

ALX receptor ligands define a biochemical endotype for severe asthma

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Corrigendum

Original citation: *JCI Insight*. 2017;2(14):1–14. <https://doi.org/10.1172/jci.insight.93534> Citation for this corrigendum: *JCI Insight*. 2018;3(6):e120932. <https://doi.org/10.1172/jci.insight.120932> 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 A4 levels positively correlate with lung function in asthma and that subjects with SAAhiLXA4lo levels have lower lung function than subjects with SAAloLXA4hi 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. Supplementary Material Supplemental data

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Corrigendum

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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
BMI	27.6 ± 5.7 (20–44)	30.0 ± 9.2 (18–61)	31.4 ± 8.2 (19–67)	ns	ns	C
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)	C	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%)	C		
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)	E	ns	C
Neutrophils (%)	1.6 ± 1.9 (0–10)	1.4 ± 1.4 (0–7)	3.3 ± 4.9 (0–24)	E	ns	C
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 ± SD (range). ^BUncontrolled 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, ^D*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.

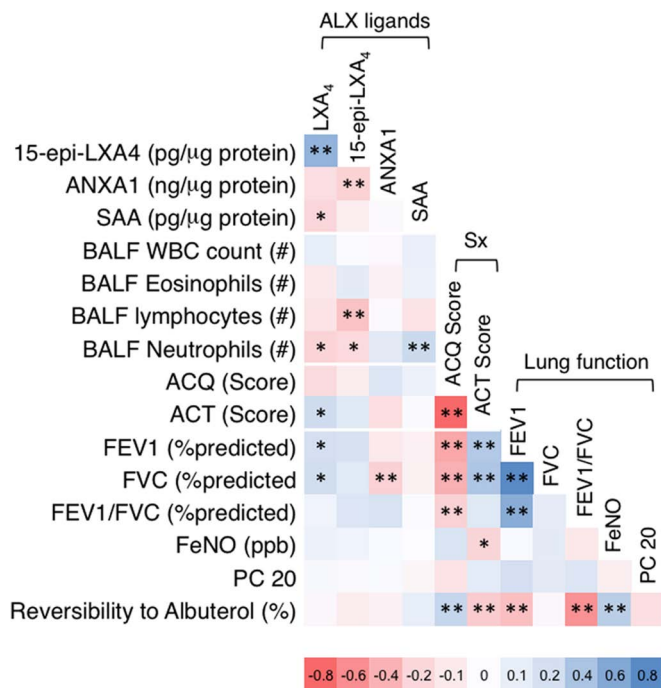


Figure 2.

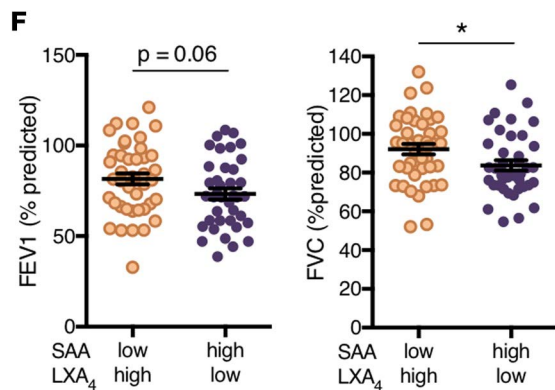


Figure 5.