

Correction: Comparison of individually tailored versus fixed-schedule rituximab regimen to maintain ANCA-associated vasculitis remission: results of a multicentre, randomised controlled, phase III trial (MAINRITSAN2)

Charles P, Terrier B, Perrodeau É, *et al.* Comparison of individually tailored versus fixed-schedule rituximab regimen to maintain ANCA-associated vasculitis remission: results of a multicentre, randomised controlled, phase III trial (MAINRITSAN2). *Ann of Rheum Dis* 2018;77:1143–9.

Table 1 has been corrected. The figures concerning ANCA-positivity rates at inclusion advertently inversed.

Table 1 General characteristics at inclusion

Characteristic	Rituximab infusions	
	Individually tailored (N=81)	Fixed-schedule (N=81)
Age — yr	62±14	59±13
Female sex — no. (%)	31 (38.3)	37 (45.7)
Vasculitis type — no. (%)		
GPA	56 (69.1)	61 (75.3)
MPA	25 (30.9)	20 (24.7)
Disease status — no. (%)		
Newly diagnosed	53 (65.4)	51 (63.0)
Relapsing	28 (34.6)	30 (37.0)
Induction treatment of last disease flare — no. (%)		
Cyclophosphamide	52 (64.2)	49 (60.5)
RTX	28 (34.6)	32 (39.5)
Methotrexate	1 (1.2)	0 (0.0)
Prednisone dose (mg); median (IQR)	10 (10–15)	12 (10–17.3)
Organ involvement at last flare — no. (%)		
Ear, nose and throat	46 (56.8)	39 (48.1)
Pulmonary	50 (61.7)	44 (54.3)
Renal	60 (74.1)	56 (69.1)
GFR — ml/min/1.73 m ² at inclusion	55.6±27.3	58.9±27.0
ANCA-positive at diagnosis — no. (%)*	74/77 (96.1)	72/79 (91.1)
Indirect immunofluorescence	68/77 (88.3)	65/79 (82.3)
ELISA	64/77 (83.1)	61/79 (77.2)
Anti-PR3	38/77 (49.4)	38/79 (48.1)
Anti-MPO	26/77 (33.8)	24/79 (30.4)
ANCA-positive at inclusion — no. (%)†	58/80 (72.5)	45/80 (56.3)
Indirect immunofluorescence	54/80 (67.5)	40/80 (50)
ELISA	43 (53.7)	28 (35)
Anti-PR3	21 (26.2)	18 (22.5)
Anti-MPO	23 (28.7)	10 (12.5)

Plus-minus values are means ±SD. GPA denotes granulomatosis with polyangiitis, MPA microscopic polyangiitis, ANCA antineutrophil cytoplasm antibodies, PR3 proteinase-3, MPO myeloperoxidase and GFR glomerular filtration rate.

*Data were missing for 4 individually tailored-infusion and 2 fixed-schedule patients.

†Data were missing for 1 patient in each group.

Also, the sentence in the Limitation section of the Discussion "Fixed-schedule infusion-arm patients were more likely to be ANCA-positive at inclusion." should read "Fixed-schedule infusion-arm patients were less likely to be ANCA-positive at inclusion."

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