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CORRIGENDA

Contemporary analysis of the influence of acute kidney injury after reduced intensity conditioning haematopoietic cell transplantation on long-term survival

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Correction to: *Bone Marrow Transplantation* advance online publication, 14 July 2008; doi:10.1038/bmt.2008.207

In this article published online and also in this issue, the authors wish to make a number of changes to the text under the section heading Reduced intensity conditioning regime and HCT procedure.

The corrected text is as follows:

Reduced intensity conditioning regimen and HCT procedure

The conditioning regimen for related HCT consisted of fludarabine (30 mg/m^2/day for 5 days), thymoglobulin (2–5 mg/kg/day for 4–5 days, with i.v. continuous perfusion during 24 h), prednisone (2 mg/kg/day for 4–5 days) and melphalan (60 mg/m^2/day on days −3 and −2). For patients undergoing unrelated HCT, melphalan (70 mg/m^2/day) was given on days −3 and −2, and cytarabine (2 g/m^2/day, with i.v. continuous perfusion during 12 h) was also given on day −8. The patients received haematopoietic cell grafts from HLA-matched related or unrelated donors derived from either peripheral blood or BM on day 0. All patients received GVHD prophylaxis with CYA and mycophenolate mofetil. CYA was started on day −1 at 5 mg/kg twice daily and continued until 3–6 months, followed by tapering, if no GVHD was present. Trough levels of CsA were targeted at 180–380 ng/l. Mycophenolate mofetil was started and continued at 1 g twice daily until 1–3 months. GVHD treatment consisted of methylprednisolone and resumption of CsA, if already tapered. Infection prevention consisted of ciprofloxacin and fluconazol until granulocyte counts exceeded 500 cell/μl, and fluconazol was given for 3 months, unless GVHD was diagnosed, in which case fluconazol was continued for at least 6 months. Cotrimoxazol 960 mg on alternate days was given for 12 months, and acyclovir 500 mg/m^2 three times a day was given on the first 30 days. Then, it was continued at 200–800 mg twice daily for 6 months, unless GVHD was diagnosed, in which case acyclovir was continued for at least 12 months.

The authors apologize for any inconvenience caused.

Successful outcome of allo-SCT in high-risk pediatric AML using chemotherapy-only conditioning and post transplant immunotherapy

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The author name S Bonanomi was published incorrectly in the above referenced paper. The correct author list is shown above.