Figure 3 The calcium entry defect affects SCID patients' B cells and fibroblasts. (c) EBV-transformed B cell lines from patient 2 and a control were left unstimulated or stimulated with ionomycin in the presence of the indicated CaCl₂ concentrations. Numbers in the panels refer to the approximate percentages of cells with cytoplasmic, partially nuclear and fully nuclear NFAT staining, respectively.

Figure 5 T cells deficient in calcium influx fail to repress the expression of certain genes. (a) RNase protection assays confirm down-regulation of five representative calcium-repressed genes. T cell lines from patients (P1, P2) and controls (Co1, Co2) were left unstimulated (–) or stimulated (+) with PMA + ionomycin and cytokine concentrations were assessed by RPA. (d) Lack of induction of the CsA-sensitive NFAT2 splice variant50 in the patients' T cells after prolonged stimulation. To confirm DNA array data showing that NFAT2 is induced in control T cells but not in patient T cells (see Fig. 6), T cells were stimulated with PMA + ionomycin (P+I) and NFAT2 was detected by immunoblotting using 7A6 mAb. Filled and open arrowheads indicate the phosphorylated and unphosphorylated forms of the short inducible NFAT2 isoform, respectively.

Corrigendum: Connecting immunology research to public health: Cuban biotechnology

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In the version of this article initially published, the URL for the 2006 product survey of the Pharmaceutical Manufacturers Association is incorrect. The correct URL should be <http://www.phrma.org/files/Biotech%202006.pdf>.