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Erratum: A Practical Approach to Severe Asthma in Children

AnnalsATS would like to correct two errors in the publication of an article in the April 2018 issue of the journal (1). In Table 4, the approved ages for Mepolizumab and Benralizumab in rows 2 and 4 should read as "Age ⩾ 12 yr" instead of "Age ⩾ 2 yr." Additionally, in the first row, the IgE age ranges were reversed; these should read as "IgE 30–700 (age ⩾ 12) yr and IgE 30–1,300 (age 6–11) yr"

Table 4. U.S. Food and Drug Administration–approved biologic drugs for pediatric severe asthma

Drug	Mechanism of Action	Dosing (Route)	Applicable Population	Clinical Outcomes	Potential Serious Side Effects
Omalizumab (Xolair) FDA approved 2002	Anti-IgE mAb Binds IgE Fc region Prevents binding to mast cells/basophils	150, 225, 300, or 375 mg Q2W or Q4W (SC); based on weight and IgE	Age ⩾ 6 yr Moderate to severe asthma and perennial aeroallergen sensitization IgE 30–700 (age ⩾ 12) yr IgE 30–1,300 (age 6–11) yr	**↓Exacerbation frequency** ↓Symptoms **↓ICS dose** ↑FEV_1 ↑QOL	Anaphylaxis (up to 0.2%) Not associated with malignancy in postmarketing safety study (92)
Mepolizumab (Nucala) FDA approved 2015	Anti–IL-5 mAb Inhibits IL-5 binding to α-subunit of IL-5 receptor complex on eosinophils Inhibits growth, differentiation, recruitment, activation, and survival of eosinophils	100 mg Q4W (SC)	Age ⩾ 12 yr Severe eosinophilic asthma Blood eosinophil count ⩾ 150 cells/μl within 6 wk or >300 in past 12 mo	**↓Exacerbation frequency** ↓Symptoms **↓OCS dose** ±FEV_1 ↑QOL	Hypersensitivity reactions Herpes zoster
Reslizumab (Cinqair) FDA approved 2016	Anti–IL-5 mAb Inhibits IL-5 binding to α-subunit of IL-5 receptor complex on eosinophils Inhibits growth, differentiation, recruitment, activation, and survival of eosinophils	3 mg/kg Q4W (IV)	Age ⩾ 18 yr Severe eosinophilic asthma Blood eosinophil count ⩾ 400 cells/μl*	**↓Exacerbation frequency** ↓Symptoms **↑FEV_1** ↑QOL	Anaphylaxis (0.3%) Transient ↑CPK Note: patients aged 12–18 yr had higher rate of exacerbations than placebo
Benralizumab (Fasenra) approved 2017	Anti–IL-5 mAb Simultaneously binds Fc receptor on NK cells depleting eosinophils by antibody-dependent cell-mediated cytotoxicity and apoptosis	30 mg Q4W × 3 doses, then Q8W (SC)	Age ⩾ 12 yr Severe eosinophilic asthma Blood eosinophil count ⩾ 300 in past 12 mo and two or more exacerbations*	**↓Exacerbation frequency** ↓Symptoms **↓OCS dose** **↑FEV_1**	Patients with Helminth infections excluded from clinical trials—may interfere with infection clearance Hypersensitivity reactions

Definition of abbreviations: CPK = creatine phophokinase; Fc = fragment crystallizable; FDA = U.S. Food and Drug Administration; FEV_1 = forced expiratory volume in 1 second; ICS = inhaled corticosteroids; IgE = immunoglobulin E; IV = intravenous; mAB = monoclonal antibody; NK cell = natural killer cell; OCS = oral corticosteroids; QOL = quality of life; Q2W = every 2 weeks; Q4W = every 4 weeks; Q8W = every 8 weeks; SC = subcutaneous.
*Phase III trial entry criteria, not part of labeled indication definition.
Bold text indicates key clinical findings.

instead of "IgE 30–700 (age 6–11) yr and IgE 30–1,300 (age ⩾ 12) yr." The corrected table is published in full below.

Erratum: Structure and Function Relationships in Diseases of the Small Airways

The authors would like to make a correction to their article published in the February 2018 *AnnalsATS* Supplemental issue (1). The legend for Figure 2 incorrectly attributed the sources of panels 2*B*, 2*C*, and 2*D*. The corrected legend is published in full below.

Figure 2. (*A*) Bronchogram of a left lung demonstrating the different pathway lengths to the periphery of the lung, reprinted by permission from Reference 38. (*B*) Frequency distribution of the number of divisions down to the lobular branches, reprinted by permission from Reference 2. (*C*) Total lumen cross-sectional area of all the branches decreases between generation 0 to 3 and then increases exponentially toward the periphery of the lung. (*D*) Distribution of airways of a given size in each generation of branching to demonstrate that each generation contains airways of several different sizes. Images in *C* and *D* are redrawn from figures 105 and 96, respectively, with permission from Reference 3.

Reference

1 Hogg JC, Hackett TL. Structure and function relationships in diseases of the small airways. *Ann Am Thorac Soc* 2018;15:S18–S25.

Reference

1 Barsky EE, Giancola LM, Baxi SN, Gaffin JM. A practical approach to severe asthma in children. *Ann Am Thorac Soc* 2018;15:399–408.