

**ERRATUM**

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# Erratum: Dual HER2 blockade: preclinical and clinical data

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See related review by Patel et al., <http://breast-cancer-research.com/content/16/4/419>

The online version of the original article can be found under doi:10.1186/s13058-014-0419-5.

## Erratum

After publication of our review [1], we noted errors to the legend of Figure 1B, C. The ado-trastuzumab-emtansine concentration should be 1 µg/ml instead of 1 mg/ml. The trastuzumab concentration should be 10 µg/ml instead of 10 mg/ml. The lapatinib concentration should be 10 µM instead of 10 mM (Please see Figure 1, a corrected version of the original Figure 1).

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### Reference

1. Patel TA, Dave B, Rodriguez AA, Chang JC, Perez EA, Colon-Otero G: **Dual HER2 blockade: preclinical and clinical data.** *Breast Cancer Res* 2014, **16**:419.

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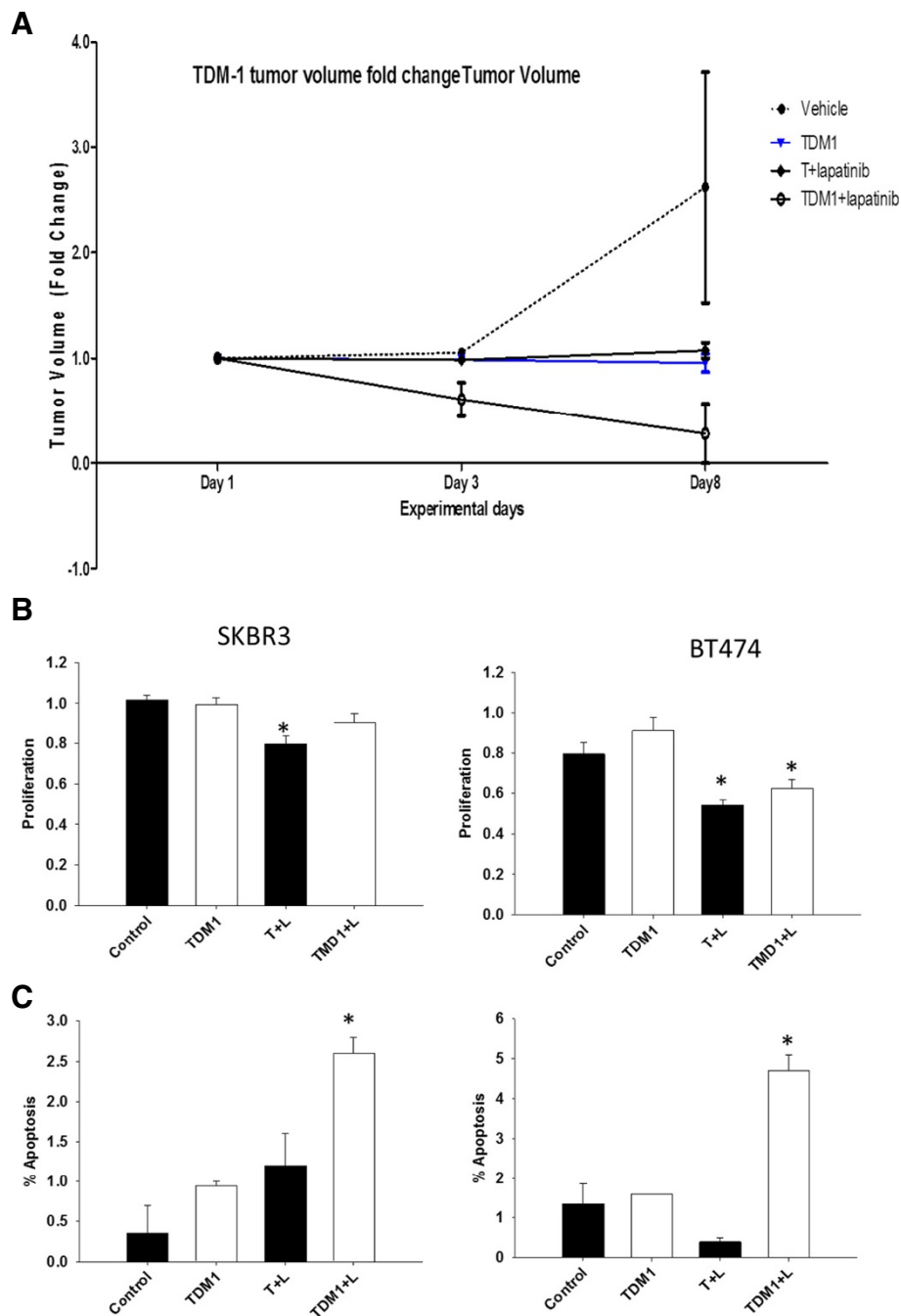
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**Figure 1 Dual blockade with antibody–drug conjugate and targeted therapy.** (A) SCID Beige mice were injected with 1 million cells per mouse in the estrogen receptor-positive, human epidermal growth factor receptor (HER)-positive cell line called BT474-m1. These animals were randomized into six groups and treated with: vehicle control; trastuzumab (5 mg/kg once weekly); lapatinib (100 mg/kg daily); ado-trastuzumab-emtansine (TDM-1; 5 mg/kg weekly); trastuzumab (5 mg/kg once weekly) + lapatinib (100 mg/kg daily); or TDM-1 (5 mg/kg weekly) + lapatinib (100 mg/kg daily). Tumor volume fold-change will be measured twice weekly post treatment. (B), (C) BT474 and SKBR3 HER2-positive cell lines were treated with the following: vehicle control; TDM-1 (1 µg/ml); trastuzumab (10 µg/ml) + lapatinib (10 µM); or TDM-1 (1 µg/ml) + lapatinib (10 µM). Cells were assessed for proliferation and apoptosis post treatment. \*Data analyzed by one way analysis of variance followed by Tukey analysis for a pairwise comparison of different groups,  $P < 0.05$ . T, trastuzumab; L, lapatinib. Data from J Chang, unpublished data.