

ERRATUM

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Erratum to: Society for Immunotherapy of Cancer consensus statement on immunotherapy for the treatment of bladder carcinoma

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Erratum

After the publication of the article [1], the treatment algorithm for advanced/metastatic bladder cancer in Fig. 3 was updated to reflect the current use of immunotherapy in this setting. The correct Fig. 3 can be seen here and the original article has been updated to reflect this change.

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1. Kamat AM, Bellmunt J, Galsky MD, Konety BR, Lamm DL, Langham D, Rosenberg JE. Society for Immunotherapy of Cancer consensus statement on immunotherapy for the treatment of bladder carcinoma. *Journal for ImmunoTherapy of Cancer*. 2017;5:68. <https://doi.org/10.1186/s40425-017-0271-0>

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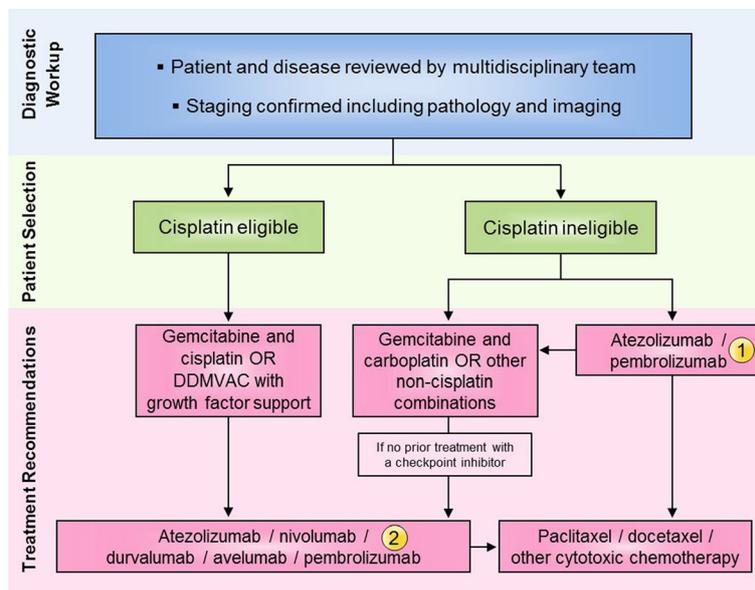


Fig. 3 All of the treatment options shown may be appropriate. The selection of therapy should be individualized based on patient eligibility and the availability of therapy, at the discretion of the treating physician. These algorithms represent the consensus recommendations of the Task Force. (1) Atezolizumab and pembrolizumab are FDA approved for patients with metastatic urothelial carcinoma who are ineligible to receive cisplatin. (2) Atezolizumab, nivolumab, durvalumab, avelumab, and pembrolizumab are FDA approved for advanced disease that has worsened on platinum containing regimens or within 12 months of receiving a platinum-containing regimen before (neoadjuvant) or after surgery (adjuvant). Abbreviations: dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin (DDMVAC)