



ERRATUM

Erratum: Motavizumab, a second-generation humanized mAb for the prevention of respiratory syncytial virus infection in high-risk populations

Current Opinion in Molecular Therapeutics (2009) **11**(2):208-216

In the drug profile by Leonard E Weisman entitled **Motavizumab, a second-generation humanized mAb for the prevention of respiratory syncytial virus infection in high-risk populations**, published in *Current Opinion in Molecular Therapeutics* (2009) **11**(2):208-216, the following sections have amendments:

In the abstract on page 208, the section that reads,

'In phase III clinical trials, motavizumab was superior to palivizumab in reducing the number of RSV-related hospitalizations and the number of RSV-related outpatient visits for lower respiratory tract infections in high-risk infants.'

is incorrect and should have appeared as follows:

'In phase III clinical trials, motavizumab was non-inferior to palivizumab in reducing the incidence of RSV-related hospitalizations and was superior to palivizumab in reducing the incidence of RSV-related medically attended outpatient visits for lower respiratory tract infections in high-risk infants.'

In the abstract on page 208 (as well as subsequent mention on page 210, left column, second paragraph; page 214, left column, reference number [805509]), the section that reads,

'Motavizumab, which differs from palivizumab by just 13 amino acids, has exhibited a 70-fold enhancement in binding to the RSV F protein compared with the first-generation mAb, with an 11-fold faster association rate and 6-fold slower disassociation rate.'

is incorrect and should have appeared as follows:

'Motavizumab, which differs from palivizumab by just 13 amino acids, has exhibited a 70-fold enhancement in binding to the RSV F protein compared with the first-generation mAb, with a 6-fold faster association rate and 11-fold slower disassociation rate.'

On page 209, left column, second paragraph, the section that reads,

'Palivizumab, which is directed against the A antigenic site of the RSV fusion (F) protein, was 50- to 100-fold more potent than RespiGam against RSV in microneutralization and fusion inhibition assays [329301].'

is incorrect and should have appeared as follows:

'Palivizumab, which is directed against the A antigenic site of the RSV fusion (F) protein, exhibited 20- to 30-fold enhanced potency compared with RespiGam against RSV in microneutralization and fusion inhibition assays [329301].'

On page 209, right column, second paragraph, the section that reads,

'For example, the half-life of palivizumab is variable in infants, ranging from 10 to 56 days and, RSV infection might have therefore occurred when antibody serum concentrations were lower than a protective level.'

is incorrect and should have appeared as follows:

'For example, the half-life of palivizumab can be variable in high-risk infants. In one report by Subramanian et al, the half-life of palivizumab ranged from 19 to 27 days [1008219], while another report by Meissner et al stated a broader half-life range of 10 to 56 days [1008217]. RSV infection might have therefore occurred when antibody serum concentrations were lower than a protective level.'

[1008217] Immunoprophylaxis with palivizumab, a humanized respiratory syncytial virus monoclonal antibody, for prevention of respiratory syncytial virus infection in high risk infants: A consensus opinion. Meissner HC, Welliver RC, Chartrand SA, Law BJ, Weisman LE, Dorkin HL, Rodriguez WJ *PEDIATR INFECT DIS J* 1999 **18** 3 223-231

[1008219] Safety, tolerance and pharmacokinetics of a humanized monoclonal antibody to respiratory syncytial virus in premature infants and infants with bronchopulmonary dysplasia. MEDI-493 Study Group. Subramanian KN, Weisman LE, Rhodes T, Ariagno R, Sánchez PJ, Steichen J, Givner LB, Jennings TL, Top FH Jr, Carlin D, Connor E *PEDIATR INFECT DIS J* 1998 **17** 2 110-115

On page 211, left column, fourth paragraph, the section that reads,

'A further phase I, randomized, double-blind, single-dose clinical trial (MI-CP144; NCT00578682) was also recruiting healthy adult volunteers (expected n = 30) to assess the safety, tolerability and pharmacokinetics of motavizumab (0.3, 3, 15 and 30 mg/kg iv).'

is incorrect and should have appeared as follows:

A further phase I, randomized, double-blind, single-dose clinical trial (MI-CP144; NCT00578682) was also recruiting healthy adult volunteers (expected n = 30) to assess the safety, tolerability and pharmacokinetics of MEDI-557 (0.3, 3, 15 and 30 mg/kg iv).

On page 211, right column, fifth paragraph, the section that reads,

'Motavizumab was non-inferior to palivizumab, reducing the number of RSV hospitalizations by 26% compared with palivizumab (p < 0.01).'

is incorrect and should have appeared as follows:

'Motavizumab was non-inferior to palivizumab, reducing the incidence of RSV hospitalizations by 26% compared with palivizumab (p < 0.01).'