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CORRECTION

Correction to: Biomarkers in breast cancer: A consensus statement by the Spanish Society of Medical Oncology and the Spanish Society of Pathology

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On page 5 of the article, in the last paragraph of the section "Prognostic genetic platforms: molecular phenotypes and translation to the clinic" a relevant discrepancy between the text and Table 1 could be misunderstood, therefore the paragraph was corrected. The corrected version as well as some changes in Tables 1 and 2 that reflect the updated modifications are shown here:

The 2017 update of the ASCO Clinical Practice Guideline of Biomarkers use for the adjuvant therapy of breast cancer, focused on the use of MammaPrint®, specified that MammaPrint® may be used in patients with HR+, HER2-negative cases with high clinical risk per MINDACT, either without lymph node involvement or with 1–3 positive nodes, to inform decisions on withholding adjuvant chemotherapy. However, the ASCO guideline warns that these patients should be informed that a benefit of chemotherapy cannot be excluded, particularly in patients with > 1 nodes involved. On the other hand, MammaPrint® does not have a use in either the ER/PR positive low-risk category, in patients with HER2 + or triple-negative breast cancer, according to the guideline [54].

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Table 1 Usage recommendations for different genetic tests as prognostic tools or to establish the benefit of adding chemotherapy to hormone therapy in the management of breast cancer

	Oncotype DX®	MammaPrint®	Prosigna® (PAM50)	EndoPredict®
ASCO 2017 [1]	Guides the decision to prescribe adjuvant systemic chemotherapy Evidence: high Recommendation: strong	May be used in ER/PR positive, HER2 negative, high risk breast cancer Node-negative Evidence: high Recommendation: strong Node-positive (1–3 nodes)[a] Evidence: high Recommendation: moderate It should not be used in either ER/PR positive low risk per MINDACT, HER2 positive or triple negative breast cancer	Guides the decision to prescribe adjuvant systemic chemotherapy together with other clinical and pathological variables Evidence: high Recommendation: strong	Guides the decision to prescribe adjuvant systemic chemotherapy Evidence: intermediate Recommendation: moderate
NCCN 2017 [2]	The only test recommended for patients with > 0.5 cm tumour Oncotype DX®: can be considered for selecting patients with 1–3 ipsilateral lymph nodes involved The only test validated for predicting chemotherapy response	Prognostic value, but not validated for predicting chemotherapy response		
St Gallen 2017 [3]	Prognostic value and predictive of the benefit of adjuvant chemotherapy in node-negative tumors. No role in clinical low risk patients, where chemotherapy would not be indicated			
SEOM	5-year recurrence risk prognosis: IA/IB 10-year recurrence risk prognosis: IB Chemotherapy benefit prediction: IA/IB	5-year recurrence risk prognosis: IB 10-year recurrence risk prognosis: – Chemotherapy benefit prediction: –	5-year recurrence risk prognosis: IB 10-year recurrence risk prognosis: IB Chemotherapy benefit prediction: –	5-year recurrence risk prognosis: IB 10-year recurrence risk prognosis: IB Chemotherapy benefit prediction: –
IMPAKT	Little but significant prognostic information above and beyond clinical and pathological parameters. No evidence of clinical usefulness for modifying the treatment decision.			

ASCO American Society of Clinical Oncology, *IMPAKT* improving care and knowledge through translational research in breast cancer, *NCCN* National Comprehensive Cancer Network, *SEOM* Spanish Society of Medical Oncology

[a]Patients should be informed that a benefit of chemotherapy cannot be excluded, particularly in cases > 1 involved axillary nodes

Table 2 Prognostic and predictive value of different genetic tests in breast cancer

	ASCO 2017 [1]			NCCN 2017 [2]		St Gallen 2017 [3]			SEOM 2015		
	Prognosis		CT benefit prediction	Prognosis	CT benefit prediction	Prognosis		CT benefit prediction	Prognosis		CT benefit prediction
	5 years	10 years				5 years	10 years		5 years	10 years	
Oncotype DX®	Yes	NA	Yes	Yes	Yes	+++	+++	Yes	IA (low RS) IB (other RSs)	IB	IA (low RS) IB (other RSs)
Prosigna®	Yes	Yes	Yes	Yes	NA	++	++	Yes	IB	IB	NA
MammaPrint®	Yes	No	Yes	Yes	NA	+++	NA	Yes	IB	NA	NA
EndoPredict®	Yes	Yes	Yes	Yes	NA	++	++	Yes	IB	IB	NA

ASCO American Society of Clinical Oncology, *CT* chemotherapy, *ESMO* European Society for Medical Oncology, *NA* not available, *NCCN* National Comprehensive Cancer Network, *RS* Recurrence Score, *SEOM* Spanish Society of Medical Oncology

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