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CORRECTION
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Addendum: Metabolic Syndrome, and Particularly the Hypertriglyceridemic-Waist Phenotype, Increases Breast Cancer Risk, and Adiponectin Is a Potential Mechanism: A Case–Control Study in Chinese Women

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An Addendum on

Metabolic Syndrome, and Particularly the Hypertriglyceridemic-Waist Phenotype, Increases Breast Cancer Risk, and Adiponectin Is a Potential Mechanism: A Case–Control Study in Chinese Women

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In the original article, there were mistakes in Table 6, Table 7, Table 9 as published. The numbers of patients in **Table 6** and **Table 9** were incorrect. The contents in **Table 7** and **Table 9** were repetitive to some degree in that we had shown the association between adiponectin with metabolic syndrome and HW phenotype. Therefore, for this Correction, we analyzed

the association between adiponectin and metabolic syndrome, and the association in pre- and postmenopausal subgroups in **Table 7**. In **Table 9**, we converted the numerical variable into categorical variable, which should provide better guide for clinical practice. In our view, this avoids the repetition. These new tables appear below as Tables 6, 7, 9. The authors apologize for these errors and any confusion that may have arisen due to them and hopes these additional tables sufficiently addresses them.

In the original article, corresponding text of Table 6, Table 7, and Table 9 was corrected.

A correction has been made to Abstract, Results, Paragraph number 1:

In addition, total adiponectin levels among breast cancer patients were much lower than among controls ($p = 0.005$) only in the HW phenotype subgroup. Furthermore, the HW phenotype was associated with increased risk of estrogen receptor/progesterone receptor-positive (ER+/PR+) breast cancer, with a 95% (OR = 1.95, 95% CI:1.21–3.13) increase. However, there was no significant association between the HW phenotype and both ER+/PR– and ER–/PR– subtypes.

A correction has been made to Results, Cluster Mode of HW Phenotype Significantly Increases Breast Cancer Risk, Paragraph number 3:

HW phenotype was associated with ER+/PR+ breast cancer, with a 95% (OR = 1.95, 95% CI:1.21–3.13) increase in risk for women with a positive HW phenotype. However, there was no significant association between HW phenotype and both ER+/PR– and ER–/PR– subtypes.

A correction has been made to Results, Adiponectin Might Be the Mechanism Linking Metabolic Syndrome to Breast Cancer, Paragraph number 2:

total adiponectin levels among breast cancer patients were much lower than among the controls($p = 0.005$) in the HW phenotype subgroup.

A correction has been made to Results, Adiponectin Might Be the Mechanism Linking Metabolic Syndrome to Breast Cancer, Paragraph number 3:

there was a significant difference of total adiponectin in ER+/PR+ ($p = 0.028$) and ER–/PR– ($p = 0.043$) breast cancer compared to the controls, who were much lower in the HW phenotype subgroup.

A correction has been made to Discussion, Paragraph number 6:

We revealed that HW phenotype was an independent risk factor for the ER+/PR+ subtype.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

TABLE 6 | Association between HW phenotype and breast cancer by logistic regression.

	All subjects($n = 595$)			Premenopausal($n = 383$)			Postmenopausal($n = 209$)			ER+/PR+($n = 293$)			ER+/PR–($n = 59$)			ER–/PR–($n = 148$)		
	OR	95% CI	*P*	OR	95% CI	*P*	OR	95% CI	*P*	OR	95% CI	*P*	OR	95% CI	*P*	OR	95% CI	*P*
Univariate model																		
WC+TG (normal = reference)	1.66	1.10–2.50	0.016	1.63	0.95–2.82	0.077	1.72	0.91–3.22	0.09	2.06	1.29–3.27	0.002	1.70	0.73–4.00	0.222	1.43	0.76–2.67	0.266
Multivariate model[a]																		
WC+TG (normal=reference)	1.56	1.02–2.39	0.039	1.49	0.85–2.63	0.167	1.60	0.82–3.12	0.170	1.95	1.21–3.13	0.006	1.71	0.72–4.08	0.225	1.21	0.63–2.33	0.571

WC, waist circumference; TG, triglycerides; ER, estrogen receptor; PR, progesterone receptor.

[a]Adjusted for age, number of childbirths, age at menarche, breastfeeding, smoking, alcohol use, family history of breast cancer, and contraceptive drug use.

TABLE 7 | Association between total adiponectin, HMW adiponectin, HMW/total ratio, and metabolic syndrome.

	All subjects			Premenopausal			Postmenopausal		
	With MetS	**Without MetS**	***p***	**With MetS**	**Without MetS**	***p***	**With MetS**	**Without MetS**	***p***
Total adiponectin	5.970 ± 3.789	2.807 ± 2.007	0.004	5.960 ± 3.830	6.637 ± 3.558	0.054	5.979 ± 3.762	6.909 ± 3.875	0.022
HMW adiponectin	2.408 ± 1.870	2.807 ± 2.007	0.004	2.371 ± 1.830	2.757 ± 1.958	0.037	2.445 ± 1.915	2.935 ± 2.116	0.024
HMW/total ratio	0.39 ± 0.14	0.41 ± 0.16	0.101	0.39 ± 0.14	0.40 ± 0.17	0.233	0.39 ± 0.15	0.42 ± 0.15	0.150

MetS, metabolic syndrome; HMW, high molecular weight.

TABLE 9 | The association among metabolic syndrome, breast cancer, and adiponectin.

	Controls	**All cases**		**ER+/PR+**		**ER+/PR–**		**ER–/PR–**	
METABOLIC SYNDROME									
YES									
Total adiponectin			0.362		0.944		0.764		0.203
High	26 (22.2%)	27 (17.8%)		17 (21.8%)		3 (15.8%)		5 (12.8%)	
Low	91 (77.8%)	125 (82.2%)		61 (78.2%)		16 (84.2%)		34 (87.2%)	
HMW adiponectin			0.296		0.597		0.113		0.403
High	66 (56.4%)	76 (50.0%)		41 (52.6%)		7 (36.8%)		19 (48.7%)	
Low	51 (43.6%)	76 (50.0%)		37 (47.4%)		12 (63.2%)		20 (51.3%)	
HMW/total ratio			0.354		0.069		0.805		0.711
High	59 (50.4%)	68 (44.7%)		29 (37.2%)		9 (47.4%)		21 (53.8%)	
Low	58 (49.6%)	84 (55.3%)		49 (62.8%)		10 (52.6%)		18 (46.2%)	
No									
Total adiponectin			0.097		0.121		0.339		0.118
High	106 (25.5%)	92 (20.8%)		43 (20.0%)		13 (32.5%)		20 (18.3%)	
Low	309 (74.5%)	351 (79.2%)		172 (80.0%)		27 (67.5%)		89 (81.7%)	
HMW adiponectin			0.507		0.970		0.588		0.244
High	287 (69.2%)	297 (67.0%)		149 (69.3%)		26 (65.0%)		69 (63.3%)	
Low	128 (30.8%)	146 (33.0%)		66 (30.7%)		14 (35.0%)		40 (36.7%)	
HMW/total ratio			0.359		0.229		0.873		0.062
High	213 (51.3%)	213 (48.2%)		99 (46.3%)		20 (50.0%)		45 (41.3%)	
Low	202 (48.7%)	229 (51.8%)		115 (53.7%)		20 (50.0%)		64 (58.7%)	
HW PHENOTYPE									
YES									
Total adiponectin			0.005		0.028		1.000		0.043
High	14 (35.9%)	9 (13.0%)		6 (14.6%)		2 (28.6%)		1 (6.7%)	
Low	25 (64.1%)	60 (87.0%)		35 (85.4%)		5 (71.4%)		14 (93.3%)	
HMW adiponectin			0.717		0.527		0.424		0.583
High	24 (61.5%)	40 (58.0%)		28 (68.3%)		3 (42.9%)		8 (53.3%)	
Low	15 (38.5%)	29 (42.0%)		13 (31.7%)		4 (57.1%)		7 (46.7%)	
HMW/total ratio			0.570		0.263		1.000		0.839
High	17 (43.6%)	34 (49.3%)		23 (56.1%)		3 (42.9%)		7 (46.7%)	
Low	22 (56.4%)	35 (50.7%)		18 (43.9%)		4 (57.1%)		8 (53.3%)	
NO									
Total adiponectin			0.247		0.442		0.632		0.150
High	118 (23.9%)	110 (20.9%)		54 (21.4%)		14 (26.9%)		24 (18.0%)	
Low	375 (76.1%)	416 (79.1%)		198 (78.6%)		38 (73.1%)		109 (82.0%)	
HMW adiponectin			0.252		0.505		0.191		0.157
High	329 (66.7%)	333 (63.3%)		162 (64.3%)		30 (57.7%)		80 (60.2%)	
Low	164 (33.3%)	193 (36.7%)		90 (35.7%)		22 (42.3%)		53 (39.8%)	
HMW/total ratio			0.136		0.011		0.813		0.132
High	255 (51.7%)	247 (47.0%)		105 (41.8%)		26 (50.0%)		59 (44.4%)	
Low	238 (48.3%)	278 (53.0%)		146 (58.2%)		26 (50.0%)		74 (55.6%)	

ER, estrogen receptor; PR, progesterone receptor.

Cut-off value of high and low level for total adiponectin, HMW adiponectin, and HMW/total ratio is 8.768, 1.635, and 0.399, respectively.