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CORRIGENDUM

Corrigendum: Real-practice management and treatment of idiopathic multicentric Castleman disease with siltuximab: a collection of clinical experiences

Abstract

The authors wish to make the following corrections to their article: Rossini B, Cecchi N, Clemente F, De Paolis MR, Hohaus S, Innao V, Lucignano M, Massaiu R, Palumbo G, Rigolin GM, Rossi FG, Verga L, Guarini A. Real-practice management and treatment of idiopathic multicentric Castleman disease with siltuximab: a collection of clinical experiences. *Drugs Context.* 2024;13:2023-9-4. https://doi.org/10.7573/dic.2023-9-4

Corrigendum

The authors regret that there are errors in their original paper.

The following shows where original text has been removed (strikethrough) and new wording introduced (underlined).

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Case 1

In September 2021, a ~~64~~66-year-old ~~woman~~ female presented with a 2-week history of persistent diarrhoea, abdominal pain, fever, night sweats and laterocervical lymphadenopathy.

Page 4 and 5, Table 1

See next page.

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Table 1. Summary of demographic and clinical characteristics of patients.

	Sex	Age (years)	iMCD type	Criteria for iMCD diagnosis[a]	Start of siltuximab therapy (11 mg/kg every 21 days)	Treatment course	Response to treatment
Case 1	F	66	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** altered renal function, elevated inflammation parameters, proteinuria	November 2021	• Transient increase in blood pressure following the first infusion, managed on an outpatient basis with no lasting effects • The patient has completed 21 cycles of treatment, without relevant side-effects	A complete morphological response was confirmed on the total body CT scan (March 2023)
Case 2	F	61	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** increased indices of inflammation, altered blood count, hypoalbuminaemia, polyclonal hypergammaglobulinaemia, oedema	December 2021	• Normalization of inflammation indices within the third infusion • Blood counts were normal after 6 months of treatment	Significant clinical improvement, with resumption of mobility with a marked reduction of joint pain
Case 3	M	56	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** worsening of renal function with the onset of proteinuria	May 2022	• Before the fifth administration, the patient's clinical condition worsened with several episodes of acute abdomen and cerebral ischaemia requiring hospital admissions. The remission state of the iMCD condition after siltuximab administration led to the temporary discontinuation of siltuximab and the initiation of a specific autoimmune disorder treatment	Improved clinical condition related to cryoglobulinaemic vasculitis and is still undergoing rehabilitation to recover from ischaemic outcomes; the intention is to resume iMCD treatment with siltuximab as soon as the clinical conditions are fully stabilized
Case 4	M	60	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** increased erythrocyte sedimentation rate, increased indices of inflammation, polyclonal hypergammaglobulinaemia	July 2021	• Good clinical tolerance and rapid normalization of inflammation indices and hypergammaglobulinaemia • The patient has completed 27 cycles of treatment, without relevant side-effects	CT scan in January 2023 documented dimensional reduction of all lymph nodes, of all infracentimetric or pericentimetric dimensions, and further reduction of the right renal mass
Case 5	M	59	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** altered renal function, proteinuria	February 2021	• The patient completed 43 cycles of treatment, without relevant side-effects	At the last visit (July 2023), the patient was asymptomatic and adherent to therapy

(*Continued*)

Table 1. (Continued)

	Sex	Age (years)	iMCD type	Criteria for iMCD diagnosis[a]	Start of siltuximab therapy (11 mg/kg every 21 days)	Treatment course	Response to treatment
Case 6	M	18	iMCD – mixed histological variant	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** systemic symptoms	January 2022	• An instrumental examination for disease re-evaluation is carried out every 6 months unless otherwise needed or clinical complications arise • The patient completed 20 cycles of treatment, without relevant side-effects	Significant improvement in QoL, with a total disappearance of clinical symptoms
Case 7	M	54	iMCD – hyaline-vascular type	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** increased indices of inflammation, altered blood count, hypoalbuminaemia, proteinuria	March 2019	• After the fifth administration, the patient presented a diffuse skin rash associated with pruritus. The therapy was temporarily suspended and resumed regularly after 5 months • The patient completed 61 cycles of treatment without relevant side-effects	Significant improvement in QoL, with a total disappearance of clinical symptoms
Case 8	M	49	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** increased indices of inflammation, hypoalbuminaemia, hypogammaglobulinaemia, proteinuria	January 2022	• The patient completed 18 cycles of treatment without relevant side-effects	Clear reduction in the spleen size and lymphadenopathy. No evidence of PLA4R antibodies, and proteinuria almost disappeared
Case 9	M	65	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** systemic symptoms	May 2021	• The patient completed 31 cycles of treatment without relevant side-effects	At the last follow-up (March 2023), the patient was in complete remission and had an excellent QoL
Case 10	F	23	iMCD with plasma cell-type histology	**Major:** histopathological lymph node, lymphadenopathy in ≥2 lymph node stations **Minor:** systemic symptoms	June 2021	• The patient completed 17 cycles of treatment without relevant side-effects	Marked improvement in QoL and a complete remission

[a]All patients were HHV8-negative at LANA1 test.
iMCD, idiopathic multicentric Castleman's disease; QoL, quality of life.

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Case 2

In April 2021, a 61-year-old ~~male~~ female patient was referred from the rheumatology department after a CT examination showed chest and abdomen adenopathy (2–4 cm maximum diameter).

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Case 3

A 56-year-old ~~female~~ male patient presented with asthenia, generalized pruritus and hyperpyrexia.

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Case 5

In July 2020, a 59-year-old ~~female~~ male patient presented with high-grade fever, weight loss, sweating, weakness and left supraclavicular swelling.

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Case 7

In June 2018, a 54-year-old ~~male~~ female patient presented with systemic symptoms, including fever associated with shaking chills, headache, vomiting and arthromyalgia.

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Case 8

In 2017, a 49-year-old ~~female~~ male patient presented with declivous, periorbital oedema and important asthenia.

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Case 10

A 23-year-old ~~male~~ female patient presented with adenopathy in the left axillary region associated with fever and night sweats.