

Correction

Correction: Pathway of PPAR-gamma coactivators in thermogenesis: a pivotal traditional Chinese medicine-associated target for individualized treatment of rheumatoid arthritis

Yanqiong Zhang^{1,*}, Xia Mao^{1,*}, Qiuyan Guo^{1,*}, Ming Bai², Bo Zhang^{2,3}, Chunfang Liu¹, Yanqun Sun¹, Shao Li² and Na Lin¹

¹Institute of Chinese Materia Medica, China Academy of Chinese Medical Sciences, Beijing 100700, China

²MOE Key Laboratory of Bioinformatics and Bioinformatics Division, TNLIST, Department of Automation, Tsinghua University, Beijing 100084, China

³Tianjin International Joint Academy of Biotechnology & Medicine, Tianjin 300457, China

*These authors contributed equally to this work

Published:

Copyright: Zhang et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License 3.0 (CC BY 3.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

This article has been corrected: In Figure 5B–5E, Figure 6C–6D, Figure 7C–7E and Figure 8A–8B, the dosage unit of WTD “g/kg” was mistakenly used instead of “mg/kg”. In addition, the panel showing the GAPDH blot in Figure 9C was misplaced.

The corrected Figures are shown below. There are no changes in the figure legend. The authors declare that these corrections do not change the results or conclusions of this paper.

Original article: Oncotarget. 2016; 7:15885–15900. <https://doi.org/10.18632/oncotarget.7419>

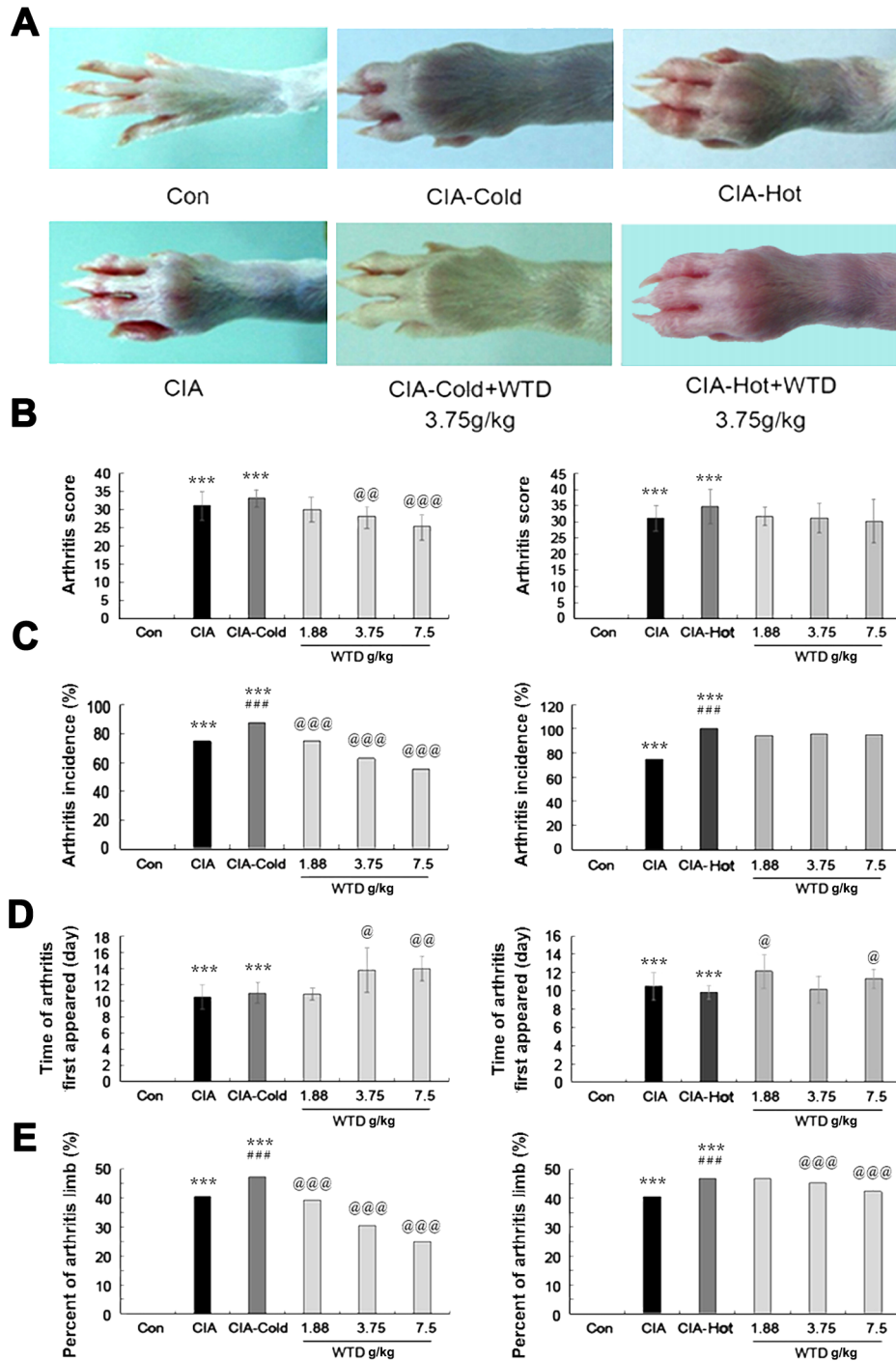


Figure 5: Effects of WTD on the severity of arthritis in CIA rats. (A) Macroscopic performance of arthritis, including erythema and swelling, was clearly observed in the CIA CIA-cold/hot model groups, whereas doses of 3.75 g/(kg·day) WTD significantly ameliorated the development and severity of arthritis in SD rats in the CIA-cold model groups; (B) Doses of 3.75 and 7.5 g/(kg·day) WTD significantly decreased the mean arthritis score in the CIA-cold model group; (C) Low-high doses of WTD significantly decreased the arthritis incidence in a dose-dependent manner in the CIA-cold model groups; (D) Doses of 3.75 and 7.5 g/(kg·day) WTD significantly delayed the time when arthritis first appeared in the CIA-cold model groups; (E) Low-high doses of WTD significantly decreased the percentage of arthritis limbs in the CIA-cold model groups; WTD could also decrease the severity of arthritis in CIA rats in the CIA-hot model group without statistical significance. Data are represented as the mean±S.D. ($n = 16$). *, **, and ***, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the control group. #, ##, ###, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA model group. @, @@, @@@, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA-cold/hot model groups.

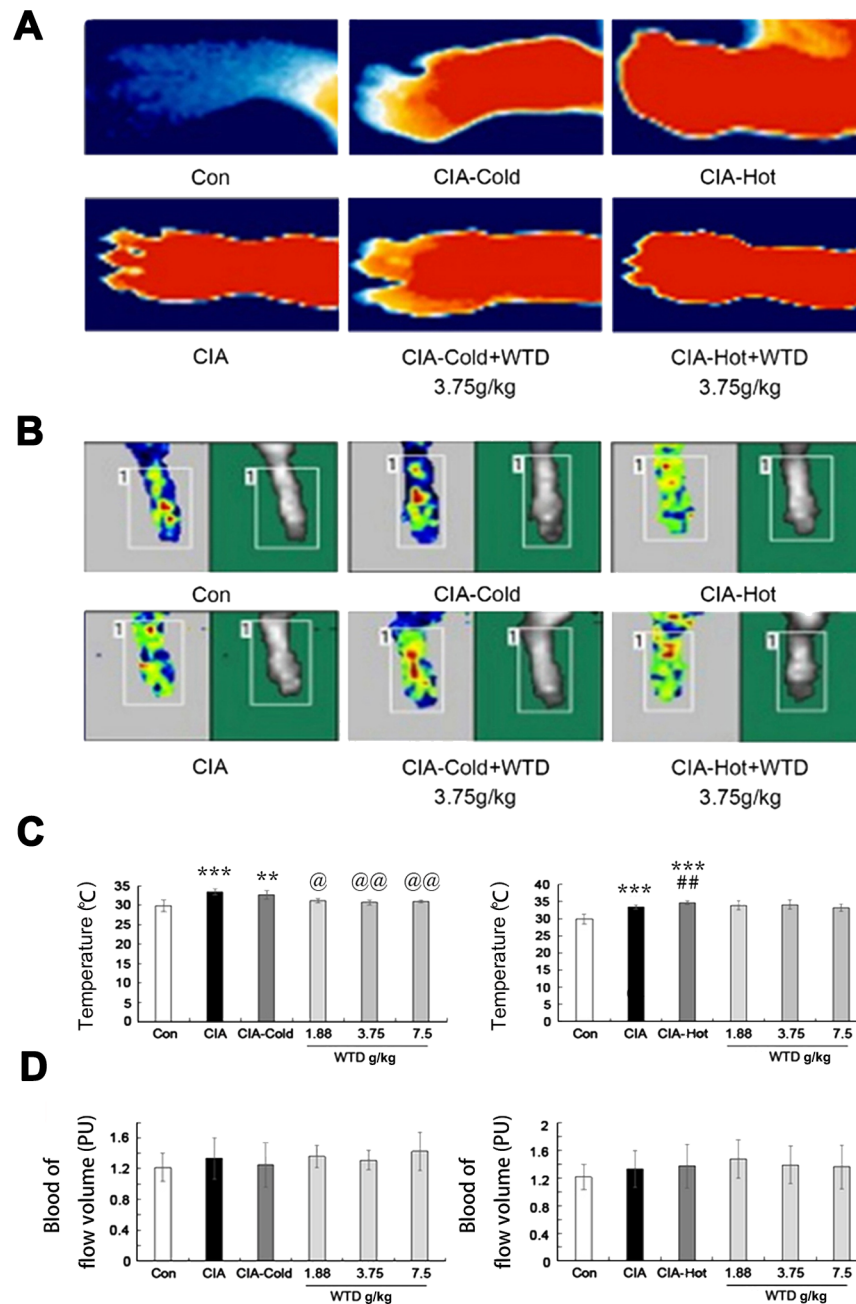


Figure 6: Effects of WTD on the temperature of the articular surface and the blood flow volume in CIA rats. (A) The temperature of the articular surface in CIA, CIA-cold/hot model groups were markedly increased compared with the control group, while doses of 3.75 g/(kg·day) WTD significantly decreased the temperature in both the CIA-cold/hot model groups; (B) Blood flow volume in the joints tend to increase in the CIA, CIA-cold/hot model groups compared with the control groups, and doses of 3.75 g/(kg·day) WTD increased the blood flow volume in both the CIA-cold/hot model groups; (C) The temperature of the articular surface were markedly up-regulated in the CIA, CIA-cold/hot model groups, which were markedly reversed by low-high doses of WTD in the CIA-cold groups. No statistical significance was observed in the CIA-hot model groups; (D) WTD could increase the blood flow volume in the joints in both the CIA-cold/hot model groups without a significant difference. Data are represented as the mean±S.D ($n = 16$). *, **, and ***, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the control group. #, ##, ###, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA model group. @, @@, @@@, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA-cold/hot model groups.

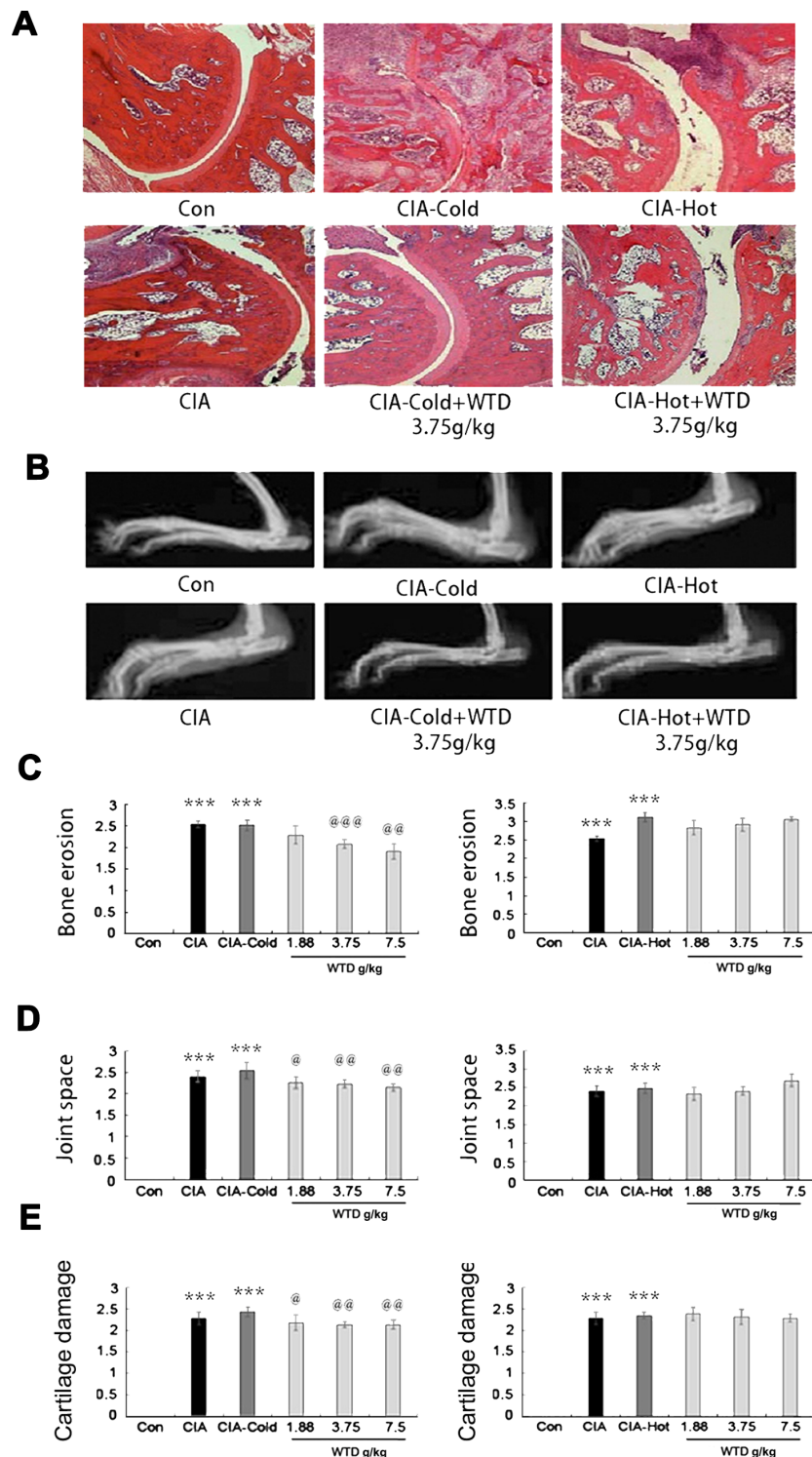


Figure 7: Effect of WTD on radiological changes and histologic lesions in CIA rats. (A) histologic observations of the joints in rats (HE staining); (B) displays the clinical manifestation of CIA rats on day 21 after immunization, doses of 3.75 g/(kg·day) WTD improved paw swelling in the CIA-cold/hot model groups; (C–E) bone erosion, joint space and the degree of cartilage damage in joints, respectively, as described in the methods section. Data are represented as the mean±S.D ($n = 16$). *, **, and ***, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the control group. #, ##, ###, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA model group. @, @@, @@@, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA-cold/hot model groups.

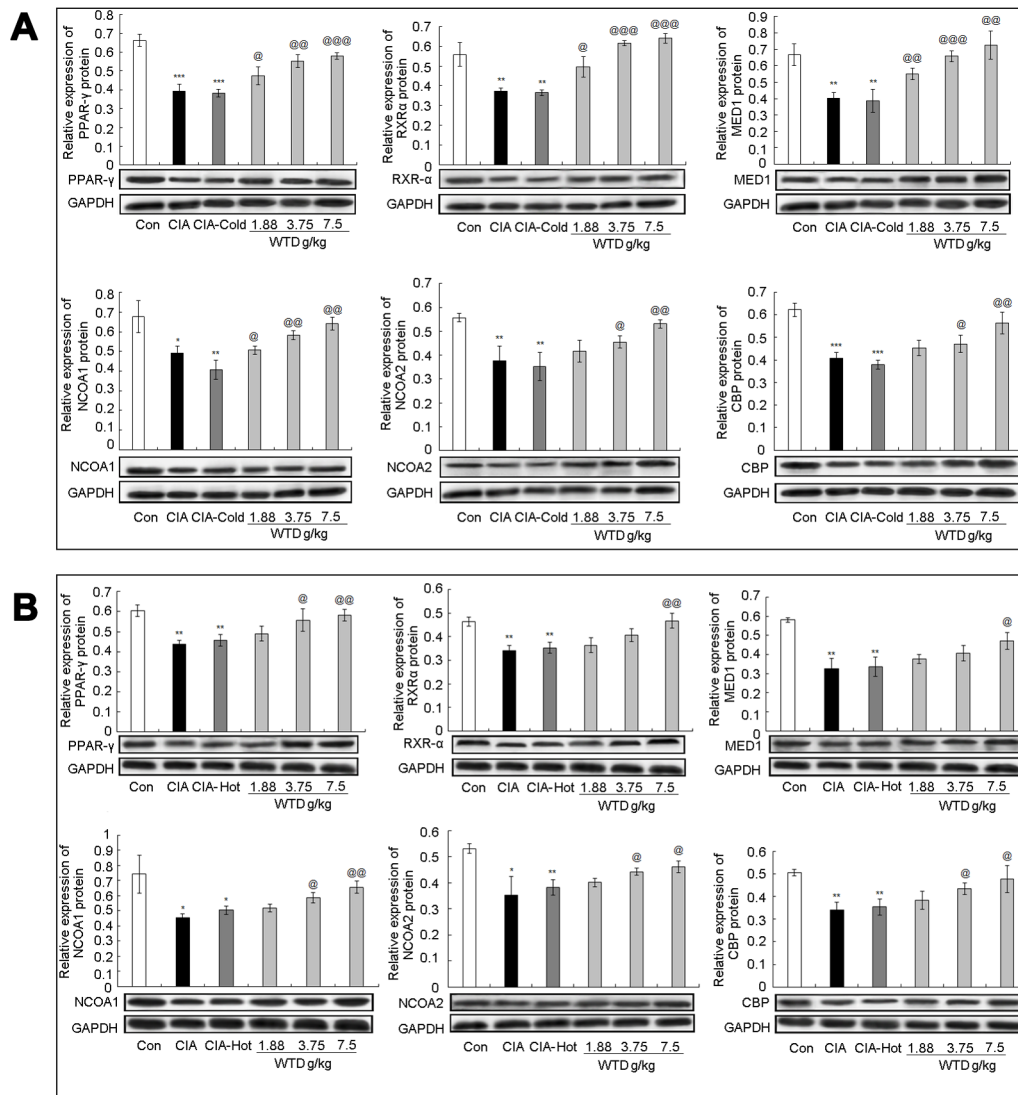


Figure 8: Effect of WTD on the expression of PPAR- γ (A) RXR- α (B) MED1 (C) NCOA1 (D) NCOA2 (E) and CBP (F) proteins in the joint part of CIA rats detected using western blotting analysis. Data are represented as the mean \pm S.D ($n = 16$). *, **, and ***, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the control group. #, ##, ###, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA model group. @, @@, @@@, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the CIA-cold/hot model groups.

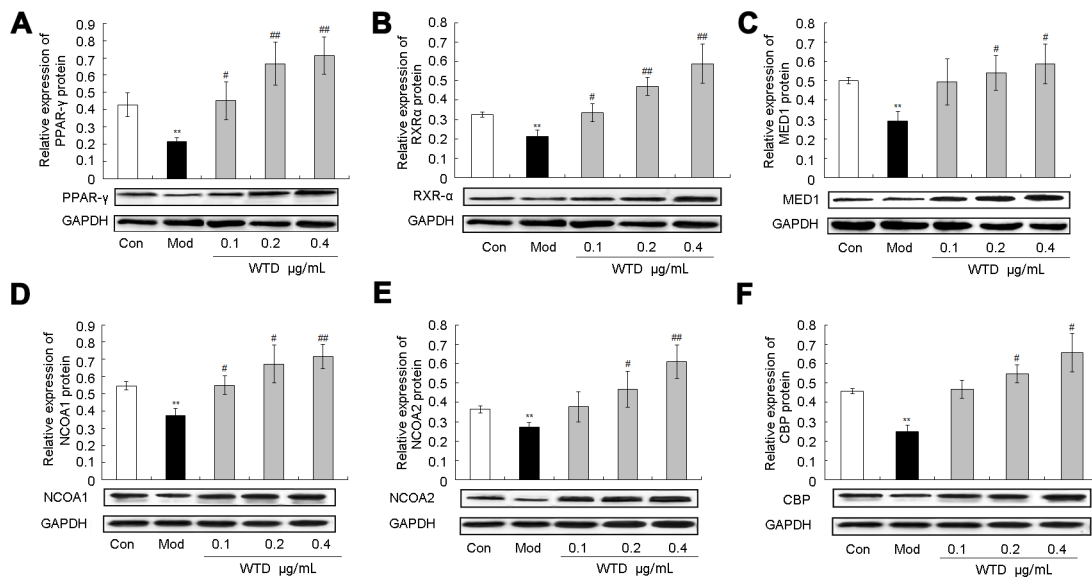


Figure 9: Effect of WTD on the expression of PPAR- γ (A) RXR- α (B) MED1 (C) NCOA1 (D) NCOA2 (E) and CBP (F) proteins in HFLS-RA. Data are represented as the mean \pm S.D. *, **, and ***, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the control group. #, ##, ###, $P < 0.05$, $P < 0.01$, and $P < 0.001$, comparison with the model group