Drug-Related Hypertension Associated with the Efficacy of Apatinib on Hepatocellular Carcinoma [Corrigendum]


The authors have advised there is an error with Figure 2 on page 3170. The figure parts C-H do not match the description in the figure caption or figure citations throughout the text.

The correct Figure 2 is shown below. The authors apologize for this error.

Figure 2 Continued.
Figure 2 Subgroup analysis of OS and PFS. (A) Subgroup with AFP >400μg/L whether HTN can be a predictor of OS; (B) subgroup with AFP >400μg/L whether HTN can be a predictor of PFS; (A, B) In patients with AFP ≤400μg, drug-related HTN can be used as a predictor of OS (p=0.006) and PFS (p=0.021). In patients with AFP >400μg, drug-related HTN cannot be used as a predictor of OS (p=0.081), but can be used as a predictor of PFS (p=0.007). (C) Subgroup with Child-Pugh Score, whether HTN can be a predictor of OS; (D) subgroup with Child-Pugh Score, whether HTN can be a predictor of PFS; (C, D) in patients with Child-Pugh A, drug-related HTN can be used as a predictor of OS (p=0.003) and PFS (p=0.012). In patients with Child-Pugh B, drug-related HTN cannot be used as a predictor of OS (p=0.267), but can be used as a predictor of PFS (p=0.010). (E) Subgroup with macrovascular invasion, whether HTN can be a predictor of OS; (F) subgroup with macrovascular invasion, whether HTN can be a predictor of PFS; (E, F) in patients without macrovascular invasion, drug-related HTN can be used as a predictor of OS (p=0.024), but not as a predictor of PFS (p=0.072). In patients with macrovascular invasion, drug-related HTN can be used as a predictor of OS (p=0.021) and PFS (p=0.001). (G) Subgroup with extrahepatic spread, whether HTN can be a predictor of OS; (H) subgroup with extrahepatic spread, whether HTN can be a predictor of PFS. (G, H) In patients without extrahepatic metastases, drug-related HTN cannot be used as a predictor of OS (p=0.078), but can be used as a predictor of PFS (p=0.035). In patients with extrahepatic spread, drug-related HTN can be used as a predictor of OS (p=0.005) and PFS (p=0.000).