



Badat M, Davies JOJ, Fisher CA, et al. A remarkable case of HbH disease illustrates the relative contributions of the α -globin enhancers to gene expression. *Blood*. 2021;137(4):572-575.

In the author affiliations on page 572, an affiliation for Douglas R. Higgs was omitted. It should be affiliation 5, and it should read "National Institute of Health Research Oxford Biomedical Research Centre, Oxford, United Kingdom." The error has been corrected in the online version of the article.

DOI 10.1182/blood.2021011963

© 2021 by The American Society of Hematology

Shah NN, Ahn KW, Litovich C, et al. Is autologous transplant in relapsed DLBCL patients achieving only a PET⁺ PR appropriate in the CAR T-cell era? *Blood*. 2021;137(10):1416-1423.

In the second paragraph of "Introduction" on page 1416, the statement "According to Center for International Blood and Marrow Transplant Research (CIBMTR) data in 2018, the number of auto-HCTs for DLBCL in the United States decreased by ~45% from prior years (Figure 1),¹⁰ potentially as a result of the application of CAR T-cell therapy for chemorefractory patients (in line with the US Food and Drug Administration label for these therapies), as well as for chemosensitive DLBCL patients not achieving a CR" is incorrect. It should read "According to Center for International Blood and Marrow Transplant Research (CIBMTR) data in 2018, the number of auto-HCTs for DLBCL in the United States decreased by ~10% from prior years (2015-2017) (Figure 1),¹⁰ potentially as a result of the application of CAR T-cell therapy for chemorefractory patients (in line with the US Food and Drug Administration label for these therapies), as well as for chemosensitive DLBCL patients not achieving a CR." The original statement was based on a CIBMTR publication,¹ which has since been updated with a corrigendum that indicates no sharp decline in the use of autologous transplantation for diffuse large B-cell lymphoma (DLBCL).² Accordingly, Figure 1, which shows historical utilization of autologous hematopoietic cell transplantation (HCT) for DLBCL in the United States, is also incorrect. The corrected figure is shown below.

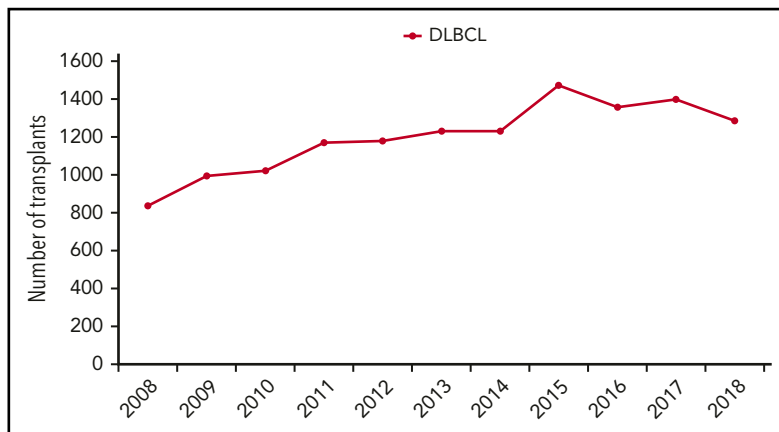


Figure 1. Number of auto-HCTs for DLBCL per year in the United States.

In line 4 of the abstract on page 1416, "a 45% decrease" should read "an ~10% decrease."

In "Acknowledgments" on page 1422, grants U24CA233032 from the NCI/NIH and OT3HL147741 from the NHLBI/NIH should not have been cited.

In "References" on page 1423, the article cited in reference 10 is incorrect. The reference should read as follows:

10. D'Souza A, Fretham C, Lee SJ, et al. Current use of and trends in hematopoietic cell transplantation in the United States [correction published online ahead of print in *Transplant Cell Ther*. 8 March 2021 (doi:10.1016/j.jct.2021.02.006)]. *Biol Blood Marrow Transplant*. 2020;26(8):e177-e182.

These changes do not affect the results or the conclusions of the study. The errors have been corrected in the online version of the article.

REFERENCES

1. D'Souza A, Fretham C, Lee SJ, et al. Current use of and trends in hematopoietic cell transplantation in the United States. *Biol Blood Marrow Transplant*. 2020;26(8):e177-e182.
2. D'Souza A, Fretham C, Lee SJ, et al. Corrigendum to 'Current Use and Trends in Hematopoietic Cell Transplantation in the United States' [published online ahead of print 8 March 2021]. *Transplant Cell Ther*. doi:10.1016/j.jtct.2021.02.006.

DOI 10.1182/blood.2021011979

© 2021 by The American Society of Hematology