

**ERRATUM:** Adiponectin acts in the brain to decrease body weight

Yong Qi, Nobuhiko Takahashi, Stanley M Hileman, Hiralben R Patel, Anders H Berg, Utpal B Pajvani, Philipp E Scherer & Rexford S Ahima  
*Nat. Med.* 10, 524–529 (2004)

Three sentences in this article appeared incorrectly. On p. 524, in the second paragraph after the abstract, the fifth sentence should read “ADP circulates in serum as low-molecular-weight dimers of trimers and high-molecular weight complexes<sup>5</sup>.” On p. 525, in the first paragraph in the right column, the second sentence should read “We also injected ADP (2 g/g) or PBS i.v. and measured serum and CSF ADP.” In the second paragraph in the same column, several words were repeated in the second and third sentences; the second sentence should read “ADP (0.1 g/g, i.c.v.) induced Fos-positive cells in the paraventricular nucleus (PVN; Fig. 2d).”

We regret the errors.

**ERRATUM:** Depletion of host Langerhans cells before transplantation of donor alloreactive T cells prevents skin graft-versus-host disease

Miriam Merad, Petra Hoffmann, Erik Ranheim, Sarah Slaymaker, Markus G Manz, Sergio A Lira, Israel Charo, Donald N Cook, Irving L Weissman, Samuel Strober & Edgar G Engleman  
*Nat. Med.* 10, 510–517 (2004)

TCD bone marrow was defined in the article as “T-cell-derived” bone marrow. The correct definition is “T-cell-depleted” bone marrow.

We regret the error.

**CORRIGENDUM:** Direct evidence that the VEGF-specific antibody bevacizumab has antivasculature effects in human rectal cancer

Christopher G Willett, Yves Boucher, Emmanuelle di Tomaso, Dan G Duda, Lance L Munn, Ricky T Tong, Daniel C Chung, Dushyant V Sahani, Sanjeeva P Kalva, Sergey V Kozin, Mari Mino, Kenneth S Cohen, David T Scadden, Alan C Hartford, Alan J Fischman, Jeffrey W Clark, David P Ryan, Andrew X Zhu, Lawrence S Blazzkowsky, Helen X Chen, Paul C Shellito, Gregory Y Lauwers & Rakesh K Jain  
*Nat. Med.* 10, 145–147 (2004)

The complete trial schema was omitted from the article. The protocol is outlined below.

| Cycle 1: weeks 1 and 2 |   |    |    |    |    |    |    |   |    |    |    |    |    |    |
|------------------------|---|----|----|----|----|----|----|---|----|----|----|----|----|----|
|                        | M | Tu | We | Th | Fr | Sa | Su | M | Tu | We | Th | Fr | Sa | Su |
| BV                     | X |    |    |    |    |    |    |   |    |    |    |    |    |    |
| Cycle 2: weeks 3 and 4 |   |    |    |    |    |    |    |   |    |    |    |    |    |    |
|                        | M | Tu | We | Th | Fr | Sa | Su | M | Tu | We | Th | Fr | Sa | Su |
| BV                     | X |    |    |    |    |    |    |   |    |    |    |    |    |    |
| 5-FU                   | X | X  | X  | X  | X  | X  | X  | X | X  | X  | X  | X  | X  | X  |
| EBRT                   | X | X  | X  | X  | X  |    |    | X | X  | X  | X  | X  |    |    |
| Cycle 3: weeks 5 and 6 |   |    |    |    |    |    |    |   |    |    |    |    |    |    |
|                        | M | Tu | We | Th | Fr | Sa | Su | M | Tu | We | Th | Fr | Sa | Su |
| BV                     | X |    |    |    |    |    |    |   |    |    |    |    |    |    |
| 5-FU                   | X | X  | X  | X  | X  | X  | X  | X | X  | X  | X  | X  | X  | X  |
| EBRT                   | X | X  | X  | X  | X  |    |    | X | X  | X  | X  | X  |    |    |
| Cycle 4: weeks 7 and 8 |   |    |    |    |    |    |    |   |    |    |    |    |    |    |
|                        | M | Tu | We | Th | Fr | Sa | Su | M | Tu | We | Th | Fr | Sa | Su |
| BV                     | X |    |    |    |    |    |    |   |    |    |    |    |    |    |
| 5-FU                   | X | X  | X  | X  | X  | X  | X  | X | X  | X  |    |    |    |    |
| EBRT                   | X | X  | X  | X  | X  |    |    | X | X  | X  |    |    |    |    |

One cycle consisted of 2 weeks. Treatment was for a maximum of four cycles. Bevacizumab (BV) was delivered as intravenous infusion (5 mg/kg) on day 1 of each cycle for four cycles (days 1, 15, 29, 44). 5-Fluorouracil (5-FU) was administered by an infusion pump over 24 h each day (at a fixed daily dose of 225 mg/m<sup>2</sup>/24 h) throughout each treatment week of cycles 2–4. External beam radiation therapy (EBRT) was delivered at 1.8 Gy/d, 5 d/week (excluding holidays) for a total radiation dose of 50.4 Gy in 28 fractions over a period of 6 weeks. Surgery was carried out 7–9 weeks after completion of preoperative bevacizumab, 5-FU and EBRT. All six patients completed therapy without dose-limiting toxicity.