High-risk Resected Melanoma,” published online March 25, 2021, a grant from the New York University’s Specialized Program of Research Excellence in Melanoma was omitted from the Funding/Support section. This article has been corrected online.


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