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# Corrigendum: Clinicopathological and molecular characterization of astroblastoma

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KEYWORDS

**astroblastoma, clinicopathological, molecular characterization, next-generation sequencing, EWSR1-NUDT10 gene fusion**

A Corrigendum on
Clinicopathological and molecular characterization of astroblastoma

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In the published article, the word "astrocytoma" was erroneously used in place of the correct word "astroblastoma" throughout the article including in the **title, keywords section, citation section, main body text, and the captions of Tables 2, 3 and Figures 1, 2**. As astroblastoma is a rare and distinct CNS tumor that has been clearly established as an independent entity in the WHO classification system, the astroblastoma discussed in this research is therefore distinct from astrocytoma and should therefore be presented accurately. All mentions of astrocytoma have now been replaced with astroblastoma in the corrected article where appropriate. The corrected versions of Tables 2, 3 and Figures 1, 2, along with their revised captions, appear below.

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.

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TABLE 2 Clinical information on patients with astroblastoma in this study.

| Patient | Age (years) | Sex | Location | Histologic features | Fusion | Grade | Follow-up (months) |
|---|---|---|---|---|---|---|---|
| Case 1 | 19 | Female | Spinal cord | Astroblastoma | EWSR1-BEND2 | High | 76.5, alive |
| Case 2 | 8 | Female | Spinal cord | Astroblastoma | EWSR1-BEND2 | High | 17.6, alive |
| Case 3 | 44 | Female | Right parietal | Astroblastoma | EWSR1-NUDT10 | High | 33.7, alive |
| Case 4 | 28 | Female | Spinal cord | Astroblastoma | MN1-BEND2 | High | 61.3, alive |

TABLE 3 IHC characteristics of astroblastoma cases.

| Patient | GFAP | S-100 | OLIG2 | EMA | Vimentin | Ki-67 |
|---|---|---|---|---|---|---|
| Case 1 | + | + | Patchy+ | + | + | 15% |
| Case 2 | + | Patchy+ | Focal+ | + | + | 15% |
| Case 3 | − | − | Patchy+ | + | + | 10% |
| Case 4 | + | + | + | Focal+ | + | 15% |

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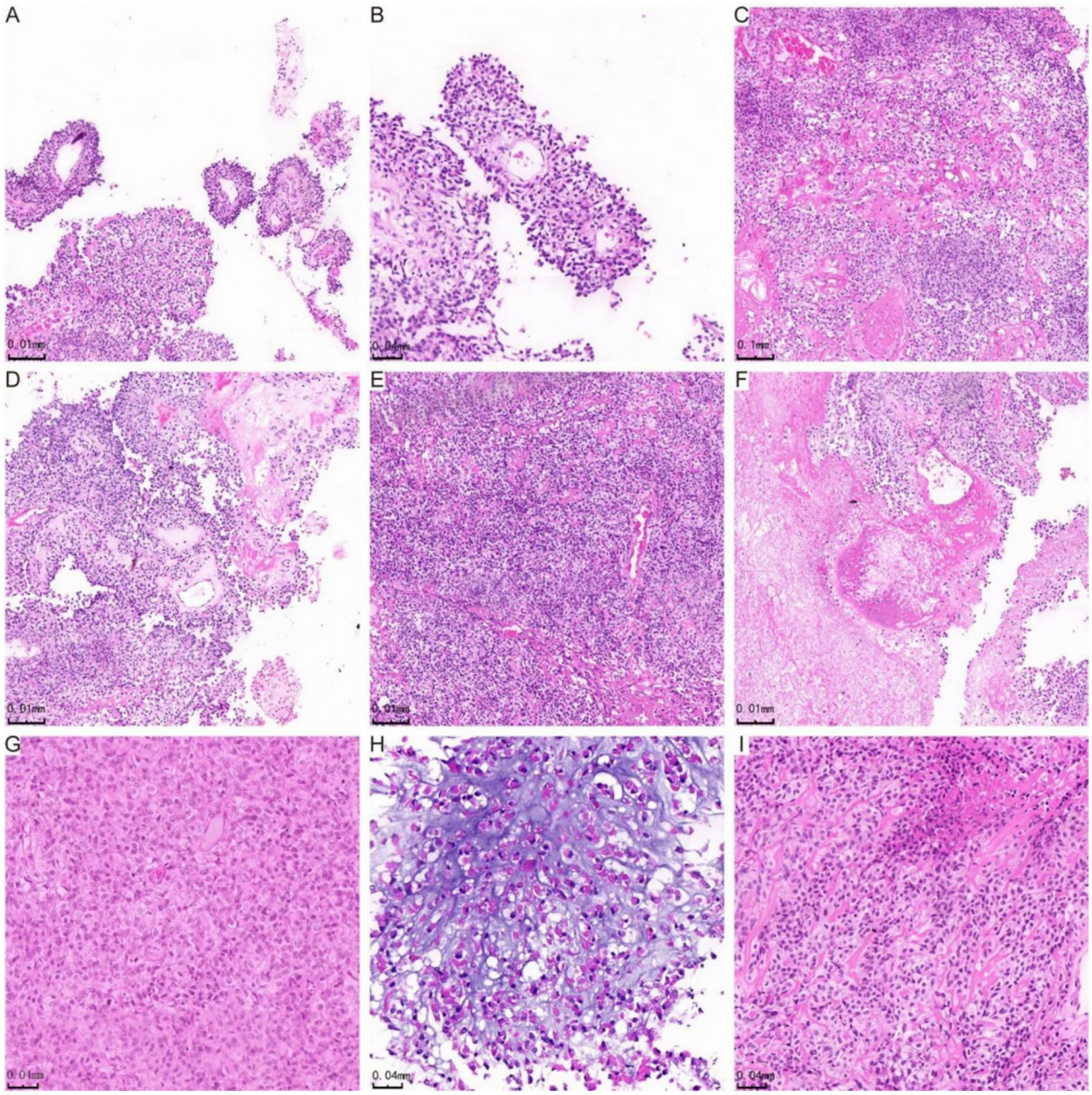


FIGURE 1
H&E staining showing histological manifestations of astroblastoma. **(A)** The tumor cells are organized in false rosette-like clusters surrounding blood vessels and exhibit a papillary growth pattern. **(B)** Shows the tumor cells arranged in a radial pattern. **(C)** The cells of the astroblastoma are positioned within a hardened matrix. **(D)** Highlights flake and trabecular structures, along with abundant vascularity and perivascularity. **(E)** Demonstrates prominent hyaline degeneration and a high density of tumor cells. **(F)** Indicates areas of necrosis, while **(G)** reveals undifferentiated cells characterized by abundant eosinophilic cytoplasm. **(H)** Star-shaped microcystic structures are observed in the astroblastoma, and **(I)** illustrates cells in astroblastomas exhibiting an epithelioid morphology.

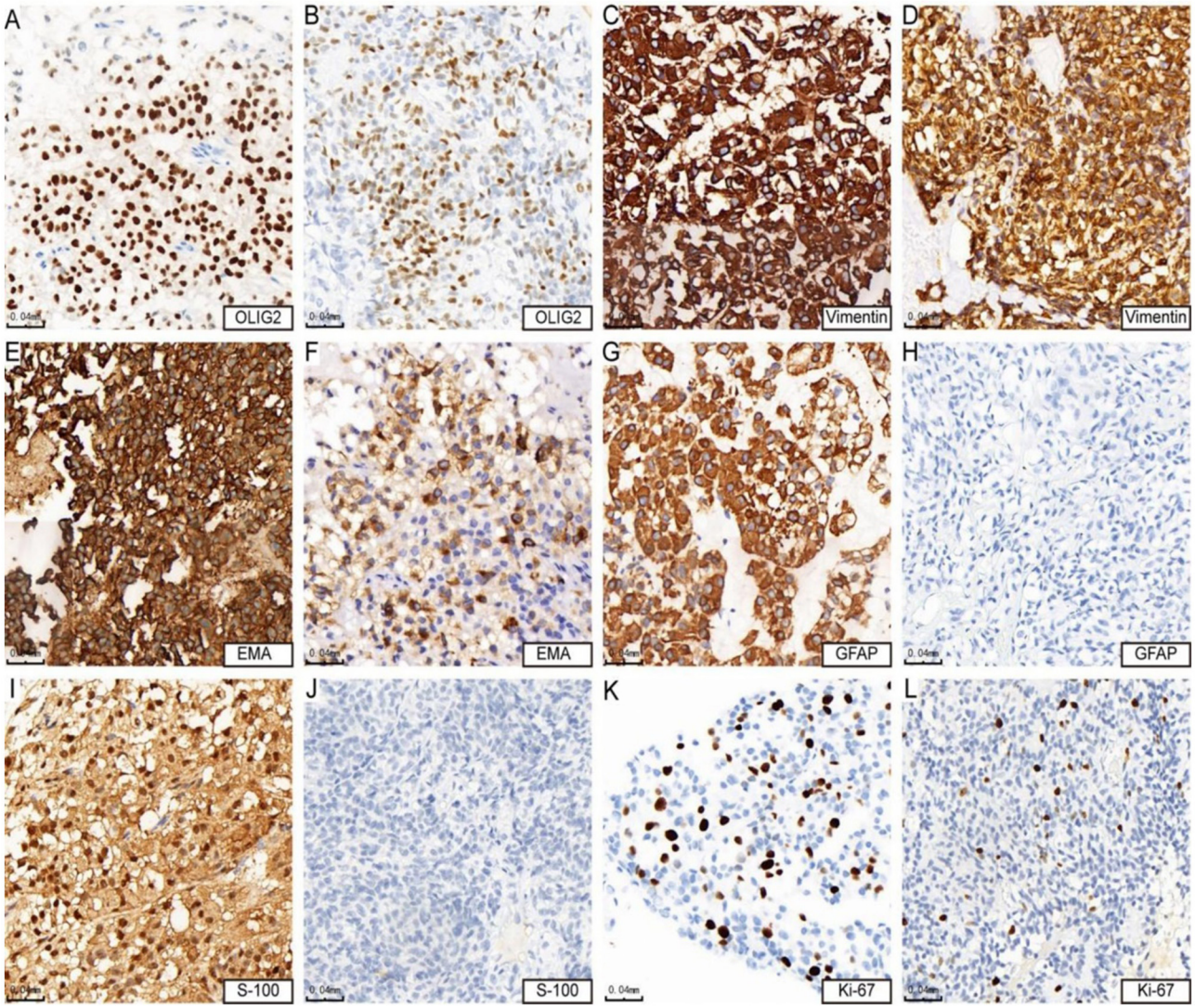


FIGURE 2
Immunohistochemical features of astroblastoma. **(A, B)** Show positive expression of OLIG2 (cases 3 and 4). **(C, D)** Demonstrate strong positive expression of vimentin (cases 3 and 4). **(E)** indicates strong positive expression of EMA (case 4), while **(F)** Shows positive expression of EMA (case 3). **(G)** Reveals strong positive expression of GFAP (case 4), whereas **(H)** shows negative expression of GFAP (case 3). **(I)** Presents positive expression of S-100 (case 4), in contrast to **(J)**, which indicates negative expression of S-100 (case 3). Lastly, **(K)** shows that the KI-67 hotspot area is approximately 15% + (case 4), while **(L)** indicates that the KI-67 hotspot area is about 10% + (case 3).