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CORRECTION

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Correction to: Skin rash following Administration of Apalutamide in Japanese patients with Advanced Prostate Cancer: an integrated analysis of the phase 3 SPARTAN and TITAN studies and a phase 1 open-label study

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In the original publication of this article [1] there were several errors in Table 1 related to the values for Disease status (nmCRPC and mCSPC).

In this correction article the correct and incorrect values are shown.

Table 1 The correct and incorrect values

Incorrect					Correct				
Disease status, n					Disease status, n				
nmCRPC	55	–	–	55	nmCRPC	34	–	–	34
mCSPC	–	51	–	51	mCSPC	–	28	–	28

Furthermore, the **Time-to-event analyses** section has several errors with the decimal values/rounding of numbers, the incorrect and correct information is shown below

Incorrect	Correct
66 days	66.0 days
45 days	45.0 days
52 days	52.0 days
38 days	38.0 days
82 days	82.0 days
In the global population of the SPARTAN study, skin rash of any grade resolved for **81%** of the patients within 59.5 days, while the median time to resolution of skin rash of any grade in the TITAN study was 100 days (Supplementary Table 2)	In the global population of the SPARTAN study, skin rash of any grade resolved for **80.6%** of the patients within 59.5 days, while the median time to resolution of skin rash of any grade in the TITAN study was 100.0 days (Supplementary Table 2)
100 days	100.0 days
35 days	35.0 days
37 days	37.0 days
66 days	66.0 days

Further errors were detected, specifically under the section Management of Rash. This Correction article shows the incorrect and correct sentences. It was highlighted

The original article can be found online at https://doi.org/10.1186/s12894-020-00689-0.

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Table 3 Rash management Target population: Safety

	SPARTAN	TITAN	PCR1008	Total
Number of safety analysis set	34	28	6	68
Rash	19 (55.88)	14 (50.00)	2 (33.33)	35 (51.47)
Patients who received supportive care for rash				
Oral antihistamine	11 (57.89)	6 (42.86)	1 (50.00)	18 (51.43)
Systemic corticosteroid	0 (0.00)	3 (21.43)	0 (0.00)	3 (8.57)
Topical corticosteroid	13 (68.42)	13 (92.86)	1 (50.00)	27 (77.14)
Drug interruption	11 (57.89)	6 (42.86)	1 (50.00)	18 (51.43)
Dose reduction	4 (21.05)	3 (21.43)	0 (0.00)	7 (20.00)
Drug discontinuation	3 (15.79)	2 (14.29)	0 (0.00)	5 (14.29)
Other	2 (10.53)	1 (7.14)	0 (0.00)	3 (8.57)

that some of the values on Table 3 were also incorrect. This Correction article shows the correct Table 3. The original article has been updated.

Incorrect:

Oral antihistamine was the most common (25/35 [71.4%]), followed by systemic and topical corticosteroids (18/35 [51.4%] and 15/35 [42.9%], respectively) (Table 3).

Correct:

Topical corticosteroid was the most common (27/35 [77.1%]), followed by oral antihistamine and systemic corticosteroid (18/35 [51.4%] and 3/35 [8.6%], respectively) (Table 3).

In the Discussion section:

Incorrect:

This could be attributed to the more frequent use of oral antihistamines (71.4%) and systemic corticosteroids (51.4%) as supportive medication among Japanese patients when compared with patients in the global studies (combined data from SPARTAN and TITAN: antihistamines, 36.5%; systemic corticosteroids, 18.5%).

Correct:

This could be attributed to the more frequent use of topical corticosteroids (77.1%) and oral antihistamines (51.4%) as supportive medication among Japanese patients when compared with patients in the global studies (combined data from SPARTAN and TITAN: topical corticosteroids, 37.8%; antihistamines, 36.3%.

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1. Uemura H, Koroki Y, Iwaki Y, et al. Skin rash following Administration of Apalutamide in Japanese patients with Advanced Prostate Cancer: an integrated analysis of the phase 3 SPARTAN and TITAN studies and a phase 1 open-label study. BMC Urol. 2020;20:139. https://doi.org/10.1186/s12894-020-00689-0.

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