Important Correction Notice

Demystifying Drug Dosing in Obese Patients
by Brandon R. Shank and David E. Zimmerman

The publisher wishes to inform you of nine important corrections.

Correction One:

On page 8, chapter 1, in Equation 1-9a (CrCl, males), change 9.74 to 12.1. Also, formatting changes were made to Equation 1-9a (CrCl, males) and Equation 1-9b (CrCl, females). See revised equations below:

$$\text{CrCl (males)} = \frac{(137 - \text{age}) \times [(0.285 \times \text{TBW(kg)}) + (12.1 \times \text{ht(m)}^2)]}{(51 \times \text{SCr})} \quad \textbf{Equation 1-9a}$$

$$\text{CrCl (females)} = \frac{(146 - \text{age}) \times [(0.287 \times \text{TBW(kg)}) + (9.74 \times \text{ht(m)}^2)]}{(60 \times \text{SCr})} \quad \textbf{Equation 1-9b}$$

Correction Two:

On page 84, Chapter 4, under heading "Ibutilide," replace with the following paragraph (changes are in **bold**):

> Ibutilide is a Vaughan-Williams Class II antiarrhythmic indicated for the rapid conversion of atrial fibrillation or atrial flutter.[35] The dosing for ibutilide recommends **1 mg** IV infusion over 10 minutes for patients who weigh 60 kg or more.[35] A second infusion of **1 mg** can be given 10 minutes later if the arrhythmias did not terminate. No other data are available for dosing in obese patients, and the above dosing of **1 mg** should be used.

Correction Three:

On page 85, Chapter 4, switch headings "Nondepolarizing Agents" and "Depolarizing Agents" so that "Depolarizing Agents" appears before subheading "Succinylcholine" and "Nondepolarizing Agents" appears before subheading "Rocuronium." See revised text below:

> ***Depolarizing Agents***
> *Succinylcholine*
> Succinylcholine has a fast onset of about 45 seconds and offset of about 5 to 10 minutes.[36]

Nondepolarizing Agents

Rocuronium

Rocuronium has an onset of about 60 seconds and a duration of action of about 40 to 60 minutes when dosed at 1 mg/kg.[36]

Correction Four:

On page 119, Chapter 6, sixth sentence under heading "Melphalan," change the units from "2.7 kg/m^2" to "2.7 m^2" (changes are in **bold**):

In another study, patients weighing up to 135 kg were dosed on BSA using TBW (max BSA = 2.7 **m^2**).[18]

Correction Five:

On page 125, Chapter 6, first sentence under heading "Imatinib and Sunitinib," change the units from "(BMI 46.9 m^2)" to "(BMI 46.9 kg/m^2)" (changes are in **bold**):

One published case describes a 134-kg (BMI 46.9 **kg/m^2**) male patient with a gastrointestinal stromal tumor who progressed on imatinib 400 mg by mouth daily and then transitioned to sunitinib 50 mg by mouth daily for 4 weeks on and then 2 weeks off.[137]

Correction Six:

On page 128, Chapter 6, fourth sentence under heading "Sample Calculation: Carboplatin," replace "35.5 kg/m^2" with "33.4 kg/m^2" in the following sentence (changes are in **bold**):

Her TBW is 91 kg, and she is 65'' tall (BMI = **33.4** kg/m^2).

Correction Seven:

On page 130, chapter 6, Summary Table: Antineoplastic Medication Dosing Recommendations in Obese Patients, change the recommended weight for Targeted therapies/Carfilzomib from "Cap BSA at 2.2 mg/m^2" to "Cap BSA at 2.2 m^2" (changes are in **bold**):

Class	Agent	Recommended Weight	Level of Evidence
Targeted therapies	Carfilzomib[27]	Cap BSA at 2.2 **m^2**	I

Correction Eight:

On page 147, Chapter 7, third paragraph, fifth and seventh sentences, change "µM/min" and "mmol/mL" to "(µM)(min)" (changes are in **bold**):

The AUC of the test dose was significantly higher in the overweight and obese patients (1086 ± 362 **(μM)(min))** than the normal weight-patients (879 ± 211 **(μM)(min),** $p = 0.03$).[47]

In this study, 0.8 mg/kg of busulfan was administered as a small test dose 5 to 7 days prior to starting the regimen dose to facilitate analysis and determination of AUC (goal of 1,000 **(μM)(min))** for regimen dose calculation.

Correction Nine:

On page 187, Chapter 10, first sentence under heading "Darunavir" change "300 mg orally twice daily" to "600 mg orally twice daily" in the following sentence (changes are in **bold**):

In a case report evaluating the PK parameters of darunavir **600** mg orally twice daily, an observed trough of 2,602 ng/mL post-RYGB was comparable to published troughs in the non-RYGB population.[12]

These corrections have been incorporated in the printed book, effective with the second printing.

The corrections have also been made in the eBook version. If you have purchased the eBook version, please delete it from your library and download the updated version.