Corrigendum

The ESMO Guidelines Committee would like to publish the following corrections to manuscripts published in 2015 and 2016.

Cancer of the pancreas: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up

Ann Oncol 2015; 26 (Suppl 5): v56–v68

The following correction is made:

On page v60 under the section “treatment of localised disease, lymphadenectomy”

“Standard lymphadenectomy for pancreateoduodenectomy should resect the following lymph nodes:

• Suprapyloric (station 5)
• Infrapyloric (station 6)

Anteriosuperior group along the common hepatic artery (station 8a)

• Along the bile duct (station 12b)
• Around the cystic duct (station 12c)
• On the posterior aspect of the superior (station 13a)
• On the inferior portion of the head of pancreas (station 13a)
• On the right lateral side of SMA (station 14a and 14b)
• On the anterior surface of the superior (station 17a) and inferior portion of the head of pancreas (station 17b)"

Is replaced with:

“Standard lymphadenectomy for pancreateoduodenectomy should resect the following lymph nodes:

• Suprapyloric (station 5)
• Infrapyloric (station 6)

Anteriosuperior group along the common hepatic artery (station 8a)

• Along the bile duct (station 12b)
• Around the cystic duct (station 12c)
• On the posterior aspect of the superior (station 13a)
• On the inferior portion of the head of pancreas (station 13b)
• On the right lateral side of SMA (station 14a and 14b)
• On the anterior surface of the superior (station 17a) and inferior portion of the head of pancreas (station 17b)"

Renal cell carcinoma: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up

Ann Oncol 2016; 27 (Suppl 5): v58–v68

The following correction is made:

In Table 6 “Recommendations for the treatment of localised and locally advanced RCC”:

For the recommendation “Partial nephrectomy is recommended for the treatment of all T1 tumours if negative margins are obtained and risk of morbidity is acceptable,”, the correct Level of Evidence and Grade of Recommendation is “[I, A]”.

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Prevention and screening in BRCA mutation carriers and other breast/ovarian hereditary cancer syndromes: ESMO Clinical Practice Guidelines for cancer prevention and screening

Ann Oncol 2016; 27 (Suppl 5): v103-v110

The following correction is made:

In Table 1 “Prevention and screening strategies for specific mutations”:

“CHEK2 mutation 1) Clinical breast examination every 6–12 months starting from age 20–25 [V]”

Is replaced with:

“CHEK2 mutation 1) Clinical breast examination every 6–12 months starting from age 30 [V]”

ESMO-ESGO-ESTRO Consensus Conference on Endometrial Cancer: diagnosis, treatment and follow-up

Ann Oncol 2016; 27: 16–41

The following correction is made:


“In the GOG99 trial, the definition of risk groups was based on risk factors for overall recurrence identified in previous Gynecologic Oncology Group (GOG) studies, with high-intermediate-risk patients defined as: age < 50 years and one risk factor, age 50–70 years and two risk factors and age > 70 and all three risk factors.”

Is replaced with:

“In the GOG99 trial, the definition of risk groups was based on risk factors for overall recurrence identified in previous Gynecologic Oncology Group (GOG) studies, with high-intermediate-risk patients defined as: age > 70 years with one risk factor, age > 50 years with two risk factors and any age with all three risk factors.”