

Erratum

Erratum to “The effect of immediate breast reconstruction on adjuvant chemotherapy”: [EJC Supplements 1 (2003) 41]

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The Publisher regrets that errors occurred in the above mentioned abstract and is correctly shown below.

Immediate breast reconstruction (IBR) is being increasingly offered to patients requiring mastectomy for breast cancer. There is a lack of data concerning its effects on adjuvant chemotherapy delivery. An audit was carried out to determine whether IBR affected time to initiation of chemotherapy, delays during chemotherapy, dose intensity and need for support with antibiotics or GCSF.

A total of 44 patients undergoing a variety of reconstructive procedures followed by chemotherapy were identified. These were compared with a control group of 49 patients undergoing mastectomy alone and chemotherapy in the same 4-year period and institution. The results are summarised below:

Surgery	Mean time to chemotherapy (days)	Dose intensity	Percentage delayed (1 week)
Control	38	97%	22%
TRAM	43	93%	23%
LD flap	32	98%	13%
Implant	33	98%	29%

Patients undergoing TRAM reconstruction experienced an average of 5 more days delay to chemotherapy initiation than controls with the commonest reason being poor wound healing. Dose intensity, delays during chemotherapy and need for support with GCSF or antibiotics were comparable in all groups.

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