



Norsworthy KJ, Bird ST, Avagyan A, et al. Second cancers in adults with acute promyelocytic leukemia (APL) treated with or without arsenic trioxide (ATO): a SEER-Medicare analysis [abstract]. *Blood*. 2019;134(suppl 1). Abstract 3497.

In the original version of 2019 American Society of Hematology Annual Meeting abstract 3497, the following errors were present. In the table, some of the cells under “IV APL Chemotherapy” and “Second Malignancies” contained data about fewer than 11 patients. This was not in conformity with data use agreements with the National Cancer Institute (NCI) and the Centers for Medicare and Medicaid Services. In Figures 1 and 2, information about numbers of patients at risk at each time point was shown, but the NCI requested its removal. Before the Annual Meeting, the table was updated to display the data in a form that is compliant with the data use agreements and both figures were updated to omit the data for sample sizes at each time point. The corrected table and figures are shown below.

Table: Characteristics and Incidence of Second Malignancies in Beneficiaries with De Novo APL Treated with or without ATO

	ATO (N=64)	Non-ATO (N=60)
Age at diagnosis		
Median (range), y	70 (28-87)	65.5 (23-87)
< 65 years	17 (27%)	28 (47%)
65-74 years	31 (48%)	18 (30%)
≥ 75 years	16 (25%)	14 (23%)
Sex		
Male	33 (52%)	21 (35%)
Female	31 (48%)	39 (65%)
Treatment Received		
IV APL Chemotherapy	15 (23%)	30 (50%)
PO APL Therapy	59 (92%)	57 (95%)
ATRA	58 (91%)	56 (93%)
Methotrexate	18 (28%)	19 (32%)
Mercaptopurine	17 (27%)	24 (40%)
Year of Diagnosis		
2006-2010	17 (27%)	29 (48%)
2011-2015	47 (73%)	31 (52%)
Follow-up Time		
Median (range), months	23 (0-110)	33.5 (0-116)
Second Malignancies		
All	<11 (<17%)	<11 (<18%)

Abbreviations: APL, acute promyelocytic leukemia; ATO, arsenic trioxide; ATRA, all-trans retinoic acid; ca, carcinoma; IV, intravenous; PO, oral; y, years.

Figure 1: Cumulative Incidence of Second Cancer with Death as Censoring

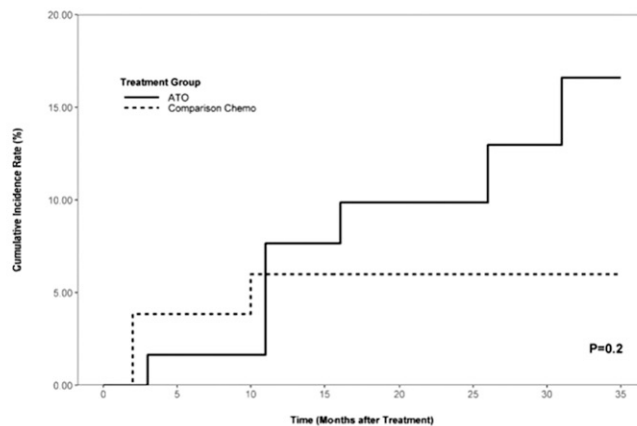


Figure 2: Overall Survival by ATO Treatment (follow-up until death event, disenrollment, or end of study)

