

Erratum to: Balancing risk in ophthalmic prescribing: assessing the safety of anti-VEGF therapies and the risks associated with unlicensed medicines

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Unfortunately, two references were mistakenly omitted in the bibliography of the original version of this manuscript and five citation errors occurred, which are listed below with the correct citation information only.

- Page 1565, second sentence of the first paragraph:

“Importantly, the initial clinical trials of rosiglitazone were not designed to generate cardiovascular safety outcomes data, and this AE was not detected [26].”

The online version of the original article can be found at <http://dx.doi.org/10.1007/s00417-012-2123-4>.

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26. Nissen SE, Wolski K (2007) Effect of rosiglitazone on the risk of myocardial infarction and death from cardiovascular causes. *N Engl J Med* 356:2457–2471

- Page 1565, third sentence of the third paragraph:

“The concept of informed consent for off-label/unlicensed use is reflected in the European Convention of Human Rights and associated case law, as well as in national laws and ethical guidance [36].”

36. Molyneux CG, Bogaert P (2010) The need for informed consent in off-label use in the EU. *Regulatory Affairs Pharma* November:13–16

- Page 1567, first sentence of the first paragraph:

“It is important to note that in Year 1 there were no differences in venous thrombotic events or ATEs; however, there was a significantly higher rate of serious systemic AEs (of which 80.5 % were associated with hospitalisation) with bevacizumab compared with ranibizumab, which remained significantly higher after adjustment for baseline demographics and coexisting illnesses (p=0.04) [16].”

16. Martin DF, Maguire MG, Ying GS, Grunwald JE, Fine SL, Jaffe GJ (2011) Ranibizumab and bevacizumab for neovascular age-related macular degeneration. *N Engl J Med* 364:1897–1908

- Page 1568, third sentence of the third paragraph:

“Only in recent years, following public and media interest in high-profile drug safety cases such as those of rosiglitazone and rofecoxib (Vioxx®, Merck, Whitehouse Station, NJ, USA), is the process of proving drug safety receiving similar attention to the process of demonstrating efficacy, and this has led to reform of EU pharmacovigilance laws [77].”

77. Regulation (EU) No 1235/2010 of the European Parliament and of the council of 15 December 2010 amending, as regards pharmacovigilance of medicinal products for human use, Regulation (EC) No 726/2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency, and Regulation (EC) No 1394/2007 on advanced therapy medicinal products. 2010. Available at <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:201:0138:0138:EN:PDF>.

- Page 1568, the last sentence of the third paragraph:

“For example, the Royal College of Ophthalmologists has provided detailed guidance on patient safety in ophthalmology, which should be of merit to eye-care teams to improve patient safety in local departments and aims to keep members updated of emerging issues [78,79].”

78. Kelly SP (2011) Update on patient safety. *Br J Ophthalmol* 95:1183–1184

79. The Royal College of Ophthalmologists. Patient safety in ophthalmology. The Royal College of Ophthalmologists, London. February 2011. Available at http://www.rcophth.ac.uk/core/core_picker/download.asp?id=852&filetitle=Patient+Safety+in+Ophthalmology+February+2011.

- Page 1568, the fourth sentence of the fourth paragraph:

“Existing clinical evidence comes solely from clinical studies, with a number of studies reporting trends towards an increased risk of systemic AEs with bevacizumab [16–18, 59–61].”

16. Martin DF, Maguire MG, Ying GS, Grunwald JE, Fine SL, Jaffe GJ (2011) Ranibizumab and bevacizumab for neovascular age-related macular degeneration. *N Engl J Med* 364:1897–1908

17. Martin DF, Maguire MG, Fine SL, Ying GS, Jaffe GJ, Grunwald JE, Toth C, Redford M, Ferris FL 3rd (2012) Ranibizumab and bevacizumab for treatment of neovascular age-related macular degeneration: two-year results. *Ophthalmology* 119:1388–1398

18. Chakravarthy U, Harding SP, Rogers CA, Downes SM, Lotery AJ, Wordsworth S, Reeves BC (2012) Ranibizumab versus bevacizumab to treat neovascular age-related macular degeneration: one year findings from the IVAN randomized trial. *Ophthalmology* 119:1399–1411

59. Carneiro AM, Costa R, Falcão MS, Barthelmes D, Mendonça LS, Fonseca SL, Gonçalves R, Gonçalves C, Falcão-Reis FM, Soares R (2012) Vascular endothelial growth factor plasma levels before and after treatment of neovascular age-related macular degeneration with bevacizumab or ranibizumab. *Acta Ophthalmol* 90:e25–e30

60. Carneiro AM, Barthelmes D, Falcão MS, Mendonça LS, Fonseca SL, Gonçalves RM, Faria-Correia F, Falcão-Reis FM (2011) Arterial thromboembolic events in patients with exudative age-related macular degeneration treated with intravitreal bevacizumab or ranibizumab. *Ophthalmologica* 225:211–221

61. Curtis LH, Hammill BG, Schulman KA, Cousins SW (2010) Risks of mortality, myocardial infarction, bleeding, and stroke associated with therapies for age-related macular degeneration. *Arch Ophthalmol* 128:1273–1279