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Corrigendum

Loss of Serotonin Transporter Protein after MDMA and Other Ring-Substituted Amphetamines

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Correction to: *Neuropsychopharmacology* (2006) **31**, 2639–2651. doi:10.1038/sj.npp.1301031; published online 25 January 2006.

There are some errors in the figures of the above referenced paper that require correction. The first is in Figure 4. In preparing the figure, we inserted the wrong panel in the top position of the published figure. In particular, instead of inserting the panel corresponding to SERT antibody 1, we inserted the panel corresponding to SERT antibody 2 (correctly shown in Figure 8, top panel, of the published paper). This resulted in duplication of the panel for SERT antibody 2, and omission of the panel for SERT antibody 1, now included in corrected Figure 4 (panel a). In the same figure, the bar graph in the lowest panel of the published figure was incorrect (same as bar graph in top panel of Figure 8). Corrected Figure 4 (panel c) has the appropriate bar graph. Finally, actin westerns in Figures 6a and 7 were included by mistake (they are the same ones as in Figures 2a and 3). In this portion of our study, pairs of identical blots were made to be probed by either SERT antibody 1 or SERT antibody 2. Each pair of blots was made in the same apparatus at the same time, using the same protein preparations and the same amount of protein per lane. Actin westerns of the antibody 1 blots were carried out; actin westerns of antibody 2 blots were not done. Equal protein loading on all blots was maintained by loading 200 μg of protein onto each lane. As indicated in the Methods section of the published paper, actin western confirmation was employed only on some blots. Corrected Figures 4, 6 and 7 appear below.

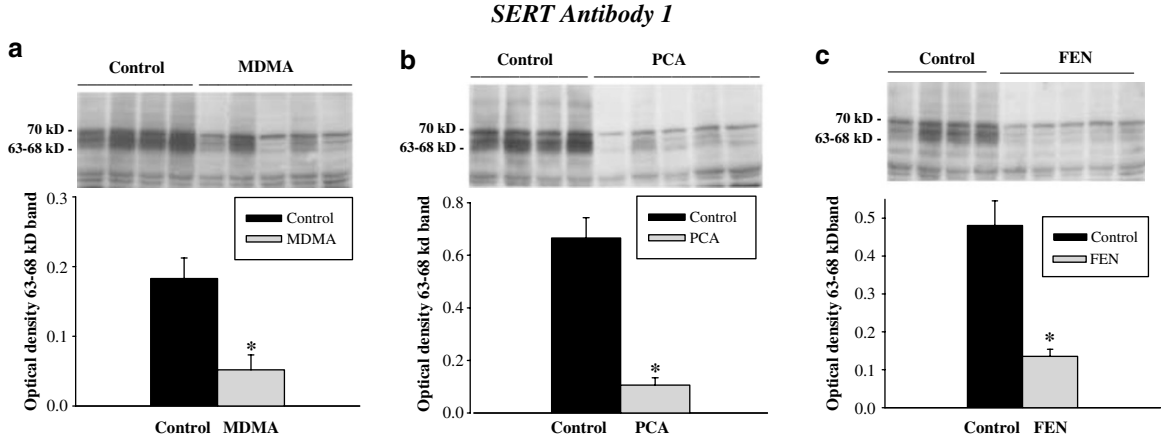

Figure 4 Quantitation of reduced density of 63–68 kDa band 1 week after treatment with MDMA (panel a), PCA (panel b) or FEN (panel c). Results shown represent the mean ± SEM for each group. Loading amount was maintained constant at 200 μg of protein per lane. In all cases, statistically significant differences represent $P < 0.05$. *Different from control.

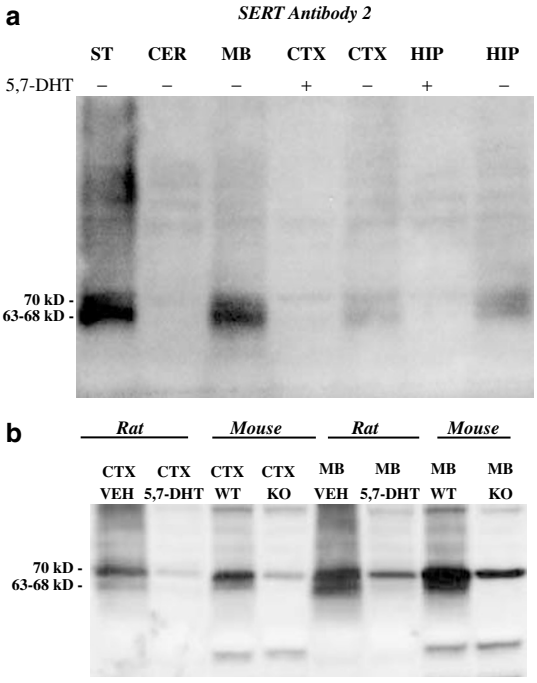

Figure 6 Top panel (a) shows Western blot prepared with SERT antibody 2 indicating that band at 63–68 kDa has a density that is highest in the midbrain, and striatum lowest in the cerebellum and intermediate in other brain regions (ST—striatum; CER—cerebellum; MB—midbrain; CTX—cerebral cortex; HIP—hippocampus). Note reduced density of 63–68 kDa band 1week after 5,7-DHT treatment (shown across top) in all brain regions examined. Western blot was prepared on an 8% minigel using a total protein preparation, as described in Materials and methods. Loading amount was maintained constant at 200 μg of protein per lane. Bottom panel (b) shows Western blot prepared with SERT antibody 2 on an 8% minigel using 200 μg per lane of total protein preparation from a 5,7-DHT-treated rat and a SERT-KO mouse. Note marked decrease in abundance of 63–68 kD band in 5,7-DHT-treated rat and its absence in SERT-KO mouse, both in the parietal CTX and MB. Also note that band at approximately 70 kDa is preserved in rat previously lesioned with 5,7-DHT, as well as in SERT-KO mouse. Minor species (rat *vs* mouse) and regional (CTX *vs* MB) differences are also evident.

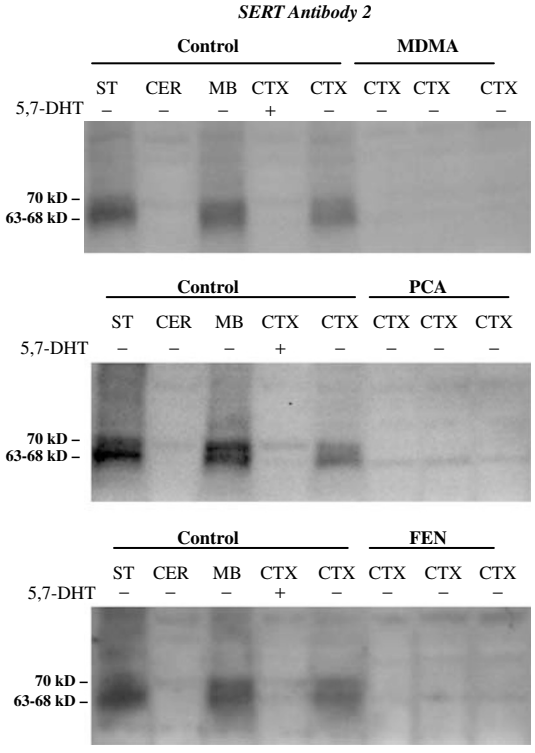

Figure 7 Western blots prepared with SERT antibody 2 showing reduced density of 63–68 kDa band 1 week after MDMA (top panels), PCA (middle panels) or FEN (bottom panels) treatment. Rats were administered saline or MDMA (15 mg/kg, orally, q1.5 h × 3), PCA (5 mg/kg; intraperitoneally (i.p.)), or FEN (6 mg/kg q 2 h × 4; i.p.) ($n = 6$–9 rats in each group). Western blots were prepared on 8% minigels using a total protein preparation, as described in Materials and methods. Loading amount was maintained constant at 200 μg of protein per lane.