

The adaptive imbalance in base excision-repair enzymes generates microsatellite instability in chronic inflammation

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Erratum

Original citation: *J. Clin. Invest.* 112:1887–1894 (2003). doi:10.1172/JCI19757. Citation for this erratum: *J. Clin. Invest.* 112:490 (2004). doi:10.1172/JCI19757E1. In Figure 3, incorrect confidence intervals are shown. The correct figure appears below: Figure 3(a and b) Correlation between MSI and AAG (a) or APE1 (b) activity. Bar graphs represent means \pm SEM. There was a significant trend for MSI and AAG activity (robust regression analysis, $P = 0.0012$). Although this trend was not observed between MSI and APE1, there was a significant increase in APE1 activity in the MSI-High group ($n = 5$; one-way ANOVA with Scheffe multiple comparison test, $P = 0.0004$). *, AAG activity is significantly higher in the MSI-Low group ($n = 10$) than in the microsatellite stable group ($n = 15$). **, AAG activity is significantly higher in the MSI-High group ($n = 5$) than in the MSI-Low group ($n = 10$). ***, APE1 activity is significantly higher in the MSI-High group ($n = 5$) than in the MSI-Low ($n = 10$) and microsatellite stable ($n = 15$) groups. (c–e) Number of samples belonging to a specific AAG and APE1 activity category. AAG and APE1 activities were ranked in order, then placed into tertiles as samples with activity belonging to the Lower 1/3, Middle 1/3, or Top 1/3. (c) Of the 60 samples, 43 did not have a band [...]

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During the preparation of this manuscript for publication, errors were introduced into reference 58. The correct reference appears below:

58. Forman, D., Al-Dabbagh, S., Doll, R. 1985. Nitrates, nitrites, and gastric cancer in Great Britain. *Nature.* **313**:620–625.

The adaptive imbalance in base excision-repair enzymes generates microsatellite instability in chronic inflammation

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Original citation: *J. Clin. Invest.* **112**:1887–1894 (2003). doi:10.1172/JCI200319757.

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In Figure 3, incorrect confidence intervals are shown. The correct figure appears below:

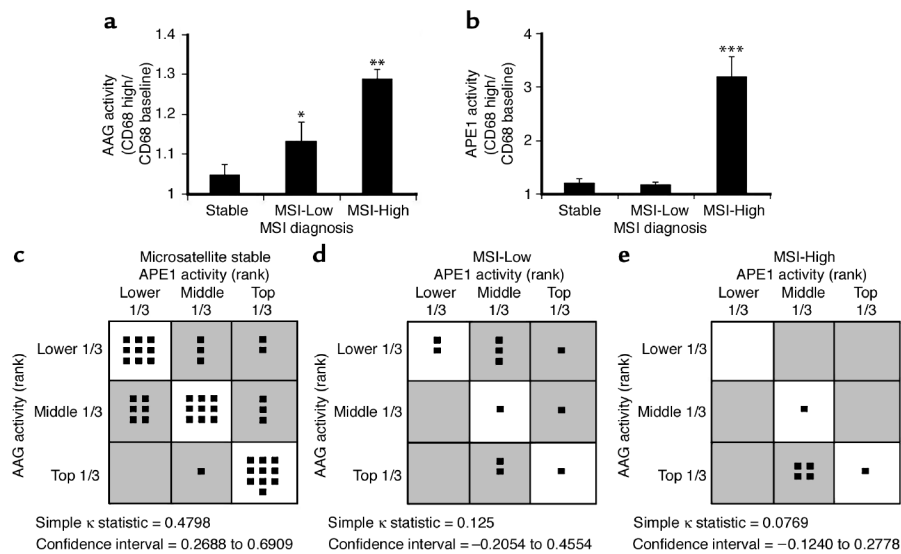


Figure 3

(a and b) Correlation between MSI and AAG (a) or APE1 (b) activity. Bar graphs represent means \pm SEM. There was a significant trend for MSI and AAG activity (robust regression analysis, $P = 0.0012$). Although this trend was not observed between MSI and APE1, there was a significant increase in APE1 activity in the MSI-High group ($n = 5$; one-way ANOVA with Scheffe multiple comparison test, $P = 0.0004$). *, AAG activity is significantly higher in the MSI-Low group ($n = 10$) than in the microsatellite stable group ($n = 15$). **, AAG activity is significantly higher in the MSI-High group ($n = 5$) than in the MSI-Low group ($n = 10$) and microsatellite stable ($n = 15$) groups. ***, APE1 activity is significantly higher in the MSI-High group ($n = 5$) than in the MSI-Low ($n = 10$) and microsatellite stable ($n = 15$) groups. (c–e) Number of samples belonging to a specific AAG and APE1 activity category. AAG and APE1 activities were ranked in order, then placed into tertiles as samples with activity belonging to the Lower 1/3, Middle 1/3, or Top 1/3. (c) Of the 60 samples, 43 did not have a band shift and were characterized as microsatellite stable samples. (d) Of the 60 samples, 11 had a band shift in one of the markers examined (including TGF β RII and BLM) and were characterized as MSI-Low samples. (e) Of the 60 samples, six had a band shift in two or more of the markers examined (including TGF β RII and BLM) and were characterized as MSI-High samples. Shaded boxes represent activities where there is an imbalance of AAG and APE1 activities. The simple κ statistic indicates a trend for imbalance between AAG and APE1 as MSI levels increase. The simple κ statistic of 1.0 indicates no imbalance. A simple κ statistic moving toward zero indicates greater imbalance between the two enzymes.