

Correction to “Integrative Modeling of Quantitative Plasma Lipoprotein, Metabolic, and Amino Acid Data Reveals a Multiorgan Pathological Signature of SARS-CoV-2 Infection”

Torben Kimhofer, Samantha Lodge, Luke Whiley, Nicola Gray, Ruey Leng Loo, Nathan G. Lawler, Philipp Nitschke, Sze-How Bong, David L. Morrison, Sofina Begum, Toby Richards, Bu B. Yeap, Chris Smith, Kenneth G. C. Smith, Elaine Holmes,* and Jeremy K. Nicholson*

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 Article Recommendations

It has recently come to our attention that our JPR-published manuscript that is part of the “Proteomics in Pandemic Disease” special issue contains a transcription error. Specifically, the mass spectrometry-derived indices of Table 1 are column-swapped, indicating inverse group associations that are

Table 1. Diagnostic Indices Relating to Amino Acid Ratios (Mass Spectrometry), α -1-Acid Glycoproteins Glyc A and Glyc B (NMR Spin Echo Data), and Glucose (Single-Pulse NMR Data) (Shown Is Group Median [Range])

	healthy control (<i>n</i> = 25)	SARS-CoV-2 positive (<i>n</i> = 17)	<i>p</i> -value ^a
Kynurenine/ tryptophan ratio	4.0×10^{-3}	7.0×10^{-3}	2.49×10^{-4}
	[2.0×10^{-3} to 6.7×10^{-3}]	[1.9×10^{-3} to 2.0×10^{-2}]	
Fischer's ratio ^b	3.29	2.82	0.01
	[2.79–4.18]	[1.30–4.07]	
Glutamine/ glutamate ratio	30.18	7.87	1.82×10^{-6}
	[14.04–55.64]	[3.08–40.58]	
Glyc A (rel intensity)	1.99×10^5	3.3×10^5	2.13×10^{-7}
	[1.66×10^5]	[1.96×10^5 to 4.02×10^5]	
Glyc B (rel intensity)	3.31×10^5	5.19×10^5	2.74×10^{-7}
	[1.90×10^5 to 4.62×10^5]	[3.57×10^5 to 7.49×10^5]	
Glyc A + Glyc B (rel intensity)	2.36×10^5	3.86×10^5	2.93×10^{-9}
	[1.86×10^5 to 3.14×10^5]	[2.41×10^5 to 4.77×10^5]	
Glyc A/Glyc B ratio	5.95	6.05	0.69
	[4.89–9.38]	[4.30–8.91]	
Glucose (mmol/L)	5.70	7.40	2.86×10^{-4}
	[3.90–8.10]	[4.40–11.00]	

^aStatistical group comparisons of SARS-CoV-2 patients versus controls were performed with the Kruskal–Wallis rank sum test.

^bFischer's ratio = (valine + leucine + isoleucine)/(phenylalanine + tyrosine).

conflicting with the descriptions provided in the results and discussion section of the manuscript. The corrected table is below. The table revision has no impact on the biological interpretation of the data.

Accordingly, in the following sentence in the Abstract, the word “elevated” has been corrected to “reduced”:

“There was also an abnormal lipoprotein, glucose, and amino acid signature consistent with diabetes and coronary artery disease (low total and HDL Apolipoprotein A1, low HDL triglycerides, high LDL and VLDL triglycerides), plus multiple highly significant amino acid markers of liver dysfunction (including the *reduced* glutamine/glutamate and Fischer's ratios) that present themselves as part of a distinct SARS-CoV-2 infection pattern.”

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