

Drug-Related Hypertension Associated with the Efficacy of Apatinib on Hepatocellular Carcinoma [Corrigendum]

Yang X, Hou Z, Zhu K, et al. *Cancer Manag Res*. 2020;12:3163–3173.

tion in the figure caption or figure citations throughout the text.

The authors have advised there is an error with Figure 2 on page 3170. The figure parts C-H do not match the descrip-

The correct Figure 2 is shown below. The authors apologize for this error.

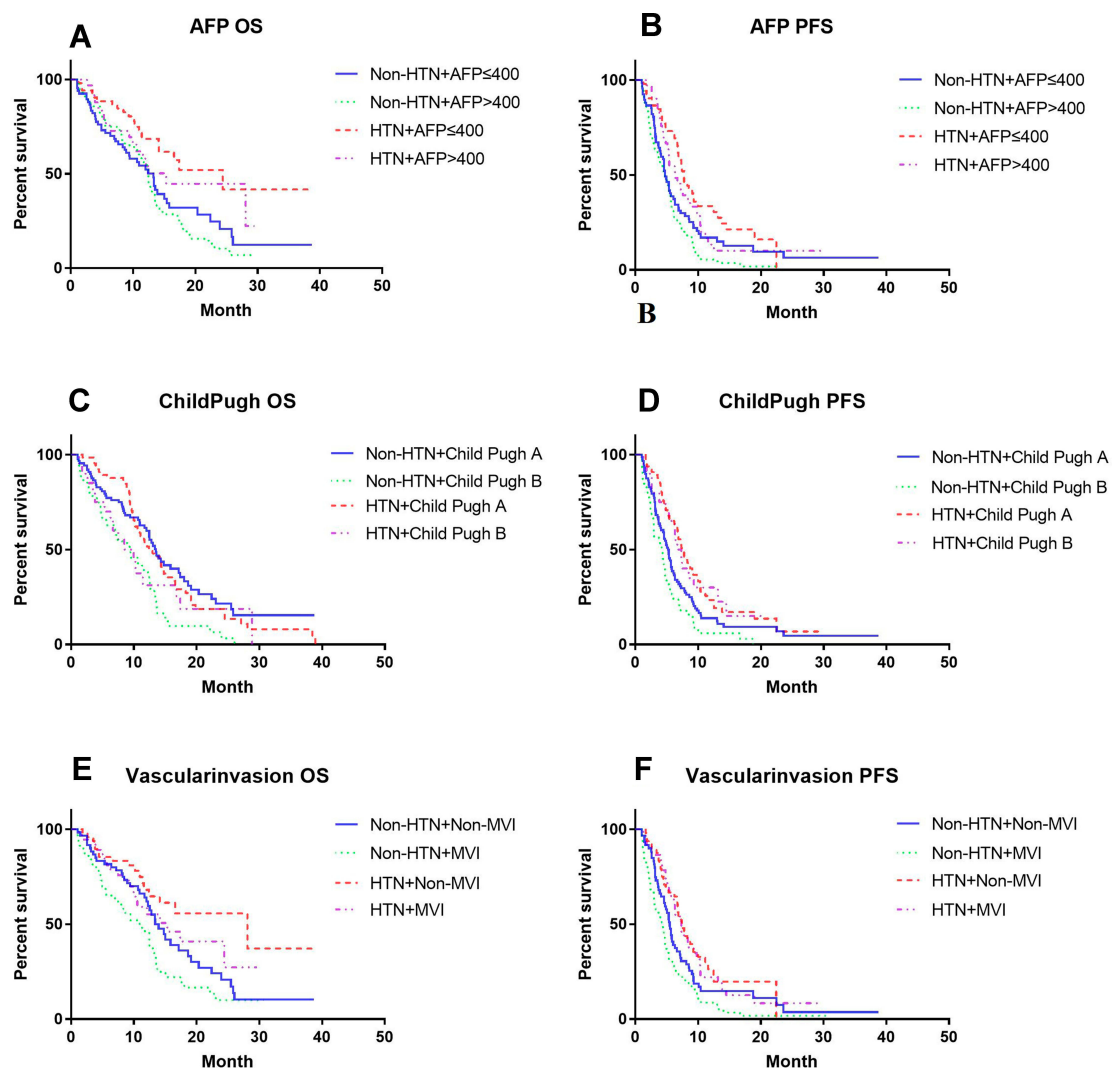


Figure 2 Continued.

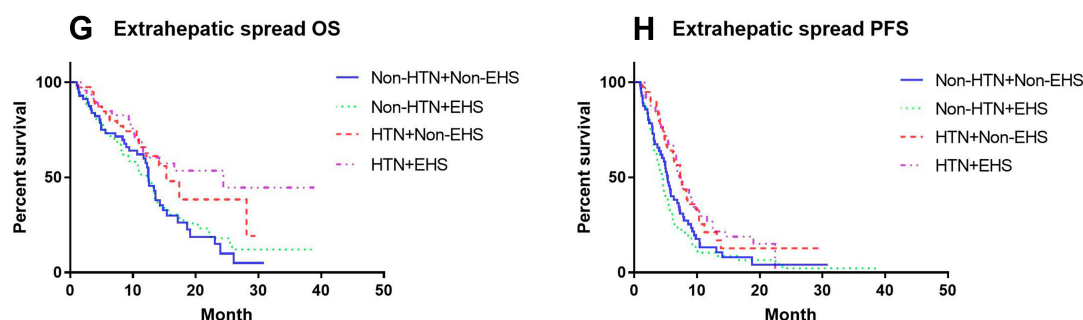


Figure 2 Subgroup analysis of OS and PFS. **(A)** Subgroup with AFP $>400\mu\text{g/L}$, whether HTN can be a predictor of OS; **(B)** subgroup with AFP $>400\mu\text{g/L}$, whether HTN can be a predictor of PFS; **(A, B)** In patients with AFP $\leq 400\mu\text{g}$, drug-related HTN can be used as a predictor of OS ($p=0.006$) and PFS ($p=0.021$). In patients with AFP $>400\mu\text{g}$, drug-related HTN cannot be used as a predictor of OS ($p=0.081$), but can be used as a predictor of PFS ($p=0.007$). **(C)** Subgroup with Child-Pugh Score, whether HTN can be a predictor of OS; **(D)** subgroup with Child-Pugh Score, whether HTN can be a predictor of PFS; **(C, D)** in patients with Child-Pugh A, drug-related HTN can be used as a predictor of OS ($p=0.003$) and PFS ($p=0.012$). In patients with Child-Pugh B, drug-related HTN cannot be used as a predictor of OS ($p=0.267$), but can be used as a predictor of PFS ($p=0.010$). **(E)** Subgroup with macrovascular invasion, whether HTN can be a predictor of OS; **(F)** subgroup with macrovascular invasion, whether HTN can be a predictor of PFS; **(E, F)** in patients without macrovascular invasion, drug-related HTN can be used as a predictor of OS ($p=0.024$), but not as a predictor of PFS ($p=0.072$). In patients with macrovascular invasion, drug-related HTN can be used as a predictor of OS ($p=0.021$) and PFS ($p=0.001$). **(G)** Subgroup with extrahepatic spread, whether HTN can be a predictor of OS; **(H)** subgroup with extrahepatic spread, whether HTN can be a predictor of PFS. **(G, H)** In patients without extrahepatic metastases, drug-related HTN cannot be used as a predictor of OS ($p=0.078$), but can be used as a predictor of PFS ($p=0.035$). In patients with extrahepatic spread, drug-related HTN can be used as a predictor of OS ($p=0.005$) and PFS ($p=0.000$).

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