

statistical tool and agree that the RMST may permit an alternative method of visualization and comparison of group differences over time using means rather than medians. We can confirm that their RMST estimates are correct across quartile 1 to quartile 4, showing a difference of 10.4 months (95% CI, 8.0-12.9 months) but smaller differences between individual sequential quartiles ranging from 1.7 to 5.9 months. We also agree that the RMST procedure for our specific automated bone scan index (aBSI) data set provides good discrimination across aBSI quartiles and thank Sun et al for pointing out this method of analysis for stratification schemes. We will consider this method in future studies of aBSI and other prognostic factors in prostate cancer.

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1. Armstrong AJ, Anand A, Edenbrandt L, et al. Phase 3 assessment of the automated bone scan index as a prognostic imaging biomarker of overall survival in men with metastatic castration-resistant prostate cancer: a secondary analysis of a randomized clinical trial. *JAMA Oncol.* 2018;4(7):944-951. doi:10.1001/jamaoncol.2018.1093

## CORRECTION

**Incorrect Treatment Group in Results and Error in Legend of Figure 2:** In the article titled "Survival Outcomes in Patients With Previously Untreated *BRAF* Wild-Type Advanced Melanoma Treated With Nivolumab Therapy: Three-Year Follow-up of a Randomized Phase 3 Trial,"<sup>1</sup> a single instance of the incorrect treatment group was named in the beginning of the Results, and the overall survival rates for nivolumab and dacarbazine in the caption for part A of Figure 2 were incorrect. In the Results, the sentence has been revised to read, "...in the dacarbazine group, the median age of patients was 66 years (25-87 years)...", and in the caption for part A of Figure 2, the rates have been revised to read, "For nivolumab, the overall survival rate at 1 year was 71%; 2 years, 58%; and 3 years, 51%. For dacarbazine, the overall survival rate at 1 year was 46%; 2 years, 26%; and 3 years, 22%." This article has been corrected online.

1. Ascierto PA, Long GV, Robert C, et al. Survival outcomes in patients with previously untreated *BRAF* wild-type advanced melanoma treated with nivolumab therapy: three-year follow-up of a randomized phase 3 trial [published online October 25, 2018]. *JAMA Oncol.* doi:10.1001/jamaoncol.2018.4514

**Typographical Errors in Table 2 and Text:** In the Original Investigation titled "Performance of a Multigene Genomic Classifier in Thyroid Nodules With Indeterminate Cytology: A Prospective Blinded Multicenter Study,"<sup>1</sup> published online November 8, 2018, there were typographical errors in Table 2, the Methods section, and the Results section. The term "neoplastic disease" has been replaced with "surgery-requiring disease" in the Results section. This article was corrected online.

1. Steward DL, Carty SE, Sippel RS, et al. Performance of a multigene genomic classifier in thyroid nodules with indeterminate cytology: a prospective blinded multicenter study [published online November 8, 2018]. *JAMA Oncol.* doi:10.1001/jamaoncol.2018.4616.

**Error in Author Affiliation:** In the Original Investigation titled "Comparison of Immediate vs Deferred Cytoreductive Nephrectomy in Patients with Synchronous Metastatic Renal Cell Carcinoma Receiving Sunitinib: The SURTIME Randomized Clinical Trial" by Bex et al,<sup>1</sup> published online December 13, 2018, the affiliation for Maria del Pilar Laguna, MD, PhD, was incorrect. The correct affiliation is Department of Urology, Istanbul Medipol University, Istanbul, Turkey. This article has been corrected online.

1. Bex A, Mulders P, Jewett M, et al. Comparison of immediate vs deferred cytoreductive nephrectomy in patients with synchronous metastatic renal cell carcinoma receiving sunitinib: the SURTIME randomized clinical trial [published online December 13, 2018]. *JAMA Oncol.* doi:10.1001/jamaoncol.2018.5543