




Correction to: Dietary intake of soy and cruciferous vegetables and treatment-related symptoms in Chinese-American and non-Hispanic White breast cancer survivors

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In the original publication, the values provided for the isoflavone and glucosinolate intake variables were incorrectly labeled in Table 1. The correct values of 6.3 mg/day for isoflavone intake, and 20.4 mg/day and 50.1 mg/day for glucosinolate intake are provided in this erratum. Under the “Statistical Analysis” section, second paragraph, the values in the 11th line “...time since diagnosis (< 4, 3–36, and ≥ 36 months)...” was mislabeled. The correct values were “< 24, 24–36, and > 36 months”.

The original article can be found online at <https://doi.org/10.1007/s10549-017-4578-9>.

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Table 1 Population characteristics

	Total population	Non-Hispanic White	Chinese American
Total <i>N</i> (%)	365 (100)	173 (47.4)	192 (52.6)
Age in years (mean, SD)	57.1 (10.4)	57.2 (10.5)	56.9 (10.4)
Menopausal status (<i>N</i> , %)			
Premenopause	47 (13.0)	21 (12.3)	26 (13.7)
Induced menopause	61 (16.9)	30 (17.5)	31 (16.3)
Perimenopause	81 (22.4)	35 (20.5)	46 (24.2)
Postmenopause	172 (47.6)	85 (49.7)	87 (45.8)
BMI (kg/m ²) (mean, SD)	24.0 (4.4)	25.2 (5.1)	22.9 (3.1)
Physical activity (<i>N</i> , %) ^a			
Active	110 (30.1)	77 (44.5)	33 (17.2)
Minimally active	136 (37.3)	58 (33.5)	78 (40.6)
Inactive	119 (32.6)	38 (22.0)	81 (42.2)
Cancer stage (<i>N</i> , %)			
Stage 0	110 (30.1)	64 (37.0)	46 (24.0)
Stage I	166 (45.4)	77 (44.5)	89 (46.4)
Stage II	47 (12.9)	22 (12.7)	25 (13.0)
Stage III	42 (11.5)	10 (5.8)	32 (16.7)
Endocrine therapy (<i>N</i> , %)			
None	148 (40.8)	74 (42.8)	74 (38.5)
Tamoxifen	126 (34.5)	60 (34.7)	66 (34.4)
Aromatase inhibitor	91 (24.9)	39 (22.5)	52 (27.1)
Lumpectomy (<i>N</i> , %)			
No	141 (38.6)	59 (34.1)	82 (42.5)
Yes	224 (61.4)	114 (65.9)	110 (57.3)
Mastectomy (<i>N</i> , %)			
No	228 (62.5)	114 (65.9)	114 (59.4)
Yes	137 (37.5)	59 (34.1)	78 (40.6)
Chemotherapy (<i>N</i> , %)			
No	257 (76.3)	127 (80.4)	130 (72.6)
Yes	80 (23.7)	31 (19.6)	49 (27.4)

Table 1 continued

	Total popula- tion	Non-Hispanic White	Chinese American
Radiation therapy (<i>N</i> , %)			
No	198 (54.2)	88 (50.9)	110 (57.3)
Yes	167 (45.8)	85 (49.1)	82 (42.7)
Time since diagnosis (<i>N</i> , %)			
< 24 months	108 (29.6)	48 (27.7)	60 (31.3)
24–36 months	111 (30.4)	49 (28.3)	62 (32.3)
> 36 months	146 (40.0)	76 (43.9)	70 (36.5)
Estrogen receptor (<i>N</i> , %)			
Positive	227 (62.2)	109 (63.0)	118 (61.5)
Negative	49 (13.4)	19 (11.0)	30 (15.6)
Unknown	89 (24.4)	45 (26.0)	44 (22.9)
Progesterone receptor (<i>N</i> , %)			
Positive	196 (53.7)	91 (52.6)	105 (54.7)
Negative	80 (21.9)	37 (21.4)	43 (22.4)
Unknown	89 (24.4)	45 (26.0)	44 (22.9)
HER2 (<i>N</i> , %)			
Positive	44 (12.1)	18 (10.4)	26 (13.5)
Negative	167 (45.8)	74 (42.8)	93 (48.4)
Unknown	154 (42.2)	81 (46.8)	73 (38.0)
Soy products (<i>N</i> , %) ^b			
No intake	104 (28.5)	73 (42.2)	31 (16.1)
> 0–< 24.0 g/day	131 (35.9)	65 (37.6)	66 (34.4)
≥ 24.0 g/day	130 (35.6)	35 (20.2)	95 (49.5)
Isoflavones (<i>N</i> , %) ^b			
No intake	104 (28.5)	73 (42.2)	31 (16.1)
>0–< 6.3 mg/day	129 (35.3)	62 (35.8)	67 (34.9)
≥ 6.3 mg/day	132 (36.2)	38 (22.0)	94 (49.0)
Cruciferous vegetables (<i>N</i> , %) ^b			
< 33.0 g/day	121 (33.2)	77 (44.5)	44 (22.9)
≥ 33.0–< 70.8 g/day	120 (32.9)	58 (33.5)	62 (32.3)
≥ 70.8 g/day	124 (33.9)	38 (22.0)	86 (44.8)
Glucosinolates (<i>N</i> , %) ^b			
≤ 20.4 mg/day	121 (33.2)	70 (40.5)	51 (26.6)
> 20.4–< 50.1 mg/ day	120 (32.9)	55 (31.8)	65 (33.9)
≥ 50.1 mg/day	124 (33.9)	48 (27.7)	76 (39.6)

^aActive: vigorous physical activity ≥ 3 days/week + ≥ 1500 MET-minutes/week or ≥ 3000 MET-minutes/week engaged in any intensity levels of physical activity; minimally active: < Active cut-points and ≥ 600 MET-minutes/week; inactive: < 600 MET-minutes/week

^bTertiles

The authors wish to clarify the description of a prior study by Dorjgochoo et al. (2011) in the discussion section: “an observational study among Chinese survivors found that higher soy food intake (45–47 mg/day) increased hot flashes at 6 or 36 months post-breast cancer diagnosis [16]”. The phrase “higher soy food intake (45–47 mg/day)” should have been “higher soy isoflavone intake (> 62.86 mg/day)”. The Dorjgochoo et al. study was referring to soy isoflavone intake specifically and 45–47 mg/day actually refers to the average daily intake of soy isoflavone. Additionally, the authors stated that the Dorjgochoo et al. study “only assessed hot flashes as menopausal symptom outcome”. It should be clarified that the Dorjgochoo et al. study assessed multiple menopausal symptoms but the current study assessed more.

The clarifications mentioned in this erratum do not influence or modify the results and conclusions reported in the original article.