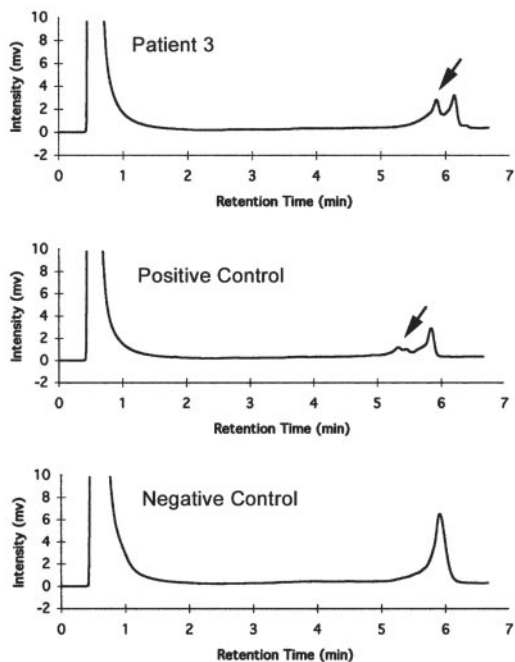


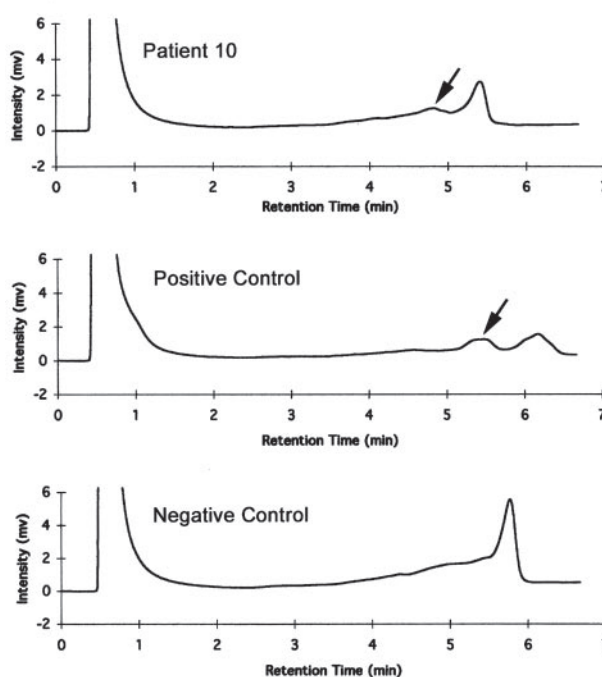
Correction

The following figures appeared incorrectly in black and white in the article by Debra G. B. Leonard *et al.*, which appeared in the May 2002 issue of *Clinical Cancer Research* (pp. 973-985). The corrected figures appear below.

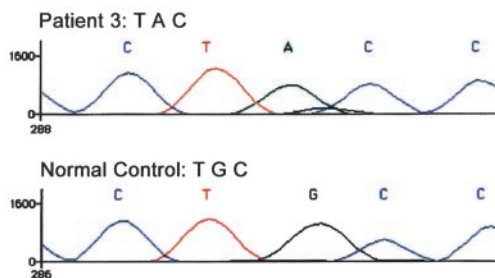
A: p53 Exon 5 WAVE Analysis



A: p53 Exon 6 WAVE Analysis



B: p53 Exon 5 Sequence Analysis



B: p53 Exon 6 Sequence Analysis

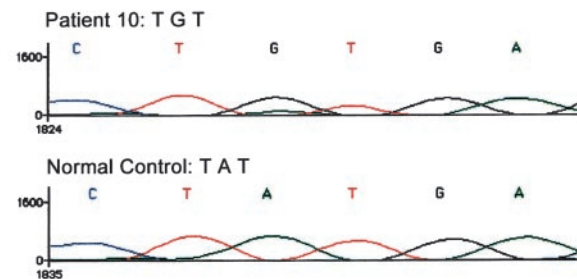
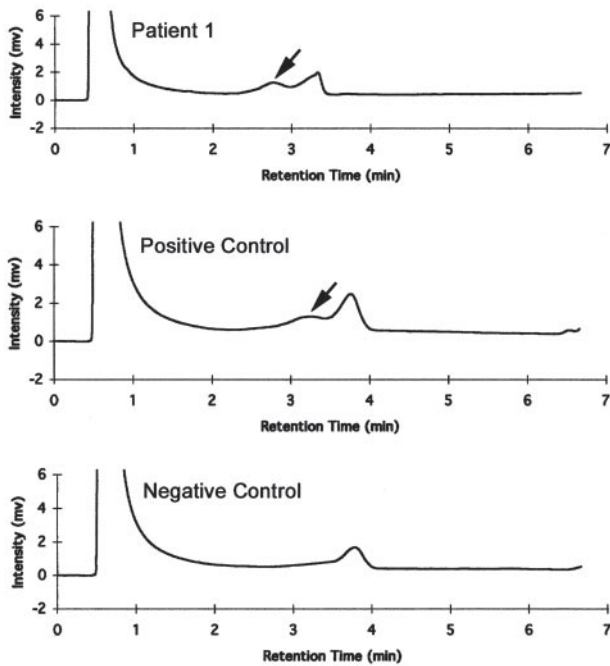


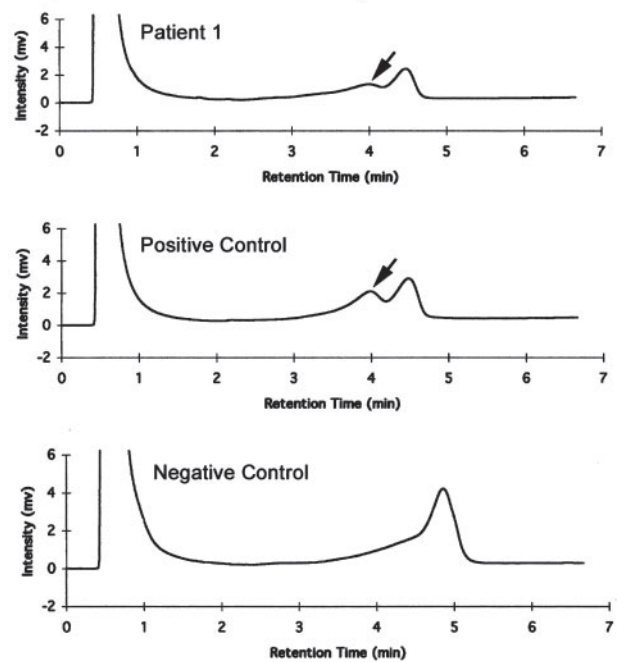
Fig. 1 Detection of p53 exon 5 mutation in AML of patient 3 using the WAVE system (Transgenomic). **A**, p53 exon 5 PCR product from AML DNA of patient 3 was mixed with an equal amount of wild-type exon 5 PCR product and analyzed on the WAVE instrument (*top panel*). Arrows indicate heteroduplex peaks in the AML specimen (*top panel*) and in the positive control (*middle panel*). Under the partially denaturing temperature conditions of the assay, heteroduplexes are denatured and eluted from the column before homoduplexes. There was no heteroduplex peak in the negative control (*bottom panel*). **B**, direct sequencing of p53 exon 5 PCR product confirmed a codon 141 TGC-to-TAC transition with associated LOH in AML of patient 3 (*top panel*). The *bottom panel* shows the normal sequence.

Fig. 2 Detection of p53 exon 6 mutation in RARS of patient 10. **A**, p53 exon 6 PCR product from RARS DNA of patient 10 was mixed with an equal amount of wild-type exon 6 PCR product and analyzed on the WAVE instrument (*top panel*). Arrows indicate heteroduplex peaks in the RARS specimen (*top panel*) and in the positive control (*middle panel*). There was no heteroduplex peak in the negative control (*bottom panel*). **B**, direct sequencing indicated that the p53 exon 6 mutations in the RARS of patient 10 was a codon 220 TAT-to-TGT transition with LOH. Normal sequences is shown in the *bottom panel*.

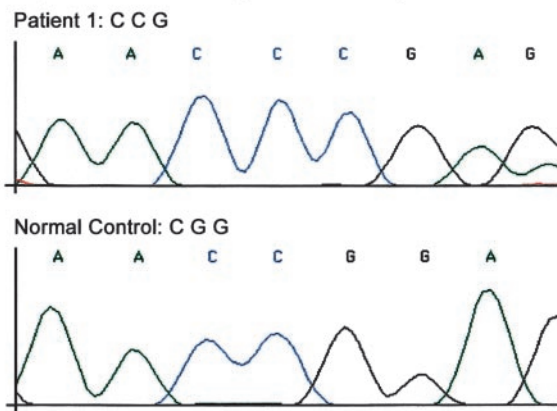
A: p53 Exon 7 WAVE Analysis



A: p53 Exon 8 WAVE Analysis



B: p53 Exon 7 Sequence Analysis



B: p53 Exon 8 Sequence Analysis

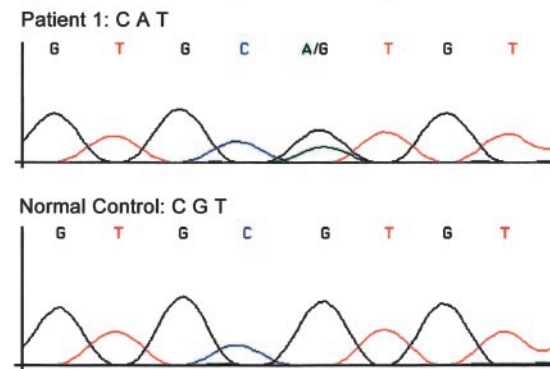


Fig. 3 Detection of *p53* exon 7 mutation in RAEB of patient 1 by WAVE analysis. **A**, *p53* exon 7 PCR product from RAEB DNA of patient 1 was mixed with an equal amount of wild-type exon 7 PCR product and analyzed on the WAVE instrument (*top panel*). Arrows indicate heteroduplex peaks in the RAEB specimen (*top panel*) and in the positive control (*middle panel*). A heteroduplex peak is absent in the negative control (*bottom panel*). **B**, direct sequencing of the exon 7 PCR product from the RAEB DNA of patient 1 revealed a codon 248 CCG-to-CCG transversion with LOH (*top panel*). The *bottom panel* shows the normal sequence.

Fig. 4 Detection of *p53* exon 8 mutation in RAEB of patient 1 by WAVE analysis. **A**, *p53* exon 8 PCR product from RAEB DNA of patient 1 was mixed with an equal amount of wild-type exon 8 PCR product and analyzed on the WAVE instrument (*top panel*). Arrows indicate heteroduplex peaks in the RAEB specimen (*top panel*) and in the positive control (*middle panel*). Heteroduplex peak is absent in the negative control (*bottom panel*). **B**, LOH was not detected with the *p53* exon 8 codon 273 CGT-to-CAT transition in the RAEB of patient 1 as indicated by the normal G peak in addition to the mutant A peak in the sequence. The normal sequence is shown in the *bottom panel*. Apparent LOH in exon 7, but not in exon 8, may indicate the presence of the exon 7 mutation on both alleles (compare with Fig. 3).

Clinical Cancer Research

Correction for vol. 8, p. 973

Clin Cancer Res 2002;8:2752-2753.

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