

CORRECTION

Correction: Efficacy and safety of anlotinib combined with chemotherapy in the treatment of metastatic triple negative breast cancer

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The authors issue the following corrections to the originally published article [1].

1. Section 3.5 incorrectly reported the 95% CI for the median PFS of the combination therapy group as 2.417–5.023. The correct value is 32.417–35.023 (consistent with the Abstract), due to the omission of the leading digit “3”. The corrected sentence is:

“Conventional chemotherapy had a median PFS of 29.38 months (95% CI: 26.918–31.842), and combination therapy had a median PFS of 33.72 months (95% CI: 32.417–35.023).”

This correction alters only the 95% CI in Section 3.5; the median PFS, follow-up data, log-rank test (Log rank = 4.072, $p = 0.044$), and overall conclusion remain unchanged.

2. Some references have been replaced and the corresponding statements revised for better accuracy. The revisions are as follows:

Introduction

Original text:

“Combining platinum with other pharmacological treatments has been the focus of TNBC research in recent years, demonstrating favorable clinical efficacy by targeting TNBC’s highly invasive and metastatic characteristics [7, 8].”

Revised text:

“Combining platinum with other pharmacological treatments has been the focus of TNBC research in recent years. Platinum-based chemotherapy regimens, including nab-paclitaxel plus cisplatin, have shown clinical activity in metastatic TNBC [7, 8].”

Section 2.3.1 Efficacy evaluation

Original text:

“Changes in patient conditions were assessed at 6 months posttreatment using the Response Evaluation Criteria in Solid Tumors [13].”

Revised text:

“Changes in patient conditions were assessed at 6 months post-treatment using the Response Evaluation Criteria in Solid Tumors version 1.1 [13]. Complete response (CR), partial response (PR), progressive disease (PD), and stable disease (SD) were defined according to RECIST 1.1 criteria.”

Discussion

Original text:

“For patients over 40 years of age without breast disease, breast-related genetic factors or a family history of breast conditions, regular physical screenings are recommended [16].”

“Vascular regeneration plays a crucial role in tumor angiogenesis [20]. Tyrosine kinase inhibitors (TKIs) are antiangiogenic agents with antitumor properties that inhibit tumor angiogenesis through specific blockade of vascular endothelial growth factor receptor signaling [21, 22].”

“BSP is an acidic glycoprotein in the extracellular matrix that is associated with angiogenesis [26]. Among primary BC patients, Dehdari *et al.* [27] demonstrated that elevated serum BSP is a sign of early bone metastasis and is closely related to poor prognosis.”

“Ang-2 is a pro-angiogenic factor that enhances endothelial cell sensitivity to mitotic signaling and promotes angiogenesis [30].”

Revised text:

“For women at average or increased risk of breast cancer, regular screening according to age and risk stratification is recommended in Chinese breast cancer screening strategies [16].”

“Angiogenesis plays a crucial role in breast cancer growth, invasion and metastasis [20]. Antiangiogenic tyrosine kinase inhibitors can inhibit tumor angiogenesis by blocking VEGF/VEGFR-mediated signaling pathways. Anlotinib is a multitarget tyrosine kinase inhibitor that targets VEGFR, PDGFR and FGFR-related pathways, thereby inhibiting angiogenesis and tumor progression [21, 22].”

“BSP is an acidic glycoprotein in the extracellular matrix and has been described as a biomarker related to bone metastasis in breast cancer [26, 27].”

“Angiopoietin-related signaling is an important component of tumor angiogenic pathways and may be associated with the biological behavior and prognosis of breast cancer [30].”

Replaced references:

[8] Wang B, Sun T, Zhao Y, Wang S, Zhang J, Wang Z, *et al.* A randomized phase 3 trial of Gemcitabine or Nab-paclitaxel combined with cisPlatin as first-line treatment in patients with metastatic triple-negative breast cancer. *Nature*

Communications. 2022; 13: 4025.

[13] Eisenhauer EA, Therasse P, Bogaerts J, Schwartz LH, Sargent D, Ford R, *et al.* New response evaluation criteria in solid tumours: revised RECIST guideline version 1.1. *European Journal of Cancer*. 2009; 45: 228–247.

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[22] Li S, Wang H. Research progress on mechanism and management of adverse drug reactions of anlotinib. *Drug Design, Development and Therapy*. 2023; 17: 3429–3437.

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Radiology. 2023; 96: 20230117.

[30] Ayoub NM, Sardiah S, Al-Share QY, Alkader MS. Exploring angiogenic pathways in breast cancer: clinicopathologic correlations and prognostic implications based on gene expression profiles from a large-scale genomic dataset. *PLOS ONE*. 2024; 19: e0310557.

The authors have rechecked all references and confirm that the remaining citations appropriately support the corresponding statements. These corrections are limited to background information, methodological details, and mechanistic discussion. They do not affect the study design, results, safety data, survival analysis, or overall conclusions.

The authors apologize for these errors and any inconvenience caused. The scientific conclusions of the study are unaffected.

REFERENCES

- [1] Qian YQ, Wu HF, Gao L. Efficacy and safety of anlotinib combined with chemotherapy in the treatment of metastatic triple negative breast cancer. *European Journal of Gynaecological Oncology*. 2024; 45: 68–74.