question: of the trials that show worsening of QOL, what percentage belongs to targeted drugs, cytotoxic drugs, etc? Drs King-Kallimanis et al correctly state that 14% of targeted drug trials reported worsened QOL compared with 8% of cytotoxic drug trials. We reported that 50% of trials with worsened QOL were targeted drug trials vs 17% belonging to cytotoxic drugs, which is also a correct statement. Looking at the data from both perspectives reveals a higher percentage with worsened QOL for targeted drugs than for cytotoxic drugs. We agree with the authors that a future study with a larger sample size allowing us to control for issues such as statistical hierarchy would be a valuable way to further explore these issues. However, we disagree that our results will be used by patients to make decisions on therapy because such treatment decisions should be made based on the benefits, risks, and QOL outcomes of the specific therapy in question and not the results of pooled analysis across tumor types and drug classes.

Accordingly, we stand by our conclusions,¹ which we believe are quite important for the patient community, that simply because a drug is targeted does not mean the QOL outcomes will be better. If claims of better QOL with any drug are to be made, evidence to that effect should be provided using validated tools analyzed appropriately and should not be assumed based simply on the drug class of the intervention.

In summary, our study¹ shows that QOL outcomes cannot be presumed simply because the drug belongs to a certain class or because it delays progression, but must be proved by measuring patient-reported outcomes.

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Conflict of Interest Disclosures: Dr Gyawali reported receiving consulting fees from VIVIO Health and salary support from Ontario Institute for Cancer Research, funded by the government of Ontario. Dr Brundage reported receiving an unrestricted project grant from Pfizer. No other disclosures were reported.


CORRECTION

Error in Figure 2: In the Original Investigation titled “Association of 5α-Reductase Inhibitors With Prostate Cancer Mortality,”¹ the labels in the key of Figure 2 were reversed. The orange line indicates “5-ARI,” and the blue line, “No 5-ARI.” Erroneous percentages were also removed from the Results section. This article was corrected online.


Change of Article Status to Open Access: In the Brief Report titled, “Differences in Thickness-Specific Incidence and Factors Associated With Cutaneous Melanoma in the US From 2010 to 2018,”¹ which published online March 24, 2022, and in print in the May 2022 issue,¹ the article status was changed to open access (CC-BY license). This article was updated online.


Errors in Abstract and Affiliations: In the original investigation by Faselis et al titled “Assessment of Lung Cancer Risk Among Smokers for Whom Annual Screening Is Not Recommended,”¹ published online July 28, 2022, in JAMA Oncology,¹ there were 2 typographical errors in the Abstract. In the final sentence of the Results paragraph, the 2 groups compared with never smokers were erroneously referred to as former smokers with less than 15 years of smoking cessation rather than former smokers with 15 or more years of smoking cessation. In addition, coauthor Gregory D. Trachiotis, MD, was not included in the list of authors affiliated with the Veterans Affairs Medical Center, Washington, DC. The article has been corrected.¹


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