



Corrigendum: Perspective: A Framework to Screen Pediatric and Adolescent Hematopoietic Cellular Therapy Patients for Organ Dysfunction: Time for a Multi-Disciplinary and Longitudinal Approach

Ali H. Ahmad¹ and Kris M. Mahadeo^{2*}

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*Correspondence:

Kris M. Mahadeo
kmmahadeo@mdanderson.org

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¹ Pediatric Critical Care Medicine, University of Texas at MD Anderson Cancer Center, Houston, TX, United States,

² Pediatric Stem Cell Transplantation and Cellular Therapy and CARTOX Program, University of Texas at MD Anderson Cancer Center, Houston, TX, United States

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A Corrigendum on

Perspective: A Framework to Screen Pediatric and Adolescent Hematopoietic Cellular Therapy Patients for Organ Dysfunction: Time for a Multi-Disciplinary and Longitudinal Approach
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In the original article, there was a mistake in **Table 2**. Possible Screening for pMODS for Pediatric and Adolescent-Young Adult (AYA) HCT Patients as published.

The following in **Table 2** has been corrected:

Respiratory: Score 0 and Score 2; CV: Score 2; Renal: Score 4; Hematologic: Score 0, Score 1, Score 2, and Score 3; CNS: Score 0 and Score 4; Immune Reconstitution: Score 1 and Score 2 and Footnote f.

The corrected *Table 2. Possible Screening for pMODS for Pediatric and Adolescent-Young Adult (AYA) HCT Patients* appears 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.

TABLE 2 | Possible Screening for pMODS for Pediatric and Adolescent-Young Adult (AYA) HCT Patients^{ab}.

Score+	0	1	2	3	4	5
Respiratory^c						
Oxygen support on the HCT floors	Room air	Blow-by oxygen and	Nasal Cannula or	NIV or	MV and/or	MV and/or
PaO ₂ /FIO ₂ (P/F) ratio		≥400	300-399	200-299	100-199 with respiratory support	<100 with respiratory support
SpO ₂ /FIO ₂ (P/F) ratio		≥292	264-291	221-263	148-220 with respiratory support	<148 with respiratory support
CV (MAP by age group, mmHg)^d						
< 1 month	≥ 46	< 46	Dopamine	Dopamine	Dopamine	Dopamine
1-11 months	≥ 55	< 55	hydrochloride < 5	hydrochloride 5-	hydrochloride	hydrochloride > 15
12-23 months	≥ 60	< 60	or	9.9 or	10-14.9 or	or
24-59 months	≥ 62	< 62	dobutamine	epinephrine < 0.1	epinephrine 0.1-	epinephrine > 0.2 or
60-143 months	≥ 65	< 65	hydrochloride	or	0.2 or	norepinephrine
144-215 months	≥ 67	< 67	(any)	norepinephrine	norepinephrine	bitartrate > 0.2
>216 months	≥ 70	< 70		bitartrate ≤ 0.1	bitartrate 0.1-0.2	
or Vasoactive infusion, µg/kg/min						
Renal						
KDIGO AKI Criteria	Baseline			KDIGO 1	KDIGO 2	KDIGO 3
Patients must have one of the following	(No AKI)			1.5-1.9 x bSCr or	2-2.9 x bSCr or	>3 x bSCr or
1. Increase in baseline Serum creatinine				Cr increase > 0.3	Urine volume <	Cr > 4 mg/dL or
(bSCr) ≥ 0.3 mg/dL within 48 hrs				mg/dL or	0.5 mL/kg/hr for	Initiation of RRT or
2. Increase in bSCr ≥ 1.5x baseline that is				Urine volume < 0.5	>12 hours	Urine volume < 0.5
known or presumed to have occurred				mL/kg/hr for 6-12		mL/kg/hr for > 24
within past 7 d				hours		hours or
3. Urine volume < 0.5 mL/kg/hr for 6 hr						Anuria > 12 hours
Renal						
Weight gain – after diuretics	Baseline	2-5%	>5-10%	>10%	Persistent rise	RRT
					>10%	
Hepatic						
Total Bilirubin	Baseline			≥ 2	Doubles in 48h	Doubles in 24h
Hematologic						
INR or	<1.2	1.2 -1.5	>1.5-1.9	≥2	Need replacement	Active Bleeding
					of factors	
Refractory Thrombocytopenia		< 3 days	3-7 days		> 7 days	
CNS						
CAPD ^e	Baseline or <9	Initial increase from baseline, but < 9	Sequential increase from baseline, but < 9	≥ 9	Sequential increase > 9	≥ 9 and/or recent/ active CVA, PRES, or seizures
Immune Reconstitution^f						
ANC	>1500/mm ³	>1000-1500/mm ³	500-1000/mm ³	< 500/mm ³	<200/mm ³	<100/mm ³
ALC	>1500/mm ³	>1000-1500/mm ³	>800 -1000/mm ³	500-800/mm ³	<500/mm ³	<200/mm ³
Acute GVHD (75)	None	Stage 1	Stage 2	Stage 3	Stage 4	Stage 4
Active infection	None	H/o clinically significant infection	Active controlled	Active uncontrolled	Multiple active/ uncontrolled infections	Multiple active/ uncontrolled infections

a. May be performed weekly and if clinically significant deterioration. Use the worst value in preceding 24-hour period for each variable b. If concern for pMODS, recommend further screening for endotheliopathies such as CLS, ES, TMA, DAH, IPS, and/or SOS. c. P/F ratio to be used when arterial blood gas is available. Otherwise, use S/F ratio. d. MAP = (1/3 x SBP) + (2/3 x DBP) e. CAPD change from baseline should also be taken into consideration when using CAPD score. e. ANC: absolute neutrophil count [white blood cell count (k/uL) x (% neutrophils+ bands) x 10 f. ALC: absolute lymphocyte count [white blood cell count (k/uL) x (% lymphocytes) x 10 + patients receiving end of life care may be delineated with an organ score and "E" (example 4E); this designation is intended to retain awareness of specific goals of care and explicitly state rationale when invasive organ support interventions are not initiated. f. Assign the highest score if any 1 criteria is met in this category.

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