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Erratum

HPV 16 & OHR HPV 18 & OHR

Multi-site study of HPV type-specific prevalence in women with cervical cancer, intraepithelial neoplasia and normal cytology, in England

R Howell-Jones, A Bailey, S Beddows, A Sargent, N de Silva, G Wilson, J Anton, T Nichols, K Soldan and H Kitchener on behalf of the Study Group Collaborators British Journal of Cancer (2010) 103, 928. doi:10.1038/sj.bjc.6605892 www.bjcancer.com © 2010 Cancer Research UK Correction to: British Journal of Cancer (2010) 103, 209-216. is now shown, below. The publishers apologise for this doi:10.1038/sj.bjc.6605747 mistake. Owing to an error during final correction of this paper, Figure 3 was incorrectly reproduced. The correct Figure 3 -Borderline* Normal Mild dyskaryosis* Moderate dyskaryosis* Severe dyskaryosis* Single infections: **14%** 4% 64% 15% 4% 70% 15% 3% 67% HPV 16: HPV 18: OHR HPV: <mark>36%</mark> 5% 32% 2% 44% Mixed infections CIN3 SCC CGIN ADC Single infections: 21% 59% HPV 16: HPV 18: OHR HPV 33% 14% 20% 8% Mixed infections

Figure 3 Proportional Venn diagrams showing human papillomavirus (HPV) 16, HPV 18 and high-risk (HR) types other than HPV 16 or HPV 18 (OHR) in HR HPV-positive samples, by cervical grade (Chow and Rodgers, 2005). Red: HPV 16; green: HPV 18; blue: OHR; yellow: HPV 16 and HPV 18; pink: HPV 16 and OHR; turquoise: HPV 18 and OHR; white: HPV 16, 18 and OHR. *Age-weighted percentages (to allow for disproportionate liquid-based cytology sample collection by age). Abbreviations: ADC = adeno and adeno-squamous carcinoma; CIN3 = cervical intraepithelial neoplasia 3; CGIN = cervical glandular intraepithelial neoplasia; SCC = squamous cell carcinoma.