Check for updates

OPEN ACCESS

EDITED AND REVIEWED BY Fernanda Visioli, Federal University of Rio Grande do Sul, Brazil

*CORRESPONDENCE Christopher M. Black Christopher.black2@merck.com

RECEIVED 17 June 2023 ACCEPTED 30 June 2023 PUBLISHED 17 July 2023

CITATION

Black CM, Hanna GJ, Wang L, Ramakrishnan K, Goto D, Turzhitsky V and Hair GM (2023) Corrigendum: Real-world treatment patterns and outcomes among individuals receiving first-line pembrolizumab therapy for recurrent/ metastatic head and neck squamous cell carcinoma.

Front. Oncol. 13:1240947. doi: 10.3389/fonc.2023.1240947

COPYRIGHT

© 2023 Black, Hanna, Wang, Ramakrishnan, Goto, Turzhitsky and Hair. This is an openaccess article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Corrigendum: Real-world treatment patterns and outcomes among individuals receiving first-line pembrolizumab therapy for recurrent/metastatic head and neck squamous cell carcinoma

Christopher M. Black^{1*}, Glenn J. Hanna², Liya Wang¹, Karthik Ramakrishnan¹, Daisuke Goto¹, Vladimir Turzhitsky¹ and Gleicy M. Hair¹

¹Center for Observational and Real-World Evidence (CORE), Merck & Co., Inc., Rahway, NJ, United States, ²Center for Head & Neck Oncology, Dana-Farber Cancer Institute, Boston, MA, United States

KEYWORDS

head and neck squamous cell carcinoma, antineoplastic agents, immunological, antibodies, Kaplan-Meier estimate, patient outcomes, real-world observational study, treatment patterns

A corrigendum on

Real-world treatment patterns and outcomes among individuals receiving first-line pembrolizumab therapy for recurrent/metastatic head and neck squamous cell carcinoma

by Black CM, Hanna GJ, Wang L, Ramakrishnan K, Goto D, Turzhitsky V and Hair GM (2023) *Front. Oncol.* 13:1160144. doi: 10.3389/fonc.2023.1160144

Error in Figure/Table

In the published article, there was an error in Table 1 as published. The mean (SD) for the 1L pembrolizumab + chemotherapy column for CPS<1 should be 18 (16.7), not 18 (6.7) as originally shown. Further, we used the terminology, CPS<1% in the first column and the correct terminology is CPS<1. The corrected Table 1 and its caption appear below.

In the published article, there was an error in Table 2 as published. We used the terminology CPS (referent: <1%) in column one and the correct terminology is CPS (referent: <1). The corrected Table 2 and its caption appear below.

TABLE 1 Baseline demographic and clinical characteristics of individuals receiving 1L pembrolizumab monotherapy or pembrolizumab plus chemotherapy.

Characteristic	1L pembrolizumab (all) (N = 646)	1L pembrolizumab monotherapy (N = 431)	1L pembrolizumab + chemotherapy (N = 215)	
Age (years)				
Median (95% CI)	68.0 (66.8-68.3)	69.0 (68.4–70.2)	64.0 (62.8–65.3)	
Median (IQR)	68.0 (61.0-65.0)	69.0 (63.0–78.0)	64.0 (59.0–70.0)	
Sex				
Male	500 (77.4)	330 (76.6)	170 (79.1)	
Race				
White	386 (59.8)	261 (60.6)	125 (58.1)	
Black	34 (5.3)	21 (4.9)	13 (6.0)	
Asian	6 (0.9)	4 (0.9)	2 (0.9)	
Other	220 (34.1)	145 (33.6)	75 (34.9)	
Smoking status ^A	·	·		
History of smoking	507 (78.5)	343 (79.6)	164 (76.3)	
No history of smoking	138 (21.4)	88 (20.4)	50 (23.3)	
Census region	1		1	
South	375 (58.0)	251 (58.2)	124 (57.7)	
Midwest	78 (12.1)	54 (12.5)	24 (11.2)	
West	67 (10.4)	37 (8.6)	30 (14.0)	
Northeast	60 (9.3)	40 (9.3)	20 (9.3)	
Unknown/not documented	66 (10.2)	49 (11.4)	17 (7.9)	
Practice type	-			
Community	583 (90.2)	384 (89.1)	199 (92.6)	
Academic	57 (8.8)	43 (10.0)	14 (6.5)	
Both	6 (0.9)	4 (0.9)	2 (0.9)	
Primary tumor site(s)	1	1	1	
Oropharynx	297 (46.0)	193 (44.8)	104 (48.4)	
Larynx	166 (25.7)	120 (27.8)	46 (21.4)	
Oral cavity	138 (21.4)	89 (20.6)	49 (22.8)	
Hypopharynx	35 (5.4)	23 (5.3)	12 (5.6)	
Other ^B	10 (1.5)	6 (1.4)	4 (1.9)	
Disease status	·	·		
Distant metastatic disease (HNSCC with distant recurrence OR Stage IVc at initial diagnosis)	367 (56.8)	238 (55.2)	129 (60.0)	
HNSCC with locoregional recurrence ^C	149 (23.1)	106 (24.6)	43 (20.0)	
HNSCC not cured at initial diagnosis	106 (16.4)	77 (17.9)	29 (13.5)	
HPV-positive Stage IV oropharyngeal tumor at initial diagnosis	24 (3.7)	10 (2.3)	14 (6.5)	
Stage at initial diagnosis	I	I		

(Continued)

TABLE 1 Continued

Characteristic	1L pembrolizumab (all) (N = 646)	1L pembrolizumab monotherapy (N = 431)	1L pembrolizumab + chemotherapy (N = 215)	
I–II	115 (17.8)	88 (20.4)	27 (12.6)	
III-IVB	326 (50.5)	232 (53.8)	94 (43.7)	
IV	24 (3.7)	10 (2.3)	14 (6.5)	
IVc	92 (14.2)	41 (9.5)	51 (23.7)	
Unknown/not documented	89 (13.8)	60 (13.9)	29 (13.5)	
ECOG PS on index date				
0–1	427 (66.1)	265 (61.5)	162 (75.3)	
2–4	135 (20.9)	103 (23.9)	32 (14.9)	
Unknown/not documented	84 (13.0)	63 (14.6)	21 (9.8)	
HPV status (all subtypes)				
Positive	233 (36.1)	163 (37.8)	70 (32.6)	
Negative	258 (39.9)	165 (38.3)	93 (43.3)	
Equivocal or unknown	155 (24.0)	103 (24.9)	52 (24.2)	
HPV status (oropharynx subtype only)	N = 297	<i>N</i> = 193	<i>N</i> = 104	
Positive	192 (64.6)	137 (71.0)	55 (52.9)	
Negative	87 (29.3)	47 (24.4)	40 (38.5)	
Equivocal or unknown	18 (6.1)	9 (4.7)	9 (8.7)	
Evidence of PD-L1 testing ^D				
Yes	463 (71.7)	318 (73.8)	145 (67.4)	
CPS ^E	N = 352	<i>N</i> = 244	N = 108	
<1	36 (10.2)	18 (7.4)	18 (16.7)	
≥1	295 (83.8)	211 (86.5)	84 (77.8)	
≥20	149 (42.3)	109 (44.7)	40 (37.0)	
Unknown/not documented	21 (6.0)	15 (6.1)	6 (5.7)	

1L, first-line; CL, confidence interval; CPS, combined positive score; ECOG PS, Eastern Cooperative Oncology Group performance status; HNSCC, head and neck squamous cell carcinoma; HPV, human papillomavirus; IQR, interquartile range; PD-L1, programmed death ligand 1.

human papillomavirus; IQR, interquartile range; PD-L1, programmed death ligand 1. All values are given as n (%) unless otherwise indicated. ^A Smoking status was not documented for 1 individual receiving 1L pembrolizumab + platinum + 5-FU. ^B Includes pharynx not otherwise specified, tongue not otherwise specified, or other unspecified tumor site. ^C Includes individuals not cured at first locoregional recurrence, or with second locoregional recurrence. ^D PD-L1 testing performed at index date ± 30 days. ^E If smultiple CDE subset upper support of the second record defined to the index date upper supported.

^E If multiple CPS values were available, the score recorded closest to the index date was reported.

TABLE 2 Factors associated with use of 1L pembrolizumab monotherapy versus pembrolizumab plus chemotherapy: stepwise logistic regression model.

Variable	OR	95% CI	<i>p</i> -value
Age (referent: <65 years)			
≥65 years	2.42	1.68-3.52	<0.001
Sex (referent: male)			
Female	1.41	0.90-2.22	0.140
			(0, 1)

(Continued)

TABLE 2 Continued

Variable	OR	95% CI	<i>p</i> -value
ECOG PS on index date (referent: 0–1)			
2–4	2.03	1.26-3.34	0.004
Unknown/not defined	2.30	1.29-4.23	0.006
History of smoking (referent: no/unknown)			
Yes	1.43	0.89-2.26	0.132
Primary tumor site (referent: oropharynx)			
Hypopharynx	1.46	0.61-3.65	0.403
Larynx	1.84	1.09-3.12	0.023
Oral cavity	0.91	0.52-1.59	0.740
Other ^A	0.99	0.24-4.43	0.998
HPV status (referent: positive)			
Negative	0.59	0.36-0.93	0.026
Unknown	0.58	0.32-1.03	0.065
CPS (referent: <1)			
1–19	2.62	1.12-6.12	0.026
≥20	3.21	1.37-7.55	0.007
Unknown	1.87	0.85-4.09	0.117
Census region (referent: Northeast)			
Midwest	1.31	0.59–2.89	0.495
South	0.88	0.46-1.64	0.704
West	0.40	0.18-0.89	0.027
Missing/not defined	1.16	0.50-2.69	0.720
Advanced diagnostic criteria (referent: HPV-positive Stage IV oropharyngeal tumor at in	itial diagnosis)		
HNSCC not cured at initial diagnosis	4.58	2.49-8.61	<0.001
Distant metastatic disease (HNSCC with distant recurrence OR Stage IVc at initial diagnosis)	4.83	2.90-8.17	<0.001
HNSCC with locoregional recurrence	4.62	2.61-8.35	<0.001

1L, first-line; CI, confidence interval; CPS, combined positive score; ECOG PS, Eastern Cooperative Oncology Group performance status; HNSCC, head and neck squamous cell carcinoma; HPV, human papilloma virus; OR, odds ratio. Statistically significant p-values (<0.05) are presented in bold.

^A Includes pharynx not otherwise specified, tongue not otherwise specified, or other unspecified tumor site.

Text Correction

In the published article, there was an error to the text in **Results**, *Study population*, where "CPS<1" was referred to as "CPS<1%".

This sentence previously stated: "A CPS of <1% was recorded for 10.2% of this latter group, while 83.8% had a score of \geq 1 and 42.3% had a score of \geq 20."

The corrected sentence appears below:

"A CPS of <1 was recorded for 10.2% of this latter group, while 83.8% had a score of \geq 1 and 42.3% had a score of \geq 20."

The authors apologize for these errors and state that these does not change the scientific conclusions of the article in any way. The original article has been updated.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.