

## Correction

The May 26 research article “Benefits and harms of erythropoiesis-stimulating agents for anemia related to cancer: a meta-analysis”<sup>1</sup> suggested that none of the studies that reported mortality used erythropoiesis-stimulating agents in a manner consistent with the current Health Canada label for darbepoetin. That was incorrect.

The paragraph should read as follows:

“Current practices for the use of erythropoiesis-stimulating agents in people with cancer-related anemia are more restrictive than they once were. Guidelines from the American Society of Clinical Oncology<sup>72</sup> indicate that the agents should not be used unless patients are receiving concurrent chemotherapy; however, they cautiously recommend their use when the hemoglobin level is less than or approaching 100 g/L (or 100–120 g/L in certain circumstances, including decreased cardiopulmonary reserve). The recently revised Health Canada label for darbepoetin is similar to the society’s criteria: it indicates that the agent should be used for cancer-related anemia under very specific conditions: the presence of nonmyeloid cancer; anemia due to chemotherapy; a hemoglobin level less than 100 g/L; and a target hemoglobin level of no more than 120 g/L. Although we identified 2 studies that reported mortality and met the last 3 conditions (and were therefore consistent with the American Society of Clinical Oncology’s criteria), both enrolled patients with a hematological malignancy (multiple myeloma).”

## REFERENCE:

1. Tonelli M, Hemmelgarn B, Teiman T, et al. Benefits and harms of erythropoiesis-stimulating agents for anemia related to cancer: a meta-analysis. *CMAJ* 2009;180(11):1107-12.