

Correction

Correction: Phase I clinical study of the recombinant antibody-toxin scFv(FRP5)-ETA specific for the ErbB2/HER2 receptor in patients with advanced solid malignomas

Gunter von Minckwitz¹, Sebastian Harder², Sascha Hövelmann³, Elke Jäger⁴, Salah-Eddin Al-Batran⁴, Sibylle Loibl¹, Akin Atmaca⁴, Christian Cimpoiasu¹, Antje Neumann⁴, Aklil Abera³, Alexander Knuth^{4,5}, Manfred Kaufmann¹, Dirk Jäger^{4,5}, Alexander B Maurer³ and Winfried S Wels⁶

¹Department of Gynecology and Obstetrics, University Hospital Frankfurt, Frankfurt am Main, Germany

²Institute for Clinical Pharmacology, University Hospital Frankfurt, Frankfurt am Main, Germany

³G2M Cancer Drugs AG, Frankfurt am Main, Germany

⁴Medizinische Klinik II, Hämatologie-Onkologie, Krankenhaus Nordwest, Frankfurt am Main, Germany

⁵Department of Oncology, University Hospital Zürich, Switzerland

⁶Chemotherapeutisches Forschungsinstitut Georg-Speyer-Haus, Paul-Ehrlich-Straße 42-44, D-60596 Frankfurt am Main, Germany

Corresponding author: Winfried S Wels, wels@em.uni-frankfurt.de

Published: 24 February 2006

This article is online at <http://breast-cancer-research.com/content/8/1/403>

© 2006 BioMed Central Ltd

Breast Cancer Research 2006, **8**:403 (doi:10.1186/bcr1390)

Following publication of the data presented by von Minckwitz and colleagues [1] it has been brought to our attention that some patients should be scored differently. Stable disease was seen in three of the eighteen patients instead of two of the eighteen patients: one patient with transitional cell carcinoma treated at 4 µg/kg scFv(FRP5)-ETA per day, and two breast cancer patients treated at 4 and 12.5 µg/kg scFv(FRP5)-ETA per day. Disease progression occurred in 9 of the eighteen patients evaluated (see corrected Table 2 overleaf). This does not affect the conclusions of our study. In addition we would like to correct the following errors: patient IDs for patients U01 and U02 in the original Table 2 were interchanged. In addition, patient N03 had a grade 3 elevation of gamma-glutamyl transferase, and not grade 2 (see corrected Table 2 overleaf).

Reference

1. von Minckwitz G, Harder S, Hövelmann S, Jäger E, Al-Batran SE, Loibl S, Atmaca A, Cimpoiasu C, Neumann A, Abera A *et al*: Phase I clinical study of the recombinant antibody-toxin scFv(FRP5)-ETA specific for the ErbB2/HER2 receptor in patients with advanced solid malignomas. *Breast Cancer Res* 2005, **7**:R617-R626.

Table 2**Study summary**

Patient	Dose level (µg/kg)	Course of therapy	Toxicities ≥grade 1	Dose-limiting toxicity	Neutralizing antibodies	Clinical response
N01	2	According to plan	GGT grade 2	No	No	Progression
U01	2	Stopped on day 10	Cholestasis due to liver metastasis ^a	No	n.d.	n.d.
U02	2	According to plan	None	No	n.d.	Progression
N03	4	According to plan	GGT grade 2	No	No	Stable disease
N04	4	According to plan	ALT grade 1	No	No	Stable disease
N05	4	According to plan	Hemoglobin grade 3 ^a	No	No	Progression
N06	10	According to plan	ALT grade 2, AST grade 1	No	+	Progression
N07	10	According to plan	ALT/AST grade 1, GGT grade 3	No	No	Progression
U03	10	According to plan	Fever and dyspnoe ^b	No	++	n.d. ^c
N13	12.5	According to plan	ALT grade 1, GGT grade 2, AP grade 1	No	No	Progression
N14	12.5	Stopped on day 8	ALT/AST grade 3, GGT grade 2, LDH grade 1	Yes	n.d.	n.d.
N15	12.5	According to plan	ALT grade 2, AST grade 1, AP grade 2	No	+	Progression
N17	12.5	According to plan	ALT/AST grade 2	No	No	Progression
U04	12.5	According to plan	Dyspnoe	No	No	n.d. ^c
U05	12.5	According to plan	None	No	++	Stable disease
N09	20	According to plan	ALT/AST grade 2	No	+++	Progression
N10	20	Stopped on day 8	ALT grade 4, AST grade 3, GGT grade 2	Yes	n.d.	n.d.
N12	20	Stopped on day 8	ALT grade 3, AST grade 2	Yes	n.d.	n.d. ^c

ALT, alanine aminotransferase; AST, aspartate aminotransferase; GGT, gamma-glutamyl transferase; n.d., not determined.

^aCausal relationship with study drug unlikely.

^bPatient U03 developed fever and dyspnoe after therapy on day 23, which was resolved with antibiotics; the patient died on day 40, causal relationship with study drug unlikely.

^cClinical signs of activity while on therapy including healing of cutaneous lesion (U03, U04), size reduction of lymph node metastasis (U03), and inflammatory response and softening of large tumor mass (N12).