Erratum to: From 2000 to 2016: Which Second-Line Treatment in Advanced Non-Small Cell Lung Cancer?

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In the original version of this article, which published in *Current Treatment Options in Oncology*, Volume 17, Issue 12, December 2016, the columns within the second page of Table 2 became disoriented, rendering the table inaccurate. The original article has been rectified, and the correct Table 2 is provided here.

Table 2. Main characteristics of trials studying new anti-angiogenic and immunotherapy agents

	Docetaxel + Nintedanib [6••]	Docetaxel + Ramucirumab [7••]	Nivolumab [8••, 9••]	Pembrolizumab [10••, 33••]
Phase	III	III	III [8••–9••]	I, non randomized
Main eligibility criteria	Stage IIIB–IV NSCLC pretreated with one chemotherapy regimen	Stage IV NSCLC pretreated with first-line platinum-based chemotherapy	Stage IIIB/IV sqNSCLC [8••] and nsqNSCLC [9••] pretreated with a first-line platinum-based regimen	Advanced NSCLC [10••] Stage IV NSCLC pretreated with first-line platinum-based chemotherapy/TKIs; PD-L1 ≥ 1% [33]
Main exclusion criteria	<ul style="list-style-type: none"> • Prior treatment with docetaxel • Active brain or leptomeningeal metastases • Cavitary or necrotic tumors • Vascular invasion • Major thrombotic or bleeding events (hereditary or not) • Significant cardiovascular disease • Anticoagulation or antiplatelet therapy 	<ul style="list-style-type: none"> • Prior treatment only with TKIs. • Active brain metastases • Cavitary tumors • Vascular invasion • Major thrombotic or bleeding events (hereditary or not) • Significant cardiovascular disease • Anticoagulation therapy antiplatelet therapy 	<ul style="list-style-type: none"> • Untreated brain metastases • Leptomeningeal disease • active, known or suspected autoimmune disease • Interstitial lung disease • Systemic treatment with corticosteroids or immunosuppressive medications [8–9] 	<ul style="list-style-type: none"> • Previous pneumonitis [10••, 33] • Active autoimmune disease • Immunosuppressive therapy [10••, 33] • Previous treatment with PD-1 checkpoint inhibitors or docetaxel [33] • Active brain metastases or carcinomatous meningitis [33]
Control arm	Docetaxel	Docetaxel	Docetaxel [8••]–[9••]	[10••] Docetaxel [33]
N° of enrolled patients	1314	1253	260 [8••] 582 [9••]	495 [10••] 1034 [33]
% of nsqNSCLC	49.2% in experimental arm	74% in experimental arm	Inclusion criteria in [9••]	81.0% [10••] 78.5% [33]
% of sqNSCLC	42.1% in experimental arm	25% in experimental arm	Inclusion criteria in [8••]	17.2% [10••] 21.5% [33]
PFS/TTP	3.4 vs. 2.7 m ($p = .0019$)	4.5 vs. 3.0 m ($p < .0001$)	3.5 vs. 2.8 ($p < .001$) [8••] 2.3 vs. 4.2 m ($p = .39$) [9••]	3.7 m (6.3 m if PD-L1 > 50%) [10••] 5.0 m (Pembro 2 mg/kg) vs. 5.2 m (Pembro 10 mg/Kg) vs. 4.1 m (Docetaxel) [33]
OS/median survival	In all population: 10.1 vs. 9.1 m ($p = .2720$) In adenocarcinoma: 12.6 vs. 10.3 m ($p = .0359$)	10.5 vs. 9.1 m ($p = .023$)	9.2 s. 6.0 m ($p < .001$) [8••] 12.2 vs. 9.4 m ($p = .002$) [9••]	12.5 m (Not reached if PD-L1 > 50%) [10••] 10.4 m (Pembro 2 mg/kg) vs. 12.7 m (Pembro 10 mg/Kg) vs. 8.5 m (Docetaxel) [33]

Table 2. (Continued)

	Docetaxel + Nintedanib [6••]	Docetaxel + Ramucirumab [7••]	Nivolumab [8••, 9••]	Pembrolizumab [10••, 33••]
RR	4.4% vs. 3.3% ($p = .31$)	23% vs. 14% ($p < .0001$)	20% vs. 9% ($p = .008$) [8••] 19% vs. 12% ($p = .002$) [9••]	19.4% (45.2% if PD-L1 > 50%) [10••] 30% (Pembro 2 mg/kg) vs. 29% (Pembro 10 mg/Kg) vs. 8% (Docetaxel) [33]
Time to response	–	–	2.2 vs. 2.1 m [8••] 2.1 vs. 2.6 m [9••]	[10••] 9 weeks for all subgroups [33]
Duration of response	–	–	Not reached in nivolumab arm [8••] 17.2 vs. 5.6 m [9••]	12.5 m [10••] Not reached for pembrolizumab arms [33]
Markers	–	–	–	PD-L1 > 50% [10••] PD-L1+ ($\geq 1\%$) [33]
% G3-G4 adverse events	G3 7.4% vs. 8.9% G4 7.5% vs. 6.0%	79% vs. 71%	7% vs. 55% [8••] 10% vs. 54% [9••]	9.5% [10••] 135 (2 mg/Kg) vs 16% (10 mg/kg) vs 35% (docetaxel)
Most frequent adverse events in experimental arm	Diarrhea, increase in alanine and aspartate aminotransferase, vomiting	Neutropenia and febrile neutropenia, bleeding, epistaxis, hypertension	Fatigue, decreased appetite, asthenia, nausea [8••, 9••]	Fatigue, pruritus, decreased appetite (hypothyroidism, pneumonitis between immunorelated AE) [10••, 33]
Favourable patients' characteristics	Adenocarcinoma Never-smoker Early progressive disease	Platinum-resistant	≤ 75 years old [8••] KRAS mutation [9••] PD-L1 positive tumors [9••] Current/former smokers [9••] EGFR wild type [9••]	Current/former smokers Previously untreated pts [10••] PD-L1 $\geq 50\%$, EGFR wild type [33]

Abbreviations: *w* weeks, *m* months, *nsqNSCLC* nonsquamous non-small-cell lung cancer, *sqNSCLC* squamous non-small-cell lung cancer, *PFS/TTP* progression free survival/time to progression, *OS* overall survival, *RR* response rate