

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 ³	WHO-defined prePMF ³	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^a</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) ^b	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) ^b	100% (141)	100% (77)	–
JAK2 V617F (141/77) ^b	78.0% (110)	61.0% (47)	0.011
CALR (99/65) ^b	19.2% (27)	35.1% (27)	0.013
MPL (33/37) ^b	2.8% (4)	3.9% (3)	0.700
<i>Symptoms at diagnosis</i>			
Constitutional symptoms (111/71) ^b	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) ^b	1.8% (2)	1.4% (1)	1.000
<i>Cytoreductive therapy (108/63)^b</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 ^c	0.9% (1)	6.3% (4)	0.062
Antithrombotic therapy with low-dose aspirin (106/63) ^b	89.6% (95)	88.9% (56)	1.000

Abbreviations: WBC, white blood cell count; LDH, serum lactate dehydrogenase. ^aMedian, range. ^bNumber evaluable in each cohort. ^cPipobroman, P32 and other cytoreductive agents.

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

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Correction to: *Leukemia* (2016) **30**, 1701–1707; doi:10.1038/leu.2016.148

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.