

Corrigendum

ALX receptor ligands define a biochemical endotype for severe asthma

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Following the publication of this article, the authors became aware that there was an error in calculating the FEV1 percentage predicted, FVC percentage predicted, and FEV1/FVC percentage predicted values for subjects of mixed European descent in the SARP cohort. Correcting this error resulted in lower FEV1 and FVC percentage predicted values and slightly higher FEV1/FVC percentage predicted values — and required corrections to the spirometry data presented in Table 1, Figure 2, Figure 5F, and Supplemental Figure 2, A and B. These corrections do not change the finding that lipoxin A_4 levels positively correlate with lung function in asthma and that subjects with SAA^{hi}LXA₄^{lo} levels have lower lung function than subjects with SAA^{lo}LXA₄^{hi} levels nor do they alter the conclusions of the study.

The corrected versions of Figure 2, Figure 5F, and Table 1 are below. The posted supplemental data have been updated.

The authors regret the errors.



Table 1. Clinical characteristics and bronchoalveolar lavage leukocytes for subjects undergoing bronchoscopy^A

	Healthy Donors (HD)	Nonsevere Asthma (NSA)	Severe Asthma (SA)	NSA vs SA	HD vs. NSA	HD vs. SA
No. of subjects	47	51	69			
Clinical data						
Age	40.1 ± 12.9 (20-62)	36.9 ± 12.4 (18-61)	42.4 ± 13.6 (14-67)	ns	ns	ns
% Male	19 (40%)	17 (33%)	24 (35%)	ns	ns	ns
% African American	11 (23%)	14 (27%)	22 (32%)	ns	ns	ns
% White	31 (66%)	37 (74%)	45 (65%)	ns	ns	ns
ВМІ	27.6 ± 5.7 (20-44)	30.0 ± 9.2 (18-61)	31.4 ± 8.2 (19-67)	ns	ns	С
Symptom control						
% Uncontrolled ^B	n.a.	32 (63%)	68 (98%)	D		
ACQ	n.a.	1.08 ± 0.9 (0-3)	1.93 ± 1.1 (0-5)	D		
ACT	n.a.	19.61 ± 34.0 (7-25)	14.48 ± 4.5 (5-23)	D		
Lung function						
FEV1 % predicted	97.8 ± 11.8 (78-129)	85.3 ± 14.9 (53-114)	72.8 ± 18.0 (32-113)	D	D	D
FVC % predicted	99.2 ± 13.4 (82-133)	96.3 ± 15.2 (53-132)	85.8 ± 16.1 (52-125)	D	ns	D
FEV1/FVC % predicted	98.4 ± 5.6 (86.3-109)	88.5 ± 10.0 (66-110)	84.1 ± 10.7 (63-107)	С	D	D
Medications						
Inhaled corticosteroids	0 (0%)	35 (69%)	67 (97%)	D		
High dose of inhaled corticosteroids	0 (0%)	4 (8%)	66 (96%)	D		
Oral steroids	0 (0%)	0 (0%)	16 (23%)	D		
Long acting beta agonists	0 (0%)	21 (37%)	64 (93%)	D		
Long acting anticholinergic medication	0 (0%)	0 (0%)	3 (4%)	p = 0.13		
Leukotriene receptor antagonists	0 (0%)	11 (22%)	24 (35%)	p = 0.12		
Omalizumab	0 (0%)	1 (2%)	8 (13%)	С		
BAL leukocyte differentials						
Total cell count (millions)	4.9 ± 4.6 (0-25)	4.0 ± 2.7 (0-12)	6.4 ± 13.2 (0-107)	ns	ns	ns
Macrophages (%)	91.7 ± 5.8 (73-99)	92.2 ± 5.1 (79-99)	87.7 ± 10.1 (53-99)	Е	ns	С
Neutrophils (%)	1.6 ± 1.9 (0-10)	1.4 ± 1.4 (0-7)	3.3 ± 4.9 (0-24)	Е	ns	С
Eosinophils (%)	0.3 ± 0.4 (0-2)	1.1 ± 2.8 (0-17)	1.8 ± 5.0 (0-35)	ns	ns	ns
Lymphocytes (%)	6.5 ± 5.0 (0-22)	5.3 ± 4.5 (0-19)	7.3 ± 5.9 (0-34)	ns	ns	ns

AValues represent the mean \pm SD (range). Uncontrolled symptoms were defined as the occurrence of one of the following: 2 or more steroid bursts, hospitalization, intensive care unit admission, use of a ventilator, FEV1% predicted less than 80%, ACT less than 20, or self-reported worsening with tapering steroids. BMI, body mass index; ACQ, Asthma Control Questionnaire, ACT, Asthma Control Test, FEV1, forced expiratory volume in 1 second, FVC, forced vital capacity. n.a., not applicable $^{c}P < 0.05$, $^{p}P < 0.001$, $^{e}P < 0.01$, ns = not significant. Comparison between three groups was performed by 1-way-ANOVA followed by Tukey's test to adjust for multiple comparisons and χ^2 test. Comparison between 2 groups was performed by Student's t test.



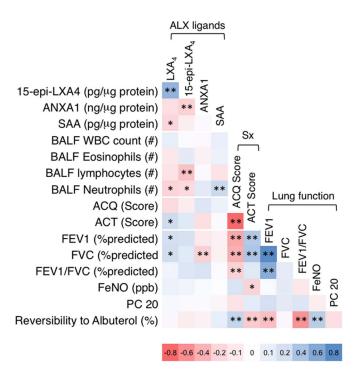


Figure 2.

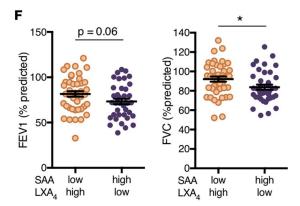


Figure 5.