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Correction to: Contributions of T cell dysfunction to the resistance against anti-PD-1 therapy in oral carcinogenesis

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Following publication of the original article [1], minor errors were discovered in Figs. 1 and 4; specifically:

- Fig. 1c: an image from the PD-1R group was incorrectly used for a representative picture the Control group; the top right image has now been corrected
- Fig. 4b: the top two flow cytometry panels were duplicated in error; the top right panel has now been corrected

The corrected figures are given here. The correction does not have any effect on the final conclusions of the paper.

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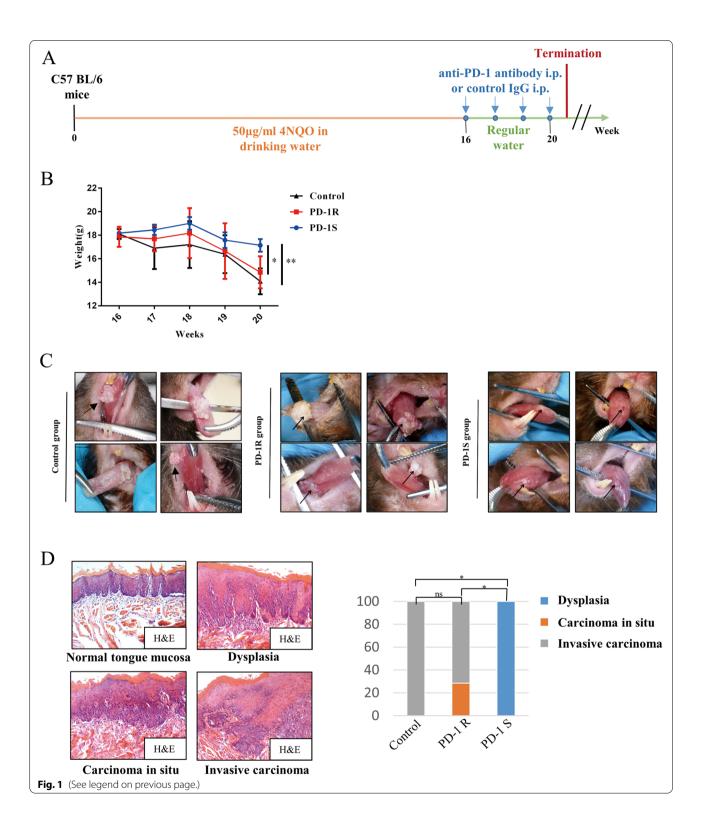
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Wen et al. J Exp Clin Cancer Res (2022) 41:147 Page 2 of 4

(See figure on next page.)

Fig. 1 PD-1 blockade resistance occurred in the oral malignant transformation mouse model. a The schematic picture shows the 4NQO treatment and anti-PD-1 antibody(n=23) and control IgG (vehicle control, n=5) drug delivery strategies in C57BL/6 mice. b Body weight (g) was measured and documented for the control group and anti-PD-1 group (the PD-1R and PD-1S groups) once a week. Significant weight loss was observed in the PD-1R group at week 20. The data are presented as the mean \pm SEM (one-way repeated-measures ANOVA, *P < 0.05, **P < 0.01). c Representative macroscopic observation of the lingual mucosal lesions after treatment with control IgG (left panel) or anti-PD-1 antibody in the PD-1R group (middle panel) and PD-1S group (right panel). For PD-1R group, similarly with control group, leukoplakia-like lesions with smooth surfaces progressed into white masses with cauliflower-like (upper left), rough and granular (upper right) or exogenous verrucous surfaces (lower right and left). The lingual mucosal lesions treated with anti-PD-1 antibodies maintained a wrinkled paper-like appearance macroscopically in PD-1S group. d Representative hematoxylin and eosin (H&E) staining of dysplasia, carcinoma in situ (pre-invasive carcinoma) and invasive carcinoma. Statistical significance was determined by the Kruskal-Wallis test, *P < 0.05

Wen et al. J Exp Clin Cancer Res (2022) 41:147 Page 3 of 4



Wen et al. J Exp Clin Cancer Res (2022) 41:147 Page 4 of 4

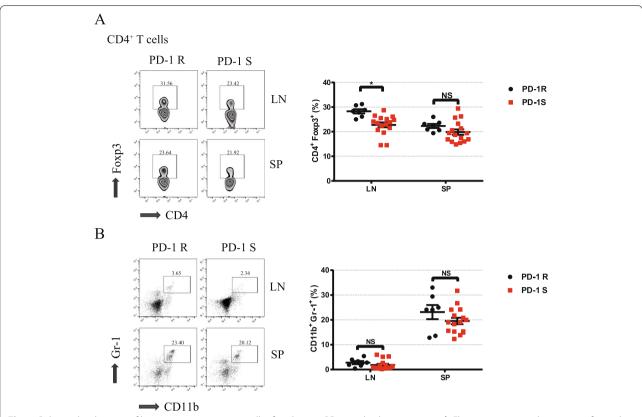


Fig. 4 Relative distributions of key immunosuppressive cells after the anti-PD-1 antibody treatment. **a, b** Flow cytometry analysis was performed to characterize and quantify Tregs (CD4+Foxp3+) and MDSCs (CD11b+Gr-1+). Compared to the PD-1S group, the PD-1R group exhibited an increase in Treg accumulation. All data represent the mean \pm SEM. Statistical significance was determined by Student's t test, *P < 0.05. Tregs, regulatory T cells; MDSCs, myeloid-derived suppressor cells