Received: 6 December 2022 | Accepted: 14 December 2022

DOI: 10.1002/ajh.26821

CORRIGENDUM

The international consensus classification of myeloid neoplasms and acute leukemias: Myeloproliferative neoplasms

Jürgen Thiele | Hans Michael Kvasnicka | Attilio Orazi | Umberto Gianelli | Naseema Gangat | Alessandrom M. Vannucchi | Tiziano Barbui | Daniel A. Arber | Ayalew Tefferi

Corrigendum

In Ref. [1], Table 4 at page 6 entitled *Diagnostic criteria for Polycythemia Vera (PV) and post-polycythemic myelofibrosis (post-PV MF) slightly modified and adapted*, the left column entitled PV shows an incorrect major criteria numbering. Major criterion "2" was switched with "3." The corresponding footnotes "b" and "c" were also switched. Because bone marrow biopsy is now moved to "2" the last sentence of footnote "c" is no longer needed and has been removed.

Corrected Table 4 is shown below:

TABLE 4 Diagnostic criteria for Polycythemia Vera (PV) and post-polycythemic myelofibrosis (post-PV MF) slightly modified and adapted[2,4]

	PV		Post-PV MF
Major criteria	1. Elevated hemoglobin concentration or Elevated hematocrit or increased red blood cell mass[a)]	Required criteria	1. Previous established diagnosis of PV
	2. Bone marrow biopsy showing age-adjusted hypercellularity with trilineage proliferation (panmyelosis), including prominent erythroid, granulocytic, and increase in pleomorphic, mature megakaryocytes without atypia[b)]		2. Bone marrow fibrosis of grade 2 or 3
	3. Presence of *JAK2* V617F or *JAK2* exon 12 mutation[c)]		
Minor criterion	Subnormal serum erythropoietin level	Additional criteria	1. Anemia (i.e., below the reference range given age, sex, and altitude considerations) or sustained loss of requirement of either phlebotomy (in the absence of cytoreductive therapy) or cytoreductive treatment for erythrocytosis
			2. Leukoerythroblastosis
			3. Increase in palpable splenomegaly of >5 cm from baseline or the development of a newly palpable splenomegaly
			4. Development of any 2 (or all 3) of the following constitutional symptoms: >10% weight loss in 6 months, night sweats, unexplained fever (>37.5°C)

The diagnosis of PV requires either all three major criteria or the first two major criteria plus the minor criterion. The diagnosis of post-PV MF is established by all required criteria and at least two additional criteria.

[a)]Diagnostic thresholds: hemoglobin: >16.5 g/dL in men and >16.0 g/dL in women, hematocrit: >49% in men and >48% in women, red blood cell mass: >25% above mean normal predicted value.

[b)]A bone marrow biopsy may not be required in patients with sustained absolute erythrocytosis (hemoglobin concentrations of >18.5 g/dL in men or >16.5 g/dL in women and hematocrit values of >55.5% in men or >49.5% in women) and the presence of a *JAK2* V617F or *JAK2* exon 12 mutation. However, initial MF (present in as many as 20% of patients) can only be detected by BM, and this finding may predict a more rapid progression to overt myelofibrosis (post-PV myelofibrosis).[67]

[c)]It is recommended to use highly sensitive assays for JAK2 V617F (sensitivity level <1%) and *CALR* and *MPL* (sensitivity level 1%–3%)—in negative cases, consider searching for non-canonical or *JAK2* mutations.

The authors apologize for the error.

ORCID

Attilio Orazi https://orcid.org/0000-0002-1660-7013

REFERENCE

1. Thiele J, Kvasnicka HM, Orazi A, et al. The international consensus classification of myeloid neoplasms and acute Leukemias: myeloproliferative neoplasms. *Am J Hematol*. 2023;98:166-179. doi:10.1002/ajh.26751