Corrigendum

Corrigendum to "Impact of Concomitant Prostate Cancer Medications on Efficacy and Safety of Relugolix Versus Leuprolide in Men With Advanced Prostate Cancer" [Clinical Genitourinary Cancer 21/3 (2023) 383-392.e2]

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The authors regret that there were two places in the Results section of the manuscript where we used data from the original HERO study analysis instead of the final HERO study analysis (this manuscript data is based on the final HERO study analysis). These instances included data for several adverse event percentages and for treatment duration data.

The text detailing duration of therapy in the ***Results, Patients*** section should read:

> *'In the final analysis population, mean (SD) duration for enzalutamide was 16.2 (10.7) weeks in the relugolix group and 16.9 (12.5) weeks in the leuprolide group. Mean (SD) duration for docetaxel was 4.5 (1.9) 21-day cycles in the relugolix group and 3.5 (1.7) 21-day cycles in the leuprolide group. Median (range) duration for enzalutamide was 12.9 (2.6-38.0) weeks in the relugolix group and 15.7 (0.3-33.7) weeks in the leuprolide group. Median (range) duration for docetaxel was 5.0 (1.0-9.0) 21-day cycles in the relugolix group and 4.0 (1.0-5.0) 21-day cycles in the leuprolide group. All other relevant concomitant therapies were used in < 1% of the population, except for bicalutamide, which was used in 25.2% of patients in the leuprolide group, primarily for flare protection, and 0.1% in the relugolix group. Median duration for bicalutamide was 11.9 and 4.1 weeks for relugolix and leuprolide groups, respectively.'*

The text detailing grade 3 or higher adverse events in the ***Results, Safety*** section should read:

> *'Grade 3 or higher AE frequencies were similar between relugolix and leuprolide in patients with or without concomitant use of ENZ or DOC (relugolix: with ENZ: 40.0%, with DOC: 47.1%, overall population: 19.0%; leuprolide: with ENZ: 11.1%, with DOC: 27.3%, overall population: 19.6%; Table 4).'*

The authors would like to apologise for any inconvenience caused.

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