



# Publisher Correction to: The effectiveness and safety of bevacizumab versus cetuximab in the treatment of colorectal cancer: a systematic review and meta-analysis

Yuying Cui<sup>1</sup> · Yingxue Guo<sup>2</sup>

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The original article has been corrected. During the proof correction process, part of the Abstract of the article was replaced by information from another article. Please find here the correct Abstract.

## Abstract

**Background** Despite available meta-analyses, comparative efficacy and safety between bevacizumab and cetuximab-containing therapies in treating advanced colorectal cancer (CRC) still need to be elucidated.

**Aim** This meta-analysis aimed to investigate the efficacy and grade 3–5 treatment-related adverse events (TARE3-5) of bevacizumab versus cetuximab in treating advanced CRC.

**Method** Randomized controlled trials (RCTs) and observational cohort studies were searched from electronic databases. Data on overall response rate (ORR), disease control rate (DCR), progression-free survival (PFS), overall survival (OS), and TARE (3–5) were synthesized.

**Results** Five RCTs and four observational cohort studies (2970 patients) were included. The bevacizumab-containing group was associated with a significantly lower ORR (risk ratio RR 0.91, 95% confidence interval CI 0.85–0.97,  $P=0.006$ ) than the cetuximab group. Bevacizumab was associated with significant superior DCR (RR 1.05, 95% CI 1.01 to 1.10,  $P=0.02$ ) and prolonged OS (hazard ratio HR 0.81, 95% CI 0.74–0.90,  $P<0.0001$ ) than cetuximab. No significant differences were observed for PFS (HR 0.97, 95% CI 0.92–1.03,  $P=0.33$ ) between the groups. Bevacizumab showed a lower rate of skin disorders (RR 0.10, 95% CI 0.02–0.43,  $P=0.002$ ) than cetuximab. There were no significant differences between the groups in the overall rate of TRAE3-5 (RR 0.92, 95% CI 0.84–1.01,  $P=0.08$ ). Subgroup analysis found a lower TARE3-5 rate in the bevacizumab group in RCTs (RR 0.91, 95% CI 0.83–1.00,  $P=0.04$ ).

**Conclusion** Bevacizumab could increase DCR, prolong OS, and lower the skin disorder rate to treat patients with advanced CRC.

The original article can be found online at <https://doi.org/10.1007/s11096-022-01415-6>.

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✉ Yingxue Guo  
13634544334@163.com

<sup>1</sup> School of Clinical Medicine, Jiamusi University,  
Jiamusi 154007, China

<sup>2</sup> College of Pharmacy, Jiamusi University, Jiamusi 154007,  
Heilongjiang, China