

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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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/m²/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/m²/day on days –3 and –2). For patients undergoing unrelated HCT, melphalan (70 mg/m²/day) was given on days –3 and –2, and cytarabine (2 g/m²/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/m² 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.