Correction to: Results of nimotuzumab and vinorelbine, radiation and re-irradiation for diffuse pontine glioma in childhood

Maura Massimino¹ · Veronica Biassoni¹ · Rosalba Miceli² · Elisabetta Schiavello¹ · Monika Warmuth-Metz³ · Piergiorgio Modena⁴ · Michela Casanova¹ · Emilia Pecori⁵ · Felice Giangaspero⁶ · Manila Antonelli⁶ · Francesca Romana Buttarelli⁷ · Paolo Potepan⁸ · Bianca Pollo⁹ · Raffaele Nunziata⁹ · Filippo Spreafico¹ · Marta Podda¹ · Andrea Anichini¹⁰ · Carlo Alfredo Clerici^{1,11} · Iacopo Sardi¹² · Loris De Cecco¹³ · Udo Bode¹⁴ · Ferdinand Bach¹⁵ · Lorenza Gandola⁵

Published online: 16 May 2018

© Springer Science+Business Media, LLC, part of Springer Nature 2018

Correction to: J Neurooncol (2014) 118:305–312
<https://doi.org/10.1007/s11060-014-1428-z>

The therapeutic experience reported in the paper was conceived after the use of nimotuzumab and radiotherapy (BSCPED-05 international multicentric trial, EUDRACT 2005-003100-11) in 2009 when we decided to explore the activity of the same combination plus vinorelbine (see the paper for the rationale).

The company developing nimotuzumab in Europe agreed for its compassionate use in DIPG patients in this context.

The Ethical Committee (EC) of our Institution (Fondazione IRCCS Istituto Nazionale dei Tumori, in Milan) approved any single patient-case admission to the compassionate use of the combination of nimotuzumab with vinorelbine and radiotherapy, according to the procedure designed by the Italian Ministry of Health and by the national Agency for Drug Evaluation (AIFA).

The signed informed consent, approved by the EC, included the possibility of collecting and publishing data, according to the law, in an observational report.

Meanwhile, after some time (February 2012), an ancillary biological study on the same cohort of patients was in fact approved by the Ethical Committee also concerning the analysis of blood samples for biological research.

The original article can be found online at <https://doi.org/10.1007/s11060-014-1428-z>.

✉ Maura Massimino
maura.massimino@istitutotumori.mi.it

¹ Pediatric Unit, Fondazione IRCCS Istituto Nazionale dei Tumori, (INT), Via Venezian 1, 20133 Milano, Italy

² Medical Statistics, Biometry and Bioinformatics Unit, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Via Venezian 1, 20133 Milano, Italy

³ Department of Neuroradiology, University of Würzburg, Josef-Schneider-Str.11, 97080 Würzburg, Germany

⁴ Genetics Unit, Pathology Department, Ospedale S. Anna, San Fermo della Battaglia, 22100 Como, Italy

⁵ Radiotherapy Unit, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Via Venezian 1, 20133 Milano, Italy

⁶ Radiological and Oncological Sciences Department, Università Sapienza, Viale del Policlinico, 00151 Roma, Italy

⁷ Pathology Department, Università Sapienza, Viale del Policlinico, 00151 Roma, Italy

⁸ Radiology Unit, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Via Venezian 1, 20133 Milano, Italy

⁹ Neuropathology Unit, IRCCS Istituto Neurologico Carlo Besta, Via Celoria, 20133 Milano, Italy

¹⁰ Human Tumor Immunobiology Unit, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Via Venezian 1, 20133 Milano, Italy

¹¹ Physiopathology Department, State Medical School, Via Festa del Perdono, 20100 Milano, Italy

¹² Neuro-Oncology Unit, Ospedale Meyer, Viale Pieraccini 24, 50139 Firenze, Italy

¹³ Molecular Therapies Unit, Fondazione IRCCS Istituto Nazionale dei Tumori (INT), Via Venezian 1, 20133 Milano, Italy

¹⁴ Department of Pediatric Hematology/Oncology, University of Bonn Medical School, Bonn, Germany

¹⁵ Oncoscience AG, Hafenstraße 32, 22880 Wedel, Germany

In conclusion, our paper was a report of the clinical data from a cohort of patients treated in the context of a compassionate use approved as such.

As to the paper writing, we adopt a post-hoc analysis as a phase 2 study but we acknowledge as an ERRATUM that this was not a formal phase 2 study.