## Correction to *Lancet Oncol* 2017; 18: e143–52

*Seymour L, Bogaerts J, Perrone A, et al. iRECIST: guidelines for response criteria for use in trials testing immunotherapeutics.* Lancet Oncol *2017* ***18:*** *e143–52*—On page e145, under "Assessment of target, non-target, and new lesions" the beginning of the third paragraph should read: "The assessment of non-target lesions at each timepoint follows similar principles. iUPD (but not iCPD) can have been documented before iCR or when the criteria for neither CR nor PD have been met (referred to as non-iCR/non-iUPD) and can be assigned several times, as long as iCPD was not confirmed." In Table 3, row 1, iPR should be omitted from the columns "Timepoint response 2" and "Timepoint response 3". These corrections have been made to the online version as of April 30, 2019.

## Correction to *Lancet Oncol* 2019; 20: 420–35

*Fuchs CS, Shitara K, Di Bartolomeo M, et al. Ramucirumab with cisplatin and fluoropyrimidine as first-line therapy in patients with metastatic gastric or junctional adenocarcinoma (RAINFALL): a double-blind, randomised, placebo-controlled, phase 3 trial.* Lancet Oncol *2019;* ***20:*** *420–35*—In this Article, the percentage of grade 4 gastrointestinal haemorrhage events in the ramucirumab plus fluoropyrimidine and cisplatin group in table 3 should have been 1%. This correction has been made to the online version as of April 30, 2019.

## Correction to *Lancet Oncol* 2019; 20: 335

*Catania G, Ghirotto L, Di Leo S, et al. What a picture can tell you about surviving breast cancer.* Lancet Oncol *2019;* ***20:*** *335*— The affiliation of LG and SDL has been corrected. This correction has been made to the online version as of April 30, 2019.

## Correction to *Lancet Oncol* 2019; 20: 636–48

*Moore KN, Secord AA, Geller MA, et al. Niraparib monotherapy for late-line treatment of ovarian cancer (QUADRA): a multicentre, open-label, single-arm, phase 2 trial.* Lancet Oncol *2019;* ***20:*** *636–48*—In the Declaration of interests section of this Article, Angeles Alvarez Secord's declaration should read "AAS reports research funding and honoraria or advisory board fees from Tesaro during the conduct of the study; and research funding from AbbVie, Amgen, Astex Pharmaceuticals, AstraZeneca, Clovis, Astellas Pharma, Boehringer Ingelheim, Bristol-Myers Squibb, Eisai, Endocyte, Exelixis, Incyte, Merck, PharmaMar, Immutep, Roche, Genentech, Seattle Genetics, and TapImmune, and honoraria or advisory board fees from Alexion, Aravive, Astex Pharmaceuticals, AstraZeneca, Clovis, Janssen, Johnson & Johnson, Merck, Mersana, Myriad, Oncoquest, Roche, and Genentech, outside the submitted work." This correction has been made to the online version as of April 30, 2019, and the printed Article is correct.

## Correction to *Lancet Oncol* 2019; 20: 663–73

*Primrose JN, Fox RP, Palmer DH, et al. Capecitabine compared with observation in resected biliary tract cancer (BILCAP): a randomised, controlled, multicentre, phase 3 study.* Lancet Oncol *2019;* ***20:*** *663–73*— In the figure 4 n/N column, the capecitabine group should be labelled as the observation group, and vice versa, and n/N should be events/patients. This correction has been made to the online version as of April 2, 2019.

## Correction to *Lancet Oncol* 2019; 20: 674–85

*Mohamad O, Tabuchi T, Nitta Y, et al. Risk of Subsequent primary cancers after carbon ion radiotherapy, photon radiotherapy, or surgery for localised prostate cancer: a propensity score-weighted, retrospective, cohort study.* Lancet Oncology *2019;* ***20:*** *674–85—The affiliation of Dr Hiroshi Tsuji was* added (National Institute of Radiological Sciences, National Institutes for Quantum and Radiological Science and Technology, Chiba, Japan). This correction has been made to the online version as of April 30, 2019 and the printed version is correct.

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