During a routine physical examination, my family physician saw something out of the ordinary and performed an extra test. That potentially unnecessary test led to my cancer diagnosis. Without his scientific inquiry and thoroughness, any care that I received may have come too late and proven to be futile.

After a few months of successful treatment with a pill-based regimen, I was advised that I may need an autologous stem cell transplant. I was not convinced and disagreed, but my oncologist listened to my concerns and helped me obtain a second opinion. Now assured after being armed with information, I decided to undergo the procedure. Since then I have not registered any M spikes and I am as close to being cured as one can be from this chronic but manageable disease.

Increased use of Big Data and social media allows for more communication of timely information throughout the entire medical value chain—especially between physician and patient. All parties will have to adapt to changes in technology to create personal and personalized care. Anything that creates a stronger 2-way relationship between patients and the physicians who treat us will break down barriers and allow cancer patients like me to have hope that we will endure.

Patients are not demanding. We, the unwilling consumers of health care, are merely becoming more educated about our conditions by the day. Our only "demand" is that we and our physicians have access to and choice in the care to be used on our behalf. That creates true value in health care.

Robert M. Tufts, BA, MBA

Author Affiliations: Tisch Institute for Sports Management, Media and Business, School of Professional Studies, New York University, New York, New York; Sy Syms School of Business, Yeshiva University, New York, New York.

Corresponding Author: Robert M. Tufts, BA, MBA, New York University, 7 E 12th St, New York, NY 10003 (rt65@nyu.edu).

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Additional Information: Mr Tufts is a former Major League Baseball pitcher, San Francisco Giants and Kansas City Royals, 1981 through 1983.

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In Reply If the aim is to assess how much patients drive health care costs, then it is clinicians' perspectives on whether a patient requested or demanded a test or treatment that is the right one. After all, the key issue is whether clinicians perceive what patients said as requests. It does not matter whether a researcher examining tapes has a different impression. Only clinicians can order tests or treatments and drive health care costs.

To check for faulty memory, we did assess whether clinicians who were asked immediately after they left the examination room reported a different rate of patient requests or demands for treatment compared with clinicians interviewed at the end of a clinic session. We found no difference in the rate of patient demands or requests. This is probably in part because a patient demand or request is salient and, thus, memorable.

Finally, given the high stakes of cancer treatment and the extensive information available from support groups, the Internet, and other media, we suspected that patients with cancer would be more vigilant and engaged and likely to demand or request treatments more frequently than other patient groups. But this is an empirical question that can only be answered by surveying thousands of clinical encounters in primary care and other specialties. We readily acknowledged that a sample of oncology patients from Philadelphia may not be representative and that additional studies are needed to confirm our findings.

Keerthi Gogineni, MD, MSHP
Katherine L. Shuman, BS
Nicole B. Gabler, PhD, MHA
Ezekiel J. Emanuel, MD, PhD

Author Affiliations: Division of Hematology-Oncology, Department of Medicine, Hospital of the University of Pennsylvania, Philadelphia (Gogineni); Department of Medicine, Hospital of the University of Pennsylvania, Philadelphia (Gogineni); Center for Clinical Epidemiology and Biostatistics, Perelman School of Medicine, University of Pennsylvania, Philadelphia (Shuman, Gabler); The Wharton School, Department of Health Care Management, University of Pennsylvania, Philadelphia (Emanuel).

Corresponding Author: Ezekiel J. Emanuel, MD, PhD, The Wharton School, Department of Health Care Management, University of Pennsylvania, 122 College Hall, Philadelphia, PA 19104-6303 (zemanuel@upenn.edu).

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CORRECTION

Error in Figure: In the Original Investigation titled "Tumor-Infiltrating Lymphocytes and Associations With Pathological Complete Response and Event-Free Survival in HER2-Positive Early-Stage Breast Cancer Treated With Lapatinib and Trastuzumab: A Secondary Analysis of the NeoALTTO Trial" published online April 30, 2015, in *JAMA Oncology* (doi:10.1001/jamaoncol.2015.0830), an error appeared in Figures 2B and 2D. In Figure 2B in the panel title, symbol key, and No. at risk, >40% should be replaced by ≥40%. In Figure 2D, in No. at risk, >40% should be replaced by ≥40%. This article was corrected online.

Error in Table Text: In the Research Letter titled "Five Years of Cancer Drug Approvals: Innovation Efficacy and Costs" published online in the April 2, 2015, issue of *JAMA Oncology* (doi:10.1001/jamaoncol.2015.0373), an incorrect indication was listed for ibrutinib in the Table. The correct indication is mantle cell lymphoma. This article was corrected online.

Error in Abstract: In the Original Investigation titled "Correlation of Smoking-Associated DNA Methylation Changes in Buccal Cells With DNA Methylation Changes in Epithelial Cancer" published online May 14, 2015, in *JAMA Oncology* (doi:10.1001/jamaoncol.2015.1053), an error appeared in the last sentence of the abstract Results. The text "area under the curve, 0.88; 95% CI, 0.76-1.00" should be deleted from the parenthetical phrase so that the sentence reads "The corresponding area under the curve of a smoking signature derived from blood cells was lower than that derived from buccal cells in 14 of 15 cancer types (Wilcoxon signed rank test, $P = .001$)." This article was corrected online.

Incorrect Units in Methods: In the Original Investigation titled "Statin Use at the Time of Initiation of Androgen Deprivation Therapy and Time to Progression in Patients With Hormone-Sensitive Prostate Cancer" published online May 7, 2015, in *JAMA Oncology* (doi:10.1001/jamaoncol.2015.0829), an error appeared in the second paragraph of the Methods section. In the fourth sentence, "1 ng/mL" should be replaced with "1 μg/mL" so that the sentence reads "The efficiency of knocking down *SLCO2B1* expression was assayed after induction with 1 μg/mL of doxycycline hyclate for 48 hours." This article was corrected online.