

CORRIGENDA

Translocation t(4;14) retains prognostic significance even in the setting of high-risk molecular signature

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Leukemia (2008) 22, 462; doi:10.1038/sj.leu.2405089**Corrigendum to:** *Leukemia* advance online publication, 6 September 2007; doi:10.1038/sj.leu.2404934

Since the publication of the above letter online, the authors have noticed a couple of errors in the identification of high-risk patients affecting the survival comparison.

First, the 70-gene, rather than the 17-gene, molecular signature was applied to the Mayo data set, using the expression of only probe sets that have been represented on the U133A Affymetrix chip. The survival of the high-risk patients ($n=10$) was only 12.5 months compared to 55.1 months for the other patients (log-rank $P=0.0009$).

Second, there was also an error in calculating the 17-gene index for the UAMS cohort. Using the correct formula ($200638_$

$s_at \times 0.283) - (1557277_a_at \times 0.296) - (200850_s_at \times 0.208) + (201897_s_at \times 0.314) - (202729_s_at \times 0.287) + (203432_at \times 0.251) + (204016_at \times 0.193) + (205235_s_at \times 0.269) + (206364_at \times 0.375) + (206513_at \times 0.158) + (211576_s_at \times 0.316) + (213607_x_at \times 0.232) - (213628_at \times 0.251) - (218924_s_at \times 0.23) - (219918_s_at \times 0.402) + (220789_s_at \times 0.191) + (242488_at \times 0.148) - 10.28$, high-risk patients with t(4;14) ($n=8$) have significantly shorter survival than high-risk patients without t(4;14) ($n=33$), median overall survival of 11.6 months vs 27.3 months, log-rank $P=0.005$.

In essence, the conclusions drawn from the original letter remain the same. We apologize for any inconvenience caused.

Addition of intravenous iron to epoetin beta increases hemoglobin response and decreases epoetin dose requirement in anemic patients with lymphoproliferative malignancies: a randomized multicenter study

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Leukemia (2008) 22, 462; doi:10.1038/sj.leu.2405094**Correction to:** *Leukemia* (2007) 21, 627–632. doi:10.1038/sj.leu.2404562

Since the publication of the above paper, the authors have detected a minor error that has no impact on their conclusion.

Please note that the last sentence on page 629 'Corresponding mean total doses for the ITT population were

532 000 and 629 000 IU ($P=0.059$), respectively.' should be corrected to 'Corresponding mean total doses for the ITT population were 483 000 and 597 000 IU ($P=0.060$), respectively.'

The authors apologize for any inconvenience caused.