



Revista Brasileira de Hematologia e Hemoterapia
Brazilian Journal of Hematology and Hemotherapy

www.rbhh.org



Erratum

Erratum to “Diagnosis and treatment of chronic lymphocytic leukemia: Recommendations from the Brazilian Group of Chronic Lymphocytic Leukemia” [Rev Bras Hematol Hemoter. 2016;38(4):346–357]



Celso Arrais Rodrigues^{a,b,*}, Matheus Vescovi Gonçalves^{a,c},
Maura Rosane Valério Ikoma^d, Irene Lorand-Metze^e, André Domingues Pereira^b,
Danielle Leão Cordeiro de Farias^f, Maria de Lourdes Lopes Ferrari Chauffaille^{a,c},
Rony Schaffel^g, Eduardo Flávio Oliveira Ribeiro^h, Talita Silveira da Rocha^{i,j},
Valeria Buccheri^k, Yuri Vasconcelos^l, Vera Lúcia de Piratininga Figueiredo^m,
Carlos Sérgio Chiattone^{j,n}, Mihoko Yamamoto^a, on behalf of the Brazilian Group of
Chronic Lymphocytic Leukemia

^a Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil

^b Hospital Sírio Libanês, São Paulo, SP, Brazil

^c Fleury Medicina e Saúde, São Paulo, SP, Brazil

^d Hospital Amaral Carvalho, Jaú, SP, Brazil

^e Universidade Estadual de Campinas (UNICAMP), São Paulo, SP, Brazil

^f Universidade Federal de Goiás (UFG), Goiânia, GO, Brazil

^g Universidade Federal do Rio de Janeiro (UFRJ), Rio de Janeiro, RJ, Brazil

^h Hospital Santa Lúcia, Brasília, DF, Brazil

ⁱ A.C. Camargo Cancer Center, São Paulo, SP, Brazil

^j Santa Casa de Misericórdia de São Paulo, São Paulo, SP, Brazil

^k Instituto do Câncer do Estado de São Paulo (ICESP), São Paulo, SP, Brazil

^l Instituto Goiano de Oncologia e Hematologia (INGOH), Goiânia, GO, Brazil

^m Instituto de Assistência Médica ao Servidor Público Estadual (IAMSPE), São Paulo, SP, Brazil

ⁿ Hospital Samaritano, São Paulo, SP, Brazil

In the article “Diagnosis and treatment of chronic lymphocytic leukemia: recommendations from the Brazilian Group of Chronic Lymphocytic Leukemia”, published in Rev Bras Hematol Hemoter 2016;38:346–57, please consider the following correction:

2) Relapsed first-line treatment:

- a) Progress after 24 months: repeat first-line treatment (add an anti-CD20 antibody if not used in the first-line treatment)

DOI of original article: <http://dx.doi.org/10.1016/j.bjhh.2016.07.004>.

* Corresponding author at: Universidade Federal de São Paulo (UNIFESP), Rua Doutor Diogo de Faria, 824, Vila Clementino, 04037-002 São Paulo, SP, Brazil.

E-mail address: celsoarrais@gmail.com (C.A. Rodrigues).

<http://dx.doi.org/10.1016/j.bjhh.2017.01.002>

1516-8484/© 2016 Associação Brasileira de Hematologia, Hemoterapia e Terapia Celular. Published by Elsevier Editora Ltda. All rights reserved.

b) Progress within 24 months:

- 'Go-go' patients: ibrutinib
 - Alternative options: venetoclax, alemtuzumab with or without methylprednisolone, rituximab with or without high-dose methylprednisolone, allogeneic HCST, bendamustine plus rituximab
- 'Slow-go' patients: ibrutinib
 - Alternative options: idelalisib plus rituximab, alemtuzumab with or without methylprednisolone, rituximab with or without high-dose methylprednisolone, bendamustine plus rituximab, FCR-lite