

University of Groningen

Erratum to: Strong predictive value of mannose-binding lectin levels for cardiovascular risk of hemodialysis patients

Poppelaars, Felix; da Costa, Mariana Gaya; Berger, Stefan P.; Assa, Solmaz; Meter-Arkema, Anita H.; Daha, Mohamed R.; van Son, Willem J.; Franssen, Casper F. M.; Seelen, Marc A. J.

Published in:
Journal of translational medicine

DOI:
[10.1186/s12967-016-1004-8](https://doi.org/10.1186/s12967-016-1004-8)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2016

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Poppelaars, F., da Costa, M. G., Berger, S. P., Assa, S., Meter-Arkema, A. H., Daha, M. R., van Son, W. J., Franssen, C. F. M., & Seelen, M. A. J. (2016). Erratum to: Strong predictive value of mannose-binding lectin levels for cardiovascular risk of hemodialysis patients. *Journal of translational medicine*, 14, Article 245. <https://doi.org/10.1186/s12967-016-1004-8>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.


Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

ERRATUM

Open Access



Erratum to: Strong predictive value of mannose-binding lectin levels for cardiovascular risk of hemodialysis patients

Felix Poppelaars^{1*}, Mariana Gaya da Costa^{1†}, Stefan P. Berger¹, Solmaz Assa², Anita H. Meter-Arkema¹, Mohamed R. Daha^{1,3}, Willem J. van Son¹, Casper F. M. Franssen¹ and Marc A. J. Seelen¹

**Erratum to: *J Transl Med* (2016) 14:236
DOI:10.1186/s12967-016-0995-5**

Unfortunately, the original version of this article [1] contained errors in the main text and in Tables 2 and 3. Tables 2 and 3 were included incorrectly. The correct Tables 2 and 3 have been updated in the original article and are also included correctly in this erratum.

Additionally, the following section has been corrected:

However, after adjustment MBL for these confounders levels remained associated with cardiovascular events, indicating a direct and independent effect of MBL on cardiovascular risk.

Should read:

However, after adjustment for these confounders, MBL levels remained associated with cardiovascular events, indicating a direct and independent effect of MBL on cardiovascular risk.

*Correspondence: f.poppelaars@student.rug.nl

†Felix Poppelaars and Mariana Gaya da Costa contributed equally to this work

¹ Division of Nephrology, Department of Internal Medicine, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

Full list of author information is available at the end of the article

Table 2 Baseline characteristics of hemodialysis patients presented as groups according to MBL levels

	Patients			P* < 0.001	R	P#
	All (n = 107)	MBL low 319 < ng/mL (n = 26)	MBL high 319 ≥ ng/mL (n = 81)			
MBL range (ng/mL)	821 [319–1477]	98 [33–146]	1290 [671–1848]			
<i>Demographics</i>						
Age, years	62.5 ± 15.6	65.3 ± 12.1	61.56 ± 16.6	0.3	−0.26	0.007
Male gender, n (%)	71 (66)	17 (65)	54 (67)	1.0		
Current diabetes, n (%)	25 (24)	9 (35)	16 (20)	0.2		
Hypertension, n (%)	85 (84)	22 (88)	63 (83)	0.8		
Cardiovascular history, n (%)	26 (25)	9 (35)	15 (19)	0.1		
BMI, kg/m ²	25.8 ± 4.4	27.0 ± 4.5	25.4 ± 4.4	0.1	−0.03	0.8
<i>Hemodialysis</i>						
Dialysis vintage, months	25.5 [8.5–52.3]	18.2 [7.0–47.7]	32.8 [9.1–53.3]	0.2	−0.01	0.9
<i>Primary renal disease, n (%)</i>						
Hypertension	18 (17)	4 (15)	14 (17)	1.0		
Diabetes	14 (13)	5 (19)	9 (11)	0.3		
ADPKD	13 (12)	3 (12)	10 (12)	1.0		
FSGS	9 (8)	4 (15)	5 (6)	0.2		
IgA nephropathy	4 (4)	0 (0)	4 (5)	0.6		
Chronic pyelonephritis	3 (3)	0 (0)	3 (4)	1.0		
Glomerulonephritis	13 (12)	2 (8)	11 (14)	0.7		
Other diagnoses	16 (16)	6 (23)	10 (12)	0.2		
Unknown	17 (16)	2 (8)	15 (19)	0.2		
Ultrafiltration volume, L	2.55 ± 0.78	2.54 ± 0.82	2.56 ± 0.78	0.9	−0.01	0.9
Ultrafiltration rate, mL/kg/h	8.56 ± 2.63	7.81 ± 2.39	8.80 ± 2.67	0.1	0.04	0.7
<i>Systolic blood pressure</i>						
Predialysis, mmHg	140.4 ± 25.1	144.7 ± 26.4	139.1 ± 24.7	0.3	−0.17	0.08
Postdialysis, mmHg	131.8 ± 25.6	136 ± 24.3	130.4 ± 26.0	0.4	−0.24	0.02
<i>Heart rate</i>						
Predialysis, bpm	73 [63–82]	71 [62–82]	74 [64–82]	0.3	0.11	0.3
Postdialysis, bpm	79 [69–87]	75 [65–86]	79 [69–88]	0.4	0.13	0.2
Kidney transplant, n (%)	21 (20)	4 (15)	17 (21)	0.8		
<i>Laboratory measurements</i>						
Hematocrit, %	34.9 ± 3.8	34.5 ± 4.1	35.0 ± 3.7	0.6	0.04	0.7
HbA1c, mmol/mol	5.68 ± 0.98	5.80 ± 0.97	5.63 ± 0.98	0.5	−0.15	0.2
Albumin, g/L	39 [37–42]	39 [37–42]	39 [37–42]	0.9	0.01	0.9
pH	7.37 [7.34–7.39]	7.37 [7.32–7.39]	7.37 [7.34–7.39]	0.7	0.05	0.6
Calcium, mmol/L	2.31 ± 0.16	2.31 ± 0.15	2.32 ± 0.16	0.9	0.03	0.7
Phosphate, mmol/L	1.67 ± 0.53	1.82 ± 0.47	1.65 ± 0.54	0.2	−0.00	0.9
hsCRP, mg/L	6.7 [2.8–10.9]	6.1 [1.4–12.0]	6.7 [3.0–10.9]	0.7	0.10	0.3
<i>Medication</i>						
Aspirin, n (%)	57 (54)	11 (42)	46 (64)	0.3		
Calcium channel blockers, n (%)	14 (13)	3 (12)	11 (14)	1.0		
β-Blocker, n (%)	61 (57)	18 (69)	43 (53)	0.2		
ACE inhibitor, n (%)	10 (10)	3 (12)	7 (9)	0.7		
AT2-receptor antagonists, n (%)	14 (13)	2 (8)	12 (15)	0.5		
Statin, n (%)	20 (19)	5 (19)	15 (19)	1.0		
Diuretics, n (%)	8 (8)	3 (12)	5 (6)	0.4		

Italic values used to show which statistical testing was significant (below 0.05)

Data are presented as mean ± SD or median [IQR]

BMI body mass index, *ADPKD* autosomal dominant polycystic kidney disease, *FSGS* focal segmental glomerulosclerosis, *HbA1c* hemoglobin A1c, *pH* potential hydrogen, *hsCRP* high sensitive C-reactive protein, *ACE* inhibitor angiotensin-converting-enzyme inhibitor, *AT2 receptor antagonists* Angiotensin II receptor antagonists
P* indicates P value for the difference in baseline characteristics between the MBL groups, tested by Student's t test or Mann–Whitney U test for continuous variables and with χ^2 test for categorical variables; R indicates Spearman correlation coefficient between MBL levels and the baseline characteristic; P# indicates the corresponding P value

Table 3 Associations of MBL levels with cardiovascular events and cardiac events in 107 chronic hemodialysis patients

	Low MBL			Log MBL continuous		
	HR	95 % CI	P	HR (per SD)	95 % CI	P
Cardiovascular events						
Model 1	2.64	1.36–5.13	0.004	0.64	0.46–0.90	0.01
Model 2	2.75	1.39–5.44	0.004	0.61	0.43–0.88	0.008
Model 3	2.94	1.45–5.94	0.003	0.61	0.42–0.89	0.01
Model 4	3.55	1.70–7.40	0.001	0.58	0.40–0.84	0.004
Model 5	3.98	1.88–8.42	<0.001	0.56	0.38–0.81	0.002
Cardiac events						
Model 1	2.60	1.10–6.18	0.03	0.71	0.46–1.10	0.1
Model 2	2.49	1.04–5.96	0.04	0.73	0.46–1.16	0.2
Model 3	2.65	1.08–6.55	0.03	0.74	0.47–1.18	0.2
Model 4	3.82	1.48–9.87	0.006	0.62	0.38–1.01	0.06
Model 5	3.96	1.49–10.54	0.006	0.59	0.35–0.98	0.04

Model 1: crude

Model 2: adjusted for age and gender

Model 3: adjusted for model 2 plus ultrafiltration volume and dialysis vintage

Model 4: adjusted for model 3 plus cardiovascular history, diabetes and post-HD systolic blood pressure

Model 5: adjusted for model 4 plus hsCRP

Data are presented as hazard ratio (HR) plus 95 % confidence interval (CI) according to the cut-off of MBL and per standard deviation (SD) MBL increase

Italic values used to show which statistical testing was significant (below 0.05)

MBL mannose-binding lectin, HD hemodialysis, hsCRP high sensitive C-reactive protein

Author details

¹ Division of Nephrology, Department of Internal Medicine, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands.

² Department of Cardiology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands. ³ Department of Nephrology, Leiden University Medical Center, University of Leiden, Leiden, The Netherlands.

Reference

1. Poppelaars F, Gaya da Costa M, Berger SP, Assa S, Meter-Arkema AH, Daha MR, van Son WJ, Franssen CFM, Seelen MAJ. Strong predictive value of mannose-binding lectin levels for cardiovascular risk of hemodialysis patients. *J Transl Med*. 2016;14:236. doi:10.1186/s12967-016-0995-5.

The online version of the original article can be found under doi:10.1186/s12967-016-0995-5

Published online: 24 August 2016

Submit your next manuscript to BioMed Central and we will help you at every step:

- We accept pre-submission inquiries
- Our selector tool helps you to find the most relevant journal
- We provide round the clock customer support
- Convenient online submission
- Thorough peer review
- Inclusion in PubMed and all major indexing services
- Maximum visibility for your research

Submit your manuscript at
www.biomedcentral.com/submit

