blood advances

Ayuk FA, Berger C, Badbaran A, et al. Axicabtagene ciloleucel in vivo expansion and treatment outcome in aggressive B-cell lymphoma in a real-world setting. *Blood Adv*. 2021;5(11):2523-2527.

Page 2525, Figure 1: In both graphs in panel A, the y-axis label "Axi-cel/mL" should be "Axi-cel/µL." In panels B and F, the y-axis label "Peak axi-cel/mL" should be "Peak axi-cel/µL." The corrected figure is shown below.

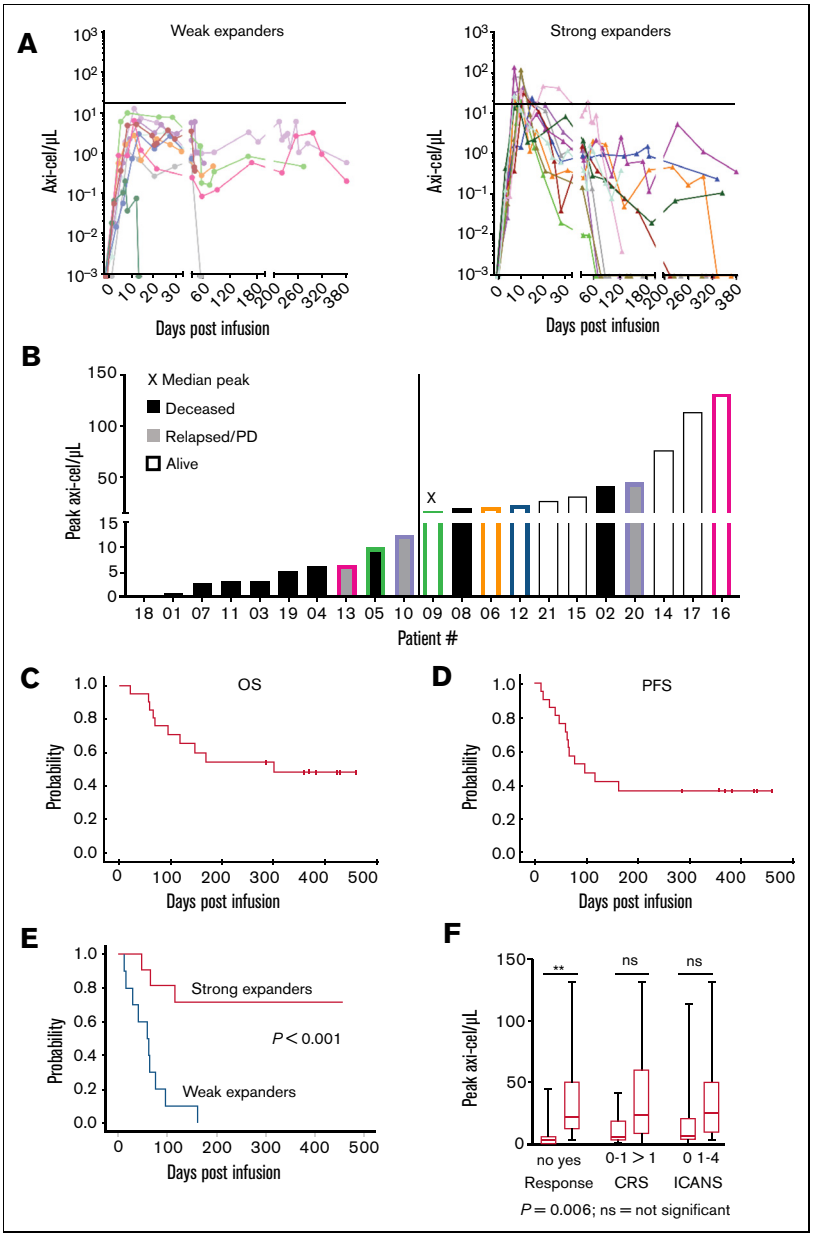

Figure 1. "Real-world" axi-cel kinetics in 21 r/r B-NHL patients treated in our clinic. Analysis of peripheral blood mononuclear cells using an axi-cel–specific dPCR assay reveals differences in the CAR-T-cell engraftment kinetics. In vivo persistence of axi-cel T cells in the peripheral blood over time. The horizontal line indicates the median of the peak expansion. Negative values were set to 0.001/µL (limit of detection). (A) Strong expanders had a peak expansion of ≥16.14 cells/µL. (B) Peak expansion values and clinical outcome for individual patients. The median peak value (16.14 CAR T cells/µL) was found for patient 9. The color coding highlights the patients with prolonged persistence in each group. PD, progressive disease. (C-D) Kaplan-Meier curves of 21 patients treated with commercially available axi-cel in the nontrial setting show the OS and PFS during the >1 year of follow-up. (E) Kaplan-Meier curves of 21 axi-cel–treated patients show significantly increased survival of patients in the "strong expanders" group vs the "weak expanders" group. *P* value compares strong expanders vs weak expanders. (F) Boxplots showing CAR-T cell peak concentrations and correlation with response, CRS, and ICANS. The upper and lower borders of the box represent 25th and 75th percentiles, the line within the box depicts the median, and the bars represent the range. ns, nonsignificant.

The publisher apologizes for the errors, which occurred during the publication process. The errors have been corrected in the published article.

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