



OPEN ACCESS

EDITED AND REVIEWED BY
Megan Anne Cooper,
Washington University in St. Louis,
United States

*CORRESPONDENCE
Roger H. Kobayashi
✉ rhk.immunology@gmail.com

SPECIALTY SECTION
This article was submitted to
Primary Immunodeficiencies,
a section of the journal
Frontiers in Immunology

RECEIVED 28 November 2022
ACCEPTED 05 December 2022
PUBLISHED 20 December 2022

CITATION
Kobayashi RH, Gupta S, Melamed I,
Mandujano JF, Kobayashi AL, Ritchie B,
Geng B, Atkinson TP, Rehman S,
Turpel-Kantor E and Litzman J (2022)
Corrigendum: Clinical efficacy, safety
and tolerability of a new subcutaneous
immunoglobulin 16.5% (Octanorm
[Cutaquig®]) in the treatment of
patients with primary
immunodeficiencies.
Front. Immunol. 13:1110388.
doi: 10.3389/fimmu.2022.1110388

COPYRIGHT
© 2022 Kobayashi, Gupta, Melamed,
Mandujano, Kobayashi, Ritchie, Geng,
Atkinson, Rehman, Turpel-Kantor and
Litzman. This is an open-access article
distributed under the terms of the
[Creative Commons Attribution License
\(CC BY\)](#). The use, distribution or
reproduction in other forums is
permitted, provided the original
author(s) and the copyright owner(s)
are credited and that the original
publication in this journal is cited, in
accordance with accepted academic
practice. No use, distribution or
reproduction is permitted which does
not comply with these terms.

Corrigendum: Clinical efficacy, safety and tolerability of a new subcutaneous immunoglobulin 16.5% (Octanorm [Cutaquig®]) in the treatment of patients with primary immunodeficiencies

Roger H. Kobayashi^{1*}, Sudhir Gupta², Isaac Melamed³,
J. Fernando Mandujano⁴, Ai Lan Kobayashi⁵, Bruce Ritchie⁶,
Bob Geng⁷, Thomas Prescott Atkinson⁸, Syed Rehman⁹,
Eva Turpel-Kantor¹⁰ and Jiří Litzman¹¹

¹UCLA School of Medicine, Los Angeles, CA, United States, ²Division of Basic and Clinical Immunology, University of California, Irvine, Irvine, CA, United States, ³IMMUNOe Research Center, Centennial, CO, United States, ⁴Pediatric Pulmonary Associates of North Texas, Frisco, TX, United States, ⁵Midlands Pediatrics, Papillion, NE, United States, ⁶Division of Hematology, Department of Medicine, University of Alberta Hospital, Edmonton, AB, Canada, ⁷Divisions of Adult and Pediatric Allergy and Immunology, University of California, San Diego, La Jolla, CA, United States, ⁸Department of Pediatric Allergy, Asthma and Immunology, University of Alabama, Birmingham, AL, United States, ⁹Allergy and Asthma Center Inc., Toledo, OH, United States, ¹⁰Octapharma Pharmazeutika Produktionsges.m.b.H., Vienna, Austria, ¹¹Department of Clinical Immunology and Allergology, St Anne's University Hospital in Brno, Faculty of Medicine, Masaryk University, Brno, Czechia

KEYWORDS

primary immunodeficiencies, immunoglobulins, antibodies, SCIG, infections, infusion site reactions

A corrigendum on

[Clinical efficacy, safety and tolerability of a new subcutaneous immunoglobulin 16.5% \(Octanorm \[Cutaquig®\]\) in the treatment of patients with primary immunodeficiencies](#)

by Kobayashi RH, Gupta S, Melamed I, Mandujano JF, Kobayashi AL, Ritchie B, Geng B, Atkinson TP, Rehman S, Turpel-Kantor E and Litzman J (2019). *Front. Immunol.* 10:40.
doi: 10.3389/fimmu.2019.00040

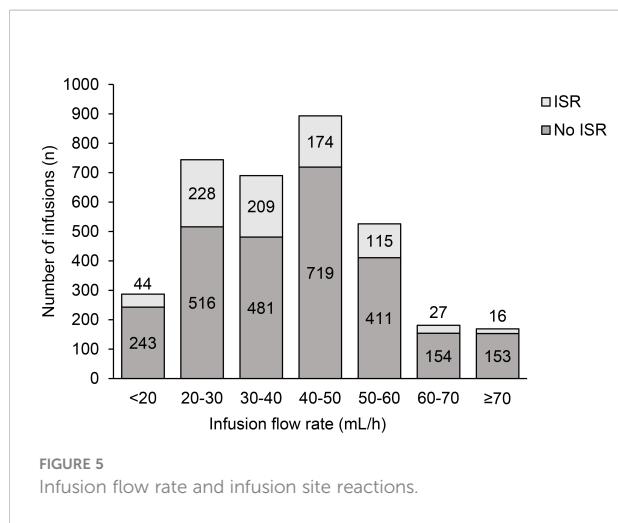
In the published article, there was an error in [Table 4](#) as published. The table shows the rate of treatment days per person-year in adults (≥ 16 years and ≤ 75 years) as 148.82. The correct number is 48.82. The corrected [Table 4](#) and its caption “Systemic and topical antibiotic use, overall and by region” appear below.

In the published article, there was an error in [Figure 5](#) as published. The image shows the number of infusions administered at the rate of 20–30 mL/h with no ISRs to be 238.

TABLE 4 Systemic and topical antibiotic use, overall and by region.

| | Younger children ≥2 Years<5 Years | Older children ≥5 Years<12 Years | Adolescents ≥12 Years<16 Years | Adults ≥16 Years≤75 Years | All patients |
|--|--------------------------------------|-------------------------------------|-----------------------------------|------------------------------|--------------|
| Systemic and topical antibiotic use | | | | | |
| Overall, N | 4 | 11 | 8 | 38 | 61 |
| Patients with antibiotic treatment, N (%) | 3 (75.0) | 7 (63.6) | 4 (50.0) | 27 (71.1) | 41 (67.2) |
| Rate of treatment episodes per person-year | 3.20 | 1.57 | 1.41 | 2.27 | 2.14 |
| Rate of treatment days per person-year | 29.62 | 50.29 | 96.00 | 49.28 | 51.77 |
| North America, N | 0 | 7 | 8 | 20 | 35 |
| Patients with antibiotic treatment, N (%) | 0 | 3 (42.9) | 4 (50.0) | 18 (90.0) | 25 (71.4) |
| Rate of treatment episodes per person-year | 0 | 0.95 | 1.41 | 3.07 | 2.36 |
| Rate of treatment days per person-year | 0 | 53.40 | 96.01 | 68.57 | 69.29 |
| Europe, N | 4 | 4 | 0 | 18 | 26 |
| Patients with antibiotic treatment, N (%) | 3 (75.0) | 4 (100.0) | 0 | 9 (50.0) | 16 (61.5) |
| Rate of treatment episodes per person-year | 3.20 | 2.58 | 0 | 1.48 | 1.89 |
| Rate of treatment days per person-year | 29.62 | 45.20 | 0 | 30.01 | 32.23 |
| Systemic antibiotic use | | | | | |
| Overall, N | 4 | 11 | 8 | 38 | 61 |
| Patients with antibiotic treatment, N (%) | 3 (75.0) | 7 (63.6) | 4 (50.0) | 26 (68.4) | 40 (65.6) |
| Rate of treatment episodes per person-year | 3.20 | 1.27 | 1.41 | 2.13 | 1.99 |
| Rate of treatment days per person-year | 29.61 | 48.72 | 96.01 | 31.53 | 39.62 |
| North America, N | 0 | 7 | 8 | 20 | 35 |
| Patients with antibiotic treatment, N (%) | 0 | 3 (42.9) | 4 (50.0) | 18 (90.0) | 25 (71.4) |
| Rate of treatment episodes per person-year | 0 | 0.95 | 1.41 | 2.96 | 2.29 |
| Rate of treatment days per person-year | 0 | 53.40 | 96.01 | 48.82 | 56.79 |
| Europe, N | 4 | 4 | 0 | 18 | 26 |
| Patients with antibiotic treatment, N (%) | 3 (75.0) | 4 (100.0) | 0 | 8 (44.4) | 15 (57.7) |
| Rate of treatment episodes per person-year | 3.20 | 1.81 | 0 | 1.31 | 1.66 |
| Rate of treatment days per person-year | 29.62 | 41.07 | 0 | 14.27 | 20.49 |

N, number of patients.



The correct number is 228. The corrected [Figure 5](#) and its caption “Infusion flow rate and infusion site reactions. ISR, infusion site reaction” appear below.

A correction has been made to **the Results section, SCIG Administration Characteristics**, Paragraph 1. These sentences previously stated:

“The mean infusion flow rate was 23.86 mL/h/site and was likewise lower in children and adolescents (4.19–16.25 mL/h/site). As a general trend, the dose of octanorm per kg, duration of infusions, infusion volume, and infusion flow rate increased with age (Table 2).”

The corrected sentences appear below:

“The mean infusion flow rate was 22.86 mL/h/site and was likewise lower in children and adolescents (14.19–16.85 mL/h/site). As a general trend, the dose of octanorm per kg, duration of infusions, infusion volume, and infusion flow rate increased with age (Table 2).”

A correction has been made to **the Results section, Infusion Site Reactions**, Paragraph 1. This sentence previously stated:

“No localized site reactions were observed for three-quarters (76.7%; 814/3497) of analyzed infusions.”

The corrected sentence appears below:

“No localized site reactions were observed for three-quarters (76.7%; 2683/3497) of analyzed infusions.”

A correction has been made to **the Discussion section**, Paragraph 8. This sentence previously stated:

“In the current study, 0.23% of infusions were associated with an infusion site reaction.”

The corrected sentence appears below:

“In the current study, 23% of infusions were associated with an infusion site reaction.”

A correction has been made to **the Disclosure section**, Paragraph 1. This sentence previously stated:

“RK reports... ...grants from Vietnam National Children and Hospital Hanoi, Vietnam...”

The corrected sentence appears below:

“RK reports... ...grants from Vietnam National Children’s Hospital Hanoi, Vietnam...”

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

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.