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APPROVED BY Frontiers in Editorial Office, Frontiers Media SA, Switzerland

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SPECIALTY SECTION

This article was submitted to Pharmacology of Anti-Cancer Drugs, a section of the journal Frontiers in Pharmacology

RECEIVED 09 July 2022 ACCEPTED 11 July 2022 PUBLISHED 11 August 2022

CITATION

Zhao Q, Ma P, Fu P, Wang J, Wang K, Chen L and Yang Y (2022), Corrigendum: Myelodysplastic syndrome/acute myeloid leukemia following the use of poly-ADP ribose polymerase inhibitors: A real-world analysis of postmarketing surveillance data. *Front. Pharmacol.* 13:990048. doi: 10.3389/fphar.2022.990048

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permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms. Corrigendum: Myelodysplastic syndrome/acute myeloid leukemia following the use of poly-ADP ribose polymerase inhibitors: A real-world analysis of postmarketing surveillance data

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KEYWORDS

PARP inhibitors, myelodysplastic syndrome, acute myeloid leukemia, pharmacovigilance, real-world

A Corrigendum on

Myelodysplastic syndrome/acute myeloid leukemia following the use of poly-ADP ribose polymerase inhibitors: A real-world analysis of postmarketing surveillance data

by Zhao, Q., Ma, P., Fu, P., Wang, J., Wang, K., Chen, L., and Yang, Y. (2022). Front. Pharmacol. 13:912256. doi: 10.3389/fphar.2022.912256

Text Correction

In the original article, there was an error. Several result values were written incorrectly in the article's abstract. The corrected **abstract** appears below:

In total, 16,710 and 11,937 PARP inhibitor AE reports were found in the FAERS and EV databases, of which 332 and 349 were associated with MDS and AML, respectively. The median latencies of MDS and AML associated with PARP inhibitors were 211 [interquartile range (IQR) 93.5–491.25] days and 355 (IQR 72.00–483.50) days, respectively. The average fatality rates of MDS and AML caused by the four PARP inhibitors were **39.23 and 45.39%**, respectively, in the FAERS database, while those in the EV database were **32.32 and 34.94%**, respectively. Based on the criteria used for the three

algorithms, a significant disproportionate association was found between PARP inhibitors as a drug class and MDS/AML. Notably, the risk of MDS was much higher than that of AML. Olaparib appeared to have a stronger association with MDS and AML than did other PARP inhibitors.

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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