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CORRECTION

Correction: Minimal residual disease quantification by flow cytometry provides reliable risk stratification in T-cell acute lymphoblastic leukemia

S. Modvig · H. O. Madsen · S. M. Siitonen · S. Rosthøj · A. Tierens · V. Juvonen · L. T. N. Osnes · H. Vålerhaugen · M. Hultdin · I. Thörn · R. Matuzeviciene · M. Stoskus · M. Marincevic · L. Fogelstrand · A. Lilleorg · N. Toft · O. G. Jónsson · K. Pruunsild · G. Vaitkeviciene · K. Vettenranta · B. Lund · J. Abrahamsson · K. Schmiegelow · H. V. Marquart

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Since the publication of the original paper, the authors realized in the analyses of day 15 MRD <25% and day 29 MRD data and outcome, three patients were misclassified due to non-censoring of event after HSCT. All three were stratified concordantly by FCM and PCR, two above (one relapse and one non-relapse related death) and one (relapse) below the cutoff level of 10^{-3}. There is no change in the conclusions of the paper. An additional seven were misclassified but had day 15 MRD levels >0.25 and thus did not affect further analyses.

The original article can be found online at https://doi.org/10.1038/s41375-018-0307-6.

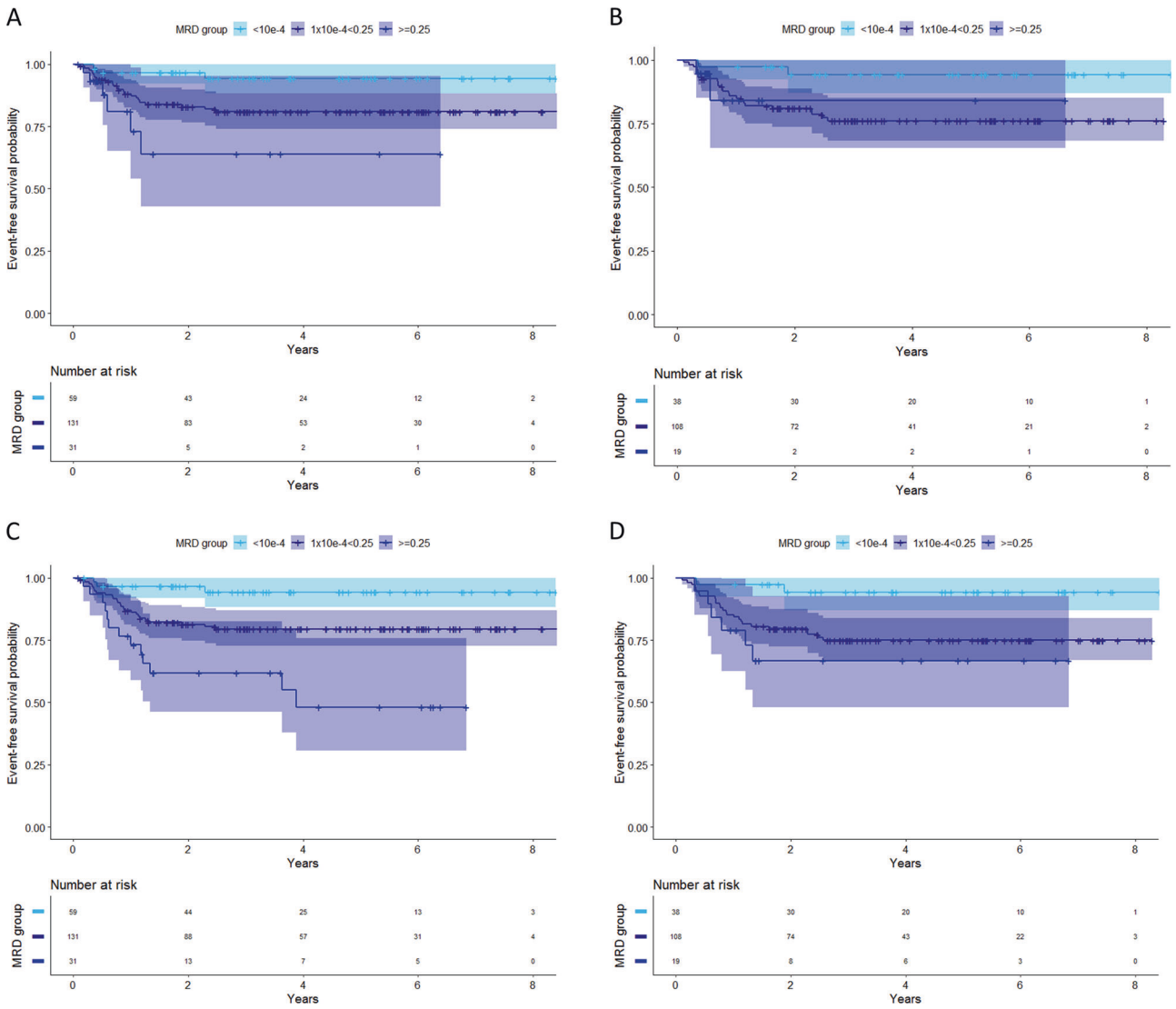

Fig. 1 Day 15 FCM-MRD (**a**) and PCR-MRD (**b**) levels and EFS with censoring at time of HSCT. Day 15 FCM-MRD (**c**) and PCR-MRD (**d**) levels and EFS with no censoring at time of HSCT.

Table 1 Day 29 FCM and PCR-MRD values and EFS and CIR before and after correction for the three cases.

MRD level	EFS before correction	EFS after correction	CIR before correction	CIR after correction
PCR-MRD				
$<10^{-4}$/undetectable	90.8 (83–98)	92.1 (86.2–98.4)	6.6 (1–12)	5.3 (0.2–10.4)
10^{-4} to $<10^{-3}$	91.4 (82.6–100)	91.4 (82.6–100)	0	0
10^{-3} to $<10^{-2}$	62.74 (48.2–81.7)	62.74 (48.2–81.7)	24.6 (9.5–39.7)	24.6 (9.5–39.7)
FCM-MRD				
$<10^{-4}$/undetectable	86.0 (79–94)	87.0 (80.0–94.9)	6.6 (1.5–12)	5.7 (0.8–10.5)
10^{-4} to $<10^{-3}$	83.6 (73.2–95.5)	83.6 (73.2–95.5)	9.5 (0.6–18.4)	9.5 (0.6–18.4)
10^{-3} to $<10^{-2}$	70.2 (56–89)	72.8 (58.3–90.9)	20.1 (5.7–35)	20.6 (5.8–35.4)

No change in *p*-value significance for the reported comparisons in the paper