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Correction

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Correction

Article title: Immunogenicity, safety, and efficacy of rurioctocog alfa pegol in previously untreated patients with severe hemophilia A: interim results from a phase 3, prospective, multicenter, open-label study

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There are typographical errors in the data of article. This has now been corrected in the original version as below.

- **Results, section 3.5. Immune tolerance induction:** “Low-dose ITI was used in 3 patients (2 patients with high-titer and 1 with low-titer inhibitors),” revised to, “Low-dose ITI was used in 3 patients (1 patient with high-titer and 2 with low-titer inhibitors)”
- **Table 3:** All bleeds, prophylaxis column, “13” changed to “31” in the row labelled “good” for efficacy rating after 24 hours
- **Table 5:** For patients who received ≥ 1 dose of rurioctocog alfa pegol, percentage revised from “22.0” to “20.3” in the “All rurioctocog alfa pegol-related AEs (including SAEs)” row
- **Table 5:** For patients who received ≥ 1 dose of rurioctocog alfa pegol, percentage revised from “16.9” to “15.3” in the “Rurioctocog alfa-pegol-related SAEs” row
- **Table 5, footnote b:** “gastroenteritis and pyrexia (2 events in 2 patients each),” revised to, “pyrexia (3 events in 2 patients); gastroenteritis (2 events in 2 patients)”
- **Table 5, footnote f:** “1 patient in the ITI group experienced 2 catheter-related SAEs, both of which resolved,” revised to, “1 patient experienced 2 catheter-related SAEs, both of which resolved”
- **Discussion:** “Patients receiving on-demand treatment experienced numerically higher spontaneous ABRs (3.1) and numerically lower injury- related ABR (1.6) than those on prophylaxis (1.0), as expected in this patient population,” revised to, “Patients receiving on-demand treatment experienced numerically higher spontaneous ABRs (3.1) and numerically lower injury- related ABR (1.6) than those on prophylaxis (1.0 and 2.1, respectively), as expected in this patient population”