

Retraction and Corrections

RETRACTION

PROFILE

Retraction for “Profile of Phillip Cohen,” by Carrie Arnold, which appeared in issue 12, March 24, 2009, of *Proc Natl Acad Sci USA* (106:4581–4583; first published March 17, 2009; 10.1073/pnas.0902168106).

The editors wish to note that because of several factual and typographical errors we are retracting this article. A corrected version will be published in a subsequent issue. The PNAS editors deeply regret the errors.

www.pnas.org/cgi/doi/10.1073/pnas.0903490106

CORRECTIONS

EVOLUTION

Correction for “Origin, antiviral function and evidence for positive selection of the gammaretrovirus restriction gene *FvI* in the genus *Mus*,” by Yuhe Yan, Alicia Buckler-White, Kurt Wollenberg, and Christine A. Kozak, which appeared in issue 9, March 3, 2009, of *Proc Natl Acad Sci USA* (106:3259–3263; first published February 12, 2009; 10.1073/pnas.0900181106).

The authors note that due to a printer’s error, the database accession numbers in the footnote on page 3259 appeared incorrectly. The footnote “Data deposition: The sequences reported in this paper have been deposited in the GenBank database (accession nos. **X97719**, **FJ603554**, and **X97720**),” should instead have appeared as: “Data deposition: The sequences reported in this paper have been deposited in the GenBank database (accession nos. **FJ603554–FJ603574**).” Additionally, on page 3259, left column, the first line of the third full paragraph, “*FvI* was cloned and identified as a coopted ERV sequence that is related to the *gag* gene of MuERV-L (3, 4), a **Class III (spumavirus-related) ERV transposon family** that is transpositionally active in mice but has no known infectious virus counterparts,” should instead have appeared as “*FvI* was cloned and identified as a coopted ERV sequence that is related to the *gag* gene of MuERV-L (3, 4), a **Class III (spumavirus-related) ERV family** that is transpositionally active in mice but has no known infectious virus counterparts.” These errors do not affect the conclusions of the article.

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MEDICAL SCIENCES

Correction for “A genomic approach to colon cancer risk stratification yields biologic insights into therapeutic opportunities,” by Katherine S. Garman, Chaitanya R. Acharya, Elena Edelman, Marian Grade, Jochen Gaedcke, Shivani Sud, William Barry, Anna Mae Diehl, Dawn Provenzale, Geoffrey S. Ginsburg, B. Michael Ghadimi, Thomas Ried, Joseph R. Nevins, Sayan Mukherjee, David Hsu, and Anil Potti, which appeared in issue 49, December 9, 2008, of *Proc Natl Acad Sci USA* (105:19432–19437; first published December 2, 2008; 10.1073/pnas.0806674105).

The authors note that the term “prognostic score” should be substituted for the term “Recurrence Score,” which is a registered trademark of Genomic Health and is not associated in any way with the authors or the article. The online version of the article has been corrected accordingly as of April 7, 2009.

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POPULATION BIOLOGY

Correction for “The paradoxical effects of using antiretroviral-based microbicides to control HIV epidemics,” by David P. Wilson, Paul M. Coplan, Mark A. Wainberg, and Sally M. Blower, which appeared in issue 28, July 15, 2008, of *Proc Natl Acad Sci USA* (105:9835–9840; first published July 7, 2008; 10.1073/pnas.0711813105).

The authors note that in Table 1, in the section “Clinical trial results at the end of 12 months,” table columns 5–7, the number of infections expected (in microbicide arm) should read: **79** for Q1, **200** for median, and **427** for Q3; the cumulative number of

NNRTI-resistant infections should read: **1** for median and **3** for Q3; and the cumulative number of infections prevented per NNRTI-resistant case should read: **11** for Q1, **34** for median, and **99** for Q3. In table columns 2–7, the percentage of infections prevented should read: **7%**, **17%**, **33%**, **7%**, **17%**, and **33%**. Also, in the section “Population-level results,” table column 4 (heading “Q3”), the 3rd quartile value for the number of infections prevented per NNRTI-resistant case for females should read: **1.1**. These errors do not affect the conclusions of the article. The corrected table appears below.

Table 1. Median (Med) and interquartile range (first quartile, Q1, and third quartile, Q3) of outcome variables for a clinical trial of NNRTI-containing microbicides with women at high-risk in a resource-constrained country, and outcome variables for males and females 10 years after these microbicides are introduced into the population

Variable	High probability of systemic NNRTI absorption (50–90%)			Low probability of systemic NNRTI absorption (1–3%)		
	Q1	Med	Q3	Q1	Med	Q3
Clinical trial results at the end of 12 months						
No. of infections expected (in microbicide-arm)	79	200	427	79	200	427
Cumulative no. of infections prevented (%)	11 (7%)	36 (17%)	100 (33%)	11 (7%)	36 (17%)	100 (33%)
Cumulative no. of NNRTI-resistant infections	11	34	85	0	1	3
Cumulative no. of infections prevented per NNRTI-resistant case	0	1	3	11	34	99
Population-level results						
Cumulative percentage of infections prevented						
Females	4%	11%	21%	3%	7%	17%
Males	6%	14%	27%	3%	8%	18%
Cumulative percentage of new HIV infections in which NNRTI-resistant strains are transmitted						
Females	0.1%	0.2%	0.8%	0.01%	0.04%	0.14%
Males	0.8%	2.6%	7.0%	0.15%	0.48%	1.20%
Cumulative no. of infections prevented per NNRTI-resistant case						
Females	0.3	0.5	1.1	0.7	1.9	4.8
Males	2.7	6.2	14.8	6.8	18.9	54.9
Prevalence of NNRTI resistance among infected women = transmitted drug resistance (above) + acquired drug resistance, %	7.7%	22.4%	49.7%	1.6%	4.8%	10.2%

Trial results are for a 12-month, placebo-controlled, 10,000-participant, phase III trial. The prevalence of NNRTI resistance among HIV-infected men is equal to the cumulative percentage of new infections in which NNRTI-resistant strains are transmitted. Both clinical trial and population-level results are summaries from simulations of 10,000 high-risk microbicides (i.e., assuming a high probability of NNRTI absorption) and 10,000 low-risk microbicides (i.e., assuming a low probability of NNRTI absorption), in the absence of testing and adherence ranging from 0% to 100%.

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