

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

Yang X, Hou Z, Zhu K, et al. *Cancer Manag Res.* 2020;12:3163–3173.

tion in the figure caption or figure citations throughout the text.

The authors have advised there is an error with Figure 2 on page 3170. The figure parts C-H do not match the descrip-

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

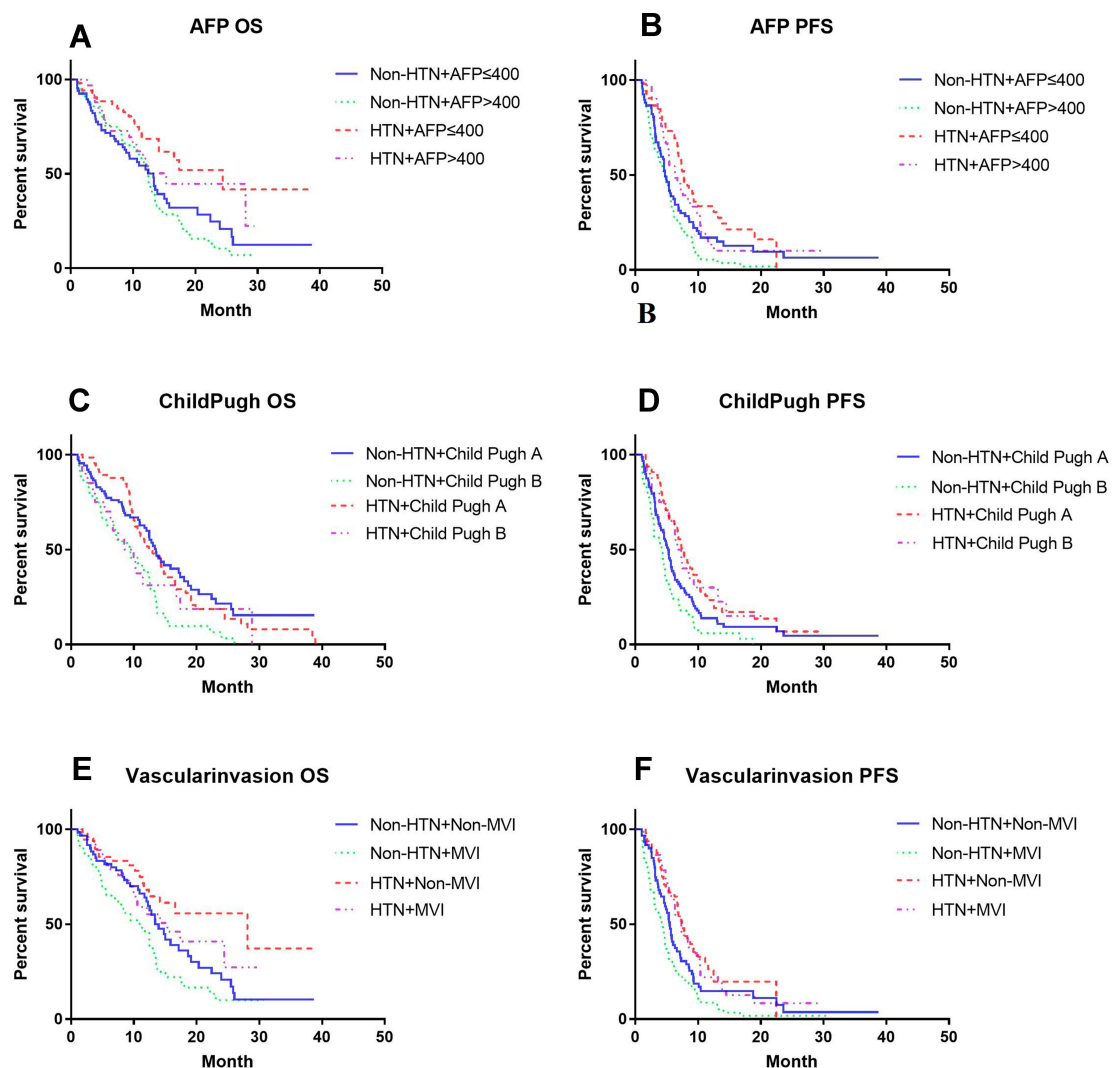
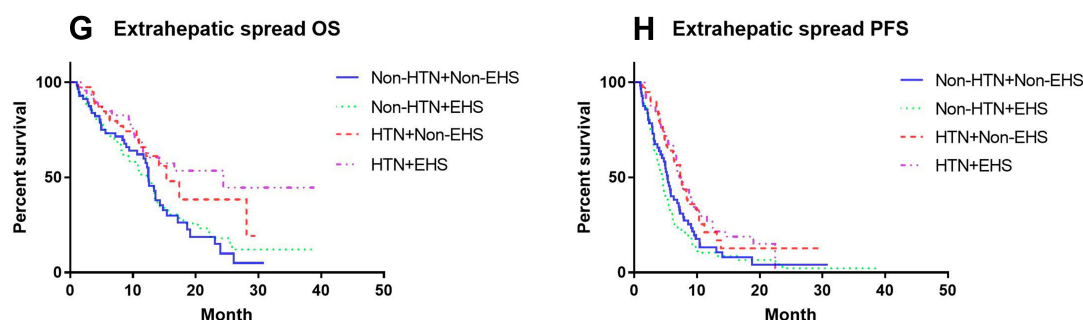


Figure 2 Continued.



**Figure 2** Subgroup analysis of OS and PFS. **(A)** Subgroup with AFP  $>400\mu\text{g/L}$ , whether HTN can be a predictor of OS; **(B)** subgroup with AFP  $>400\mu\text{g/L}$ , whether HTN can be a predictor of PFS; **(A, B)** In patients with AFP  $\leq 400\mu\text{g}$ , drug-related HTN can be used as a predictor of OS ( $p=0.006$ ) and PFS ( $p=0.021$ ). In patients with AFP  $>400\mu\text{g}$ , 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 ( $p=0.000$ ).

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