

CORRIGENDUM

Corrigendum to “How we approach the treatment of patients with high-risk neuroblastoma with naxitamab: experience from the Hospital Sant Joan de Déu in Barcelona, Spain”



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The authors regret that in the original publication, the following details were omitted:

- Maximum dose of adrenaline was missing from Table 2. The line “Adrenaline 0.1 mg/kg i.m. or i.v.” should read “Adrenaline 0.1 mg/kg i.m. or i.v. ((max. 0.5 mg))”

Table 2. Overview of relevant AEs seen with naxitamab infusion and corresponding supportive treatments, including nurse action employed by the HSJD team

Category	AE	Premedication (30-60 min pre-infusion)	Supporting medication (PRN)	Nurse action
Skin	Erythema, pruritus, or urticaria (hives)	Cetirizine 2.5-10.0 mg p.o. H2 blocker e.g. ranitidine 2 mg/kg p.o.	Dexchlorpheniramine 0.15 mg/kg i.v. Hydroxyzine 0.5-1.0 mg/kg i.v. or p.o.	Apply an ice pack locally to soothe pain or pruritus
Cardiovascular	Hypotension	Saline bolus	Saline bolus Naloxone 1 µg/kg i.v.; repeated every 2-3 min Adrenaline 0.1 mg/kg i.v. or i.m.	Use Trendelenburg position Peripheral i.v. where more fluids are required
	Hypertension		Enalapril starting at 0.08 mg/kg/day p.o. Nifedipine 0.25-0.50 mg/kg/dose p.o. (max. 10 mg/dose) Hydralazine 0.3-0.5 mg/kg/dose i.v. (max. 20 mg/dose)	
Respiratory	Bronchospasm		Salbutamol nebulizer: • <20 kg: 2.5 mg • >20 kg: 5.0 mg Add if needed: Ipratropium bromide nebulizer: • <10 kg: 125 µg • 10-30 kg: 250 µg • >30 kg: 500 µg	Position the patient correctly for effective nebulizer use
	Edema of tongue Apnea		Dexchlorpheniramine 0.15 mg/kg i.v. Naloxone 1 µg/kg i.v.; repeated every 2-3 min	Position the patient correctly for assisted ventilation
	Laryngitis or laryngotracheitis		Adrenaline nebulizer 0.5 mg/kg/dose (max. 5 mg) Add if needed: Budesonide nebulizer 2 mg Grade 3: add dexamethasone 0.15 mg/kg/dose i.v. (max. 10 mg)	Position the patient correctly for effective nebulizer use
Anaphylaxis	Airway or cardiovascular compromise		Adrenaline 0.1 mg/kg i.m. or i.v. (max. 0.5 mg)	

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Table 2. Continued

Category	AE	Premedication (30-60 min pre-infusion)	Supporting medication (PRN)	Nurse action
Pain	Standard supportive pain protocol during naxitamab infusion	Paracetamol 15 mg/kg p.o. Gabapentin 5-10 mg/kg every 8 h p.o. (max. 600 mg) Morphine chloride 25-100 µg/kg i.v.	Morphine chloride 25-100 µg/kg i.v.	Apply cold/hot packs to painful areas O ₂ mask may be helpful
	Residual post-infusion pain		Metamizole 30 mg/kg/dose i.v. (max. 2 g/dose) Dexketoprofen 1 mg/kg/dose (max. 50 mg/dose)	
Gastrointestinal disorders	Nausea	Ondansetron 5 mg/m ² i.v. Fosaprepitant 5 mg/kg (max. 150 mg) i.v. ^a		
Other	Anxiety, nausea	Lorazepam 0.01-0.02 mg/kg i.v.	Lorazepam 0.01-0.02 mg/kg i.v. or p.o. (max. 1 mg)	

AE, adverse events; HSJD, Hospital Sant Joan de Déu; i.m., intramuscular; i.v., intravenous; p.o., oral; PRN, as needed.

^aDay 1 of chemotherapy.

- Dose per weight category missing for lidocaine was missing from Table 3. The line “≤40 kg: bolus” should read “≤40 kg: 1 mg/kg i.v.bolus”, and the line “>40 kg: bolus” should read “>40 kg: 2 mg/kg i.v. bolus”.

Table 3. Ketamine-based management of naxitamab-induced pain at HSJD

Timing	Midazolam	Lidocaine	Atropine	Ketamine
Before infusion	0.05 mg/kg i.v. bolus	≤40 kg: 1 mg/kg i.v.bolus >40 kg: 2 mg/kg i.v. bolus	0.005 mg/kg i.v. bolus	0.5 mg/kg i.v. bolus
During infusion	—	Minute 15: additional bolus	PRN: additional bolus	Minute 15: 1-2 mg/kg i.v. bolus; added doses up to a total of 4 mg/kg

Ketamine was administered to patients if prior supportive therapy with opioids did not provide adequate support.

HSJD, Hospital Sant Joan de Déu; i.v., intravenous; PRN, as needed.

The authors would like to apologise for any inconvenience caused.