Corrigendum: Polypharmacy to Mitigate Acute and Delayed Radiation Syndromes

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Keywords: polypharmacy, acute radiation syndrome, delayed effects of acute radiation exposure, mitigation, hematopoietic growth factor, lisinopril, supportive care, radiation pneumonitis

Corrigendum on Polypharmacy to Mitigate Acute and Delayed Radiation Syndromes by Gasperetti, T., Miller, T., Gao, F., Narayanan, J., Jacobs, E. R., Szabo, A., Cox, G. N., Orschell, C. M., Fish, B., and Medhora, M. (2021). Front. Pharmacol. 12:634477. 10.3389/fphar.2021.634477

In the original article, there was a mistake in Figures 2, 4, 9 as published. “The y axis was incorrectly labeled as 0-100, whereas it should be labeled 100-0.” The corrected Figures 2, 4, 9 appear below.

![Corrected Figure 2](link-to-fig2)

**FIGURE 2** | Mitigation of hematopoietic-acute radiation syndrome (H-ARS) by triple combination with and without lisinopril. Kaplan-Meier plots show morbidity through 30-days after 7.5 Gy total body irradiation (TBI). The triple combination (TC, consisting of PEG-hG-CSF, PEG mGM-CSF and PEG hIL-11) or vehicle were given subcutaneously 24-h after TBI (designated by PEG-HGF) and the ACE inhibitor, lisinopril, was started in the drinking water 7 days after irradiation. The number of rats in each group is designated by the “n.” Non-irradiated controls are represented with the blue line. Morbidity was not different in the three irradiated groups given 7.5 Gy only, with vehicle or lisinopril, but survival was enhanced in the group which received the TC (p 0.05, denoted by * compared to 7.5 Gy + vehicle group). Survival was increased in the irradiated group receiving TC and lisinopril compared to the irradiated rats receiving the vehicle for TC and lisinopril (p < 0.05, denoted by #).
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.

Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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