CORRIGENDUM

Tumor-penetrating peptide fused EGFR single-domain antibody enhances radiation responses following EGFR inhibition in gastric cancer

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Following the publication of the above article, the authors noticed that data shown in certain of the panels in Figs. 4 and 5 were selected incorrectly and presented wrongly in these figures. Essentially, in Fig. 4, the data shown for the Tunel, anti-EGFR-iRGD and Tunel, anti-EGFR-iGRD+IR data panels (i.e., the panels in the third row, columns 2 and 4), were chosen incorrectly, and in Fig. 5, the data panel for the Lung, IR experiment (fourth row, third column) was selected incorrectly.

The revised versions of Figs. 4 and 5, featuring all the correct data panels, are shown on the next page. Furthermore, the results were re-analyzed based on the correct data. The errors made in the compilation of these Figures did not affect the overall conclusions reported in the paper. The authors are grateful to the Editor of *Oncology Reports* for allowing them the opportunity to publish this Corrigendum, and apologize to the readership for any inconvenience caused.
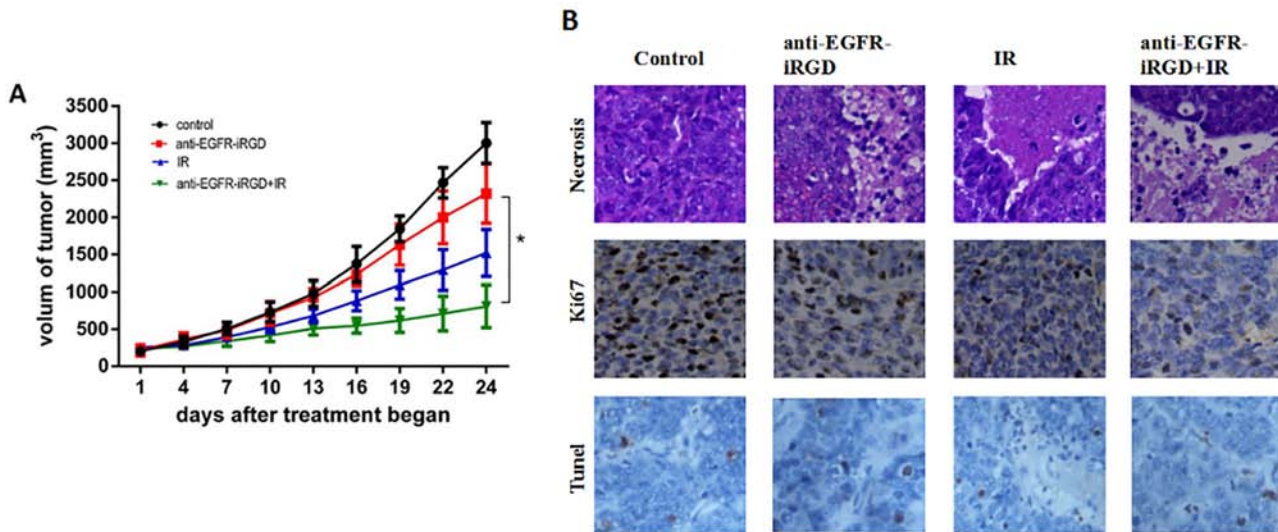
Figure 4. Inhibitory effect of anti-EGFR-iRGD in combination with IR on tumor growth in mice. (A) Tumor growth curves. Mice bearing subcutaneous BGC-823 were treated with PBS, anti-EGFR-iRGD, IR, or anti-EGFR-iRGD combined with IR. Data are presented as the mean ± standard error of the mean (n=5). One-way analysis of variance was used for the analysis of tumor growth (*P<0.05). (B) Evaluation of cell necrosis, and the antiproliferative effect of anti-EGFR-iRGD combined with radiation in BGC-823 tumors 24 days post-treatment. Cell necrosis was evaluated by hematoxylin and eosin staining (magnification, ×100) of tumor sections, whereas cell proliferation was evaluated by immunohistochemistry of Ki-67. Cell death was evaluated by immuno-histochemistry using TUNEL (magnification, ×100), there was no statistically significant difference between three treated groups. EGFR, epidermal growth factor receptor; IR, ionizing radiation.
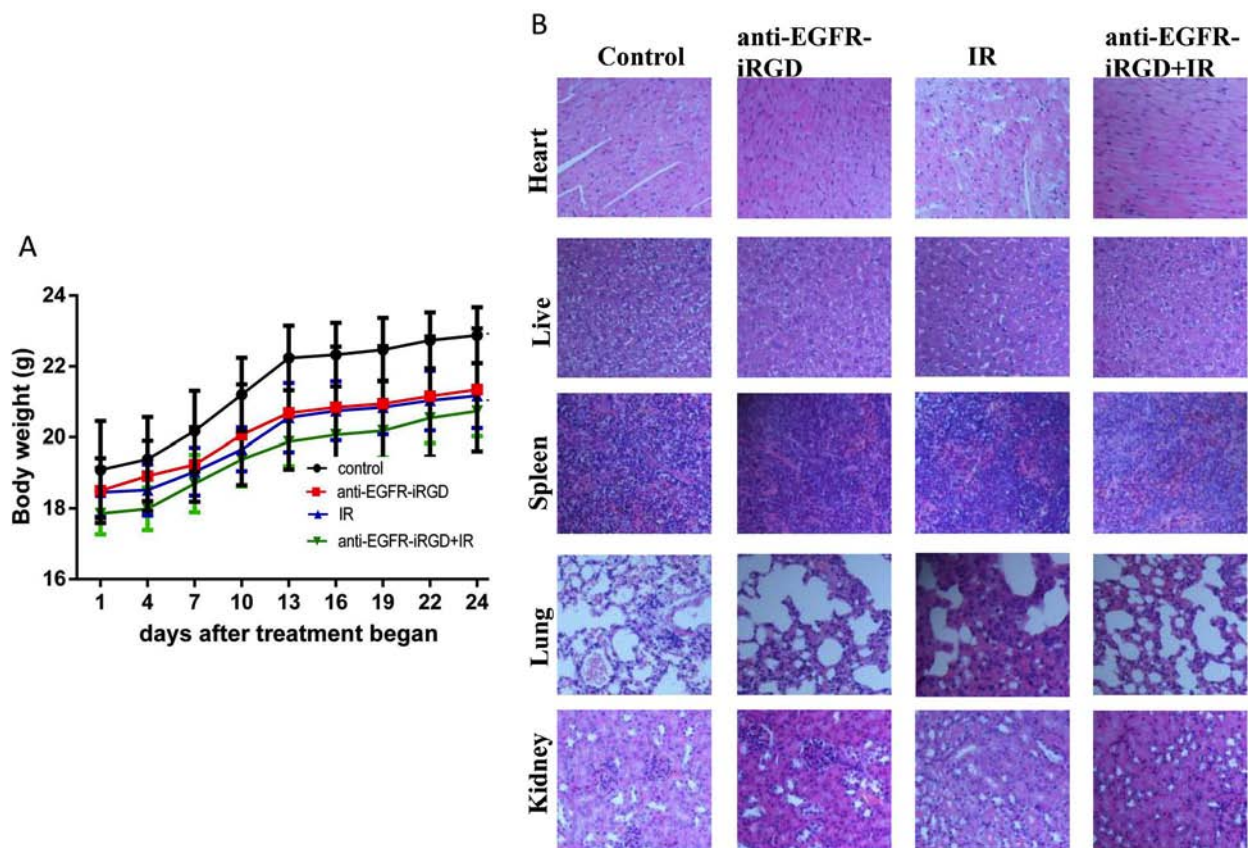

Figure 5. Side effects of anti-EGFR-iRGD in combination with IR. (A) Changes in body weight. Data are presented as the mean ± standard error of the mean (n=5). One-way analysis of variance was used for the analysis of body weight; (P>0.05). (B) Heart, liver, spleen, lungs and kidneys were dissected for hematoxylin and eosin staining on day 24 post-treatment. Tissue changes involved minimal inflammatory cells infiltrating in the spleen, with no significant abnormal damage were observed (magnification, ×200). EGFR, epidermal growth factor receptor; IR, ionizing radiation.