

Erratum

Graham AJ, Potti A: **Translating genomics into clinical practice: applications in lung cancer.** *Curr Oncol Rep* 2009, **11**:263–268.

The abovementioned article was published in the July issue of *Current Oncology Reports* (volume 11, issue 4). In a letter to Dr. Maurie Markman, the Editor-in-Chief of *Current Oncology Reports*, Dr. Claudio Dansky Ullmann and Dr. Lisa McShane from the National Cancer Institute (NCI) indicated that a statement made by the authors incorrectly referred to an ongoing large NCI-funded prospective phase 3 trial.

In the article, the authors stated “In this study, patients who undergo resection of early-stage disease will receive further adjuvant chemotherapy if they are predicted to be a high risk of recurrence.” Dr. Ullmann and Dr. McShane would like to clarify a misconception the authors may have inadvertently caused regarding the study. Dr. Ullmann and Dr. McShane assumed that the discussed trial is the Randomized Phase III Trial of Adjuvant Therapy in Early Stage Non-Small Cell Lung Cancer Evaluating the Potential Utility of a Genomic Prognostic Model to Identify Patients as Candidates for Adjuvant Chemotherapy (CALGB-30506), which is being conducted by the NCI-funded Cancer and Leukemia Group B [1].

As per Dr. Ullmann and Dr. McShane (Personal communication), the treatment following surgery for all participants in CALGB-30506 is randomized between chemotherapy and observation, and therefore, for no patient enrolled in the trial is therapy directed or influenced by the lung metagene model. This is an important

distinction to make because the level of prior evidence required to use a prognostic marker to direct treatment is much higher than is required to study the market in a trial where it is not being used to direct treatment. In addition to addressing the adjuvant chemotherapy question in stage I non-small cell lung cancer, CALGB-30506 will also provide extremely valuable data in the setting of a randomized treatment trial to assess whether the lung metagene model can accurately identify a subset of these patients who benefit most from chemotherapy. Thus, the NCI does not consider the lung metagene model to be sufficiently validated at this time to direct patient treatment.

Acknowledgment

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Reference

1. National Cancer Institute: **Chemotherapy or observation in treating patients with stage I non-small cell lung cancer.** Available at <http://www.clinicaltrials.gov/ct2/show/record/NCT00863512?term=CALGB-30506&rank=1>. Accessed September 2009.