Erratum to: Could Metabolic Therapy Become a Viable Alternative to the Standard of Care for Managing Glioblastoma?

Thomas N Seyfried, PhD,1 Jeremy Marsh, MSV,2 Purna Mukherjee, PhD,3 Giulio Zuccoli, MD,4 and Dominic P D’Agostino, PhD5

1. Professor of Biology; 2 Bachelor of Science; 3. Research Assistant Professor, Biology Department, Boston College, Chestnut Hill, Massachusetts, US; 4. Section Chief, Section of Neuroradiology, Children’s Hospital of Pittsburgh, and Associate Professor of Radiology, University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, US; 5. Assistant Professor, Department of Molecular Pharmacology and Physiology, University of South Florida, Tampa, Florida, US

In order to comply with the latest recommendations outlined by ICMJE the publisher would like to make the following amendments to the Disclosure section:

Thomas N Seyfried, PhD, Jeremy Marsh, MSV, Purna Mukherjee, PhD, Giulio Zuccoli, MD and Dominic P D’Agostino, PhD have no conflicts of interest to declare.

The publisher and authors would like to make the following adjustments to Figure 1 in the article.
The Red line in the figure should be labelled Radiotherapy, and the Blue line should be labelled Combined. Also, the P value should be P < 0.0001.
In the legend, the patient numbers should read radiotherapy alone n=286 and combined n= 287.

The two patient groups included radiotherapy alone (n=286) and radiotherapy with temozolomide (n=287). Overall patient survival has remained largely unchanged from the study published in 2005.4 Reprinted with permission from Stupp et al.1