

## CORRIGENDA

## Clinical impact of bone marrow morphology for the diagnosis of essential thrombocythemia: comparison between the BCSH and the WHO criteria

H Gisslinger, G Jerczynski, B Gisslinger, A Wölfler, S Burgstaller, V Buxhofer-Ausch, M Schalling, M-T Krauth, A-I Schiefer, C Kornauth, I Simonitsch-Klupp, C Beham-Schmid, L Müllauer and J Thiele

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**Correction to:** *Leukemia* (2016) 30, 1126–1132; doi:10.1038/leu.2015.360

Following the publication of this Article, the authors noted that there were errors in Tables 2 and 4. The correct tables are provided below—amended values highlighted in bold and italicised.

Further the authors confirmed that the last sentence of the third to last paragraph of the methods section should be amended to read ‘Antithrombotic therapy with low-dose aspirin was applied in 142 patients of the WHO-confirmed ET and 171 patients of the BCSH-defined ET cohort.’

The authors wish to apologize for any inconvenience caused.

**Table 2.** Clinical characteristics, molecular analysis and constitutional symptoms of patients with essential thrombocythemia (ET) at presentation and treatment according to applied diagnostic criteria

	BCSH-defined ET (criteria A1–A3) <sup>1,2</sup>	WHO-defined ET criteria <sup>3</sup>	P-value
<i>General characteristics</i>			
n	238	232	
Age at diagnosis (years)	61.3 (18.8–88.8)	57.2 (17.5–88.8)	0.073
Sex male/female	<b>94/144</b>	93/139	<b>0.925</b>
<i>Clinical characteristics<sup>a</sup></i>			
Platelets (G/L)	769 (452–2530)	754 (450–2490)	0.539
Hemoglobin g/dl	14.2 (8.6–17.3)	14.4 (8.6–17.3)	0.826
Hematocrit (%)	42.9 (42.9–52.0)	42.7 (29.9–52.6)	0.630
WBC (G/L)	9.4 (2.21–31.32)	8.82 (2.21–22.3)	0.057
LDH (U/L)	221 (118–763)	207 (104–763)	< 0.001
Palpable splenomegaly (218/238) <sup>b</sup>	16.4% (39)	11.9% (26)	0.183
Fibrosis grading ≥ 1	8.4% (20)	0.0% (0)	< 0.001
<i>Molecular characteristics</i>			
Pathogenetic mutation present (238/169) <sup>b</sup>	100% (238)	72.8% (169)	–
JAK2 V617F ( <b>238/220</b> ) <sup>b</sup>	<b>72.7% (173)</b>	80.5% (136)	<b>0.078</b>
CALR ( <b>181/141</b> ) <sup>b</sup>	<b>24.4% (58)</b>	16.0% (27)	<b>0.048</b>
MPL ( <b>75/53</b> ) <sup>b</sup>	<b>2.9% (7)</b>	3.5% (6)	<b>0.780</b>
<i>Symptoms at diagnosis</i>			
Constitutional symptoms ( <b>200/169</b> ) <sup>b</sup>	16.0% (32)	14.8% (25)	0.774
Weight loss	4.5% (9)	4.1% (7)	1.000
Night sweats	8.5% (17)	8.3% (14)	1.000
Fatigue	5.0% (10)	5.9% (10)	0.818
Pruritus (202/175) <sup>b</sup>	2.0% (4)	2.3% (4)	1.000
<i>Cytoreductive therapy (191/164)<sup>b</sup></i>			
Hydroxurea	42.9% (82)	42.1% (69)	0.494
Interferon-alpha	34.6% (66)	30.5% (50)	0.429
Anagrelide	30.4% (58)	34.1% (56)	0.494
JAK1/2-inhibitor	4.7% (9)	3.0% (5)	0.586
Busulfan	2.6% (5)	2.4% (4)	1.000
Others <sup>c</sup>	4.2% (8)	0.6% (1)	0.042
Antithrombotic therapy with low-dose aspirin (189/160) <sup>b</sup>	90.5% (171)	88.8% (142)	0.602

Abbreviations: WBC, white blood cell count; LDH, serum lactate dehydrogenase. <sup>a</sup>Median, range. <sup>b</sup>Number evaluable in each cohort. <sup>c</sup>Pipobroman, P32 and other cytoreductive agents.

**Table 4.** Clinical characteristics of patients with WHO-defined essential thrombocythemia (ET) compared with WHO-defined prefibrotic primary myelofibrosis (prePMF) at presentation as derived from the BCSH-confirmed ET cohort

	WHO-defined ET <sup>3</sup>	WHO-defined prePMF <sup>3</sup>	P-value
<i>General characteristics</i>			
n	141	77	
Age at diagnosis (years)	58.9 (18.8–88.8)	64.6 (23.2–88.1)	0.086
Sex male/female	58/83	27/50	0.486
<i>Clinical characteristics<sup>a</sup></i>			
Platelets (G/L)	725 (452–1836)	840 (457–2530)	0.012
Hemoglobin (g/dl)	14.5 (11.5–17.3)	13.9 (8.6–16.6)	0.007
Hematocrit (%)	43.0 (33.2–52.0)	41.6 (27.5–48.9)	0.036
WBC (G/L)	8.8 (2.2–21.1)	10.3 (4.0–31.3)	0.004
LDH (U/L)	209 (110–763)	270 (136–598)	< 0.001
Palpable splenomegaly (141/77) <sup>b</sup>	9.9% (14)	23.4% (18)	0.009
Fibrosis grading ≥ 1	0.0% (0)	20.8% (16)	< 0.001
<i>Molecular characteristics</i>			
Pathogenetic mutation present (141/77) <sup>b</sup>	100% (141)	100% (77)	–
JAK2 V617F (141/77) <sup>b</sup>	<b>78.0% (110)</b>	61.0% (47)	0.011
CALR (99/65) <sup>b</sup>	<b>19.2% (27)</b>	<b>35.1% (27)</b>	<b>0.013</b>
MPL (33/37) <sup>b</sup>	<b>2.8% (4)</b>	<b>3.9% (3)</b>	<b>0.700</b>
<i>Symptoms at diagnosis</i>			
Constitutional symptoms (111/71) <sup>b</sup>	15.8% (16)	20.3% (10)	1.000
Weight loss	3.6% (4)	7.0% (5)	0.315
Night sweats	8.1% (9)	4.2% (3)	0.372
Fatigue	5.4% (6)	5.6% (4)	1.000
Pruritus (111/71) <sup>b</sup>	1.8% (2)	1.4% (1)	1.000
<i>Cytoreductive therapy (108/63)<sup>b</sup></i>			
Hydroxyurea	45.4% (49)	38.1% (24)	0.423
Interferon-alpha	31.5% (34)	34.9% (22)	0.736
Anagrelide	33.3% (36)	28.6% (18)	0.610
JAK1/2-Inhibitor	4.6% (5)	6.3% (4)	0.727
Busulfan	1.9% (2)	3.2% (2)	0.626
Others <sup>c</sup>	0.9% (1)	6.3% (4)	0.062
Antithrombotic therapy with low-dose aspirin (106/63) <sup>b</sup>	89.6% (95)	88.9% (56)	1.000

Abbreviations: WBC, white blood cell count; LDH, serum lactate dehydrogenase. <sup>a</sup>Median, range. <sup>b</sup>Number evaluable in each cohort. <sup>c</sup>Pipobroman, P32 and other cytoreductive agents.

## Long-term findings from COMFORT-II, a phase 3 study of ruxolitinib vs best available therapy for myelofibrosis

CN Harrison, AM Vannucchi, J-J Kiladjian, HK Al-Ali, H Gisslinger, L Knoops, F Cervantes, MM Jones, K Sun, M McQuitty, V Stalbovskaya, P Gopalakrishna and T Barbui

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Following the publication of this article the authors noted that the IPSS risk assignment was incorrectly listed in the second

paragraph of the Results section. The correct proportions of patients with intermediate-2-risk or high-risk MF should be 40 and 60%, respectively, not 60 and 40% as listed in the original.

The authors wish to apologize for any inconvenience caused.