

ERRATUM

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Erratum: Oligometastases in prostate cancer: restaging stage IV cancers and new radiotherapy options

Antonio José Conde Moreno*, Carlos Ferrer Albiach, Rodrigo Muelas Soria, Verónica González Vidal, Raquel García Gómez and María Albert Antequera

Erratum

After the publication of this work [1], we noticed that an incorrect version of Table two (Table 1 here) [1] was published. The correct version of Table two (Table 1 here) is provided here.

Reference

1. Conde Moreno AJ et al. Oligometastases in prostate cancer: restaging stage IV cancers and new radiotherapy options. *Radiation Oncology*. 2014;9:258.

* Correspondence: antoniojconde@gmail.com

Servicio de Oncología Radioterápica, Instituto Oncológico de Castellón "Dr. Altava", Consorcio Hospitalario Provincial de Castellón, Av. Dr. Clarà N 19, Castellón de la Plana 12002Castellón, Spain

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Table 1 Current Ongoing trials for Prostate Cancer Oligometastases in 2014 (www.clinicaltrials.gov)

Study	ClinicalTrials.gov Identifier	Phase	Aim	Arms	Primary Objectives	Secondary Objectives
Radiotherapy for Oligometastatic Prostate Cancer University of Florida	NCT01859221	2	Efficacy and safety in patients with primary active or not	2: CR and HN	Improvement in median progression-free survival in patients with metastatic prostate cancer over historic control rates in hormone receptive and castration resistant subgroups.	Improvement in overall survival of patients with metastatic prostate cancer. Treatment failure rates in patients treated with stereotactic radiation for metastatic prostate cancer. after type of secondary outcome. Quality of life in patients treated with stereotactic radiation for metastatic prostate cancer.
Stereotactic Radiosurgery in Treating Patients With Metastatic Breast Cancer, Non-Small Cell Lung Cancer, or Prostate Cancer NRG Oncology Foundation, Inc. Collaborator: NCI RTOG	NCT02206334	1	Safety Study	1	To determine the recommended SBRT dose for each of the metastatic locations being treated given the individual and overlapping fields when multiple metastases are treated with SBRT in a national clinical trials network setting.	I. To estimate rates of >= grade 3 (CTCAE 4.0) adverse events other than a dose-limiting toxicity which is possibly, probably, or definitely related to treatment and which occurs within 6 months from the start of SBRT to multiple metastases. II. To estimate the rates of long-term adverse events occurring up to 2 years from the end of SBRT. III. To explore the most appropriate and clinically relevant technological parameters to ensure quality and effectiveness throughout radiation therapy processes, including imaging, simulation, patient immobilization, target and critical structure definition, treatment planning, image guidance and delivery.
Non-systemic Treatment for Patients With Low-volume Metastatic Prostate Cancer University Hospital, Ghent	NCT01558427	2	Defer the start of ADT	2: A. Active surveillance B. Surgical or radiotherapy treatment of metastases	Androgen deprivation therapy free survival.	Quality of life
Phase II Study of SBRT as Treatment for Oligometastases in Prostate Cancer GICOR	NCT02192788	2	Safety and Efficacy Study	1	Local and symptomatic control of oligometastases treated by SBRT	Biochemical progression rates Progression-free survival,

Table 1 Current Ongoing trials for Prostate Cancer Oligometastases in 2014 (www.clinicaltrials.gov) (Continued)

Collaborators:	Chemotherapy-free survival and overall survival.
SBRT-SG	Analyze toxicities and quality of life of patients before and after treatment
SEOR	
Consortio Hospitalario Provincial de Castellón	

CR Castrate resistant, *HR* Hormone Receptive, *NCI* National Cancer Institut, *RTOG* Radiation Therapy Oncology Group, *ADT* androgen deprivation therapy
CTCAE 4.0: Common Terminology Criteria for Adverse Events *SBRT-SG*: Sterotactic Body Radiation Therapy Spanish Group
GICOR: Spanish Group of clinical Investigation in Radiation Oncology *SEOR*: Spanish society of Radiation Oncology