

Identification and validation of urinary CXCL9 as a biomarker for diagnosis of acute interstitial nephritis

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Corrigendum

Original citation: *J Clin Invest.* 2023;133(13):e168950. <https://doi.org/10.1172/JCI168950> Citation for this corrigendum: *J Clin Invest.* 2024;134(6):e180583. <https://doi.org/10.1172/JCI180583> In the abstract and the legend for Figure 1, the descriptions of the Olink Proteomics assays utilized were incorrect. The correct descriptions appear below. The HTML and PDF versions of the article have been updated online. Abstract Methods. In a prospectively enrolled cohort with pathologist-adjudicated histological diagnoses, termed the discovery cohort, we tested the association of 180 immune proteins measured by a proximity extension assay with AIN and validated the top protein, CXCL9, using sandwich immunoassay. Results. In a proximity extension assay, urinary CXCL9 was 7.6-fold higher in patients with AIN than in individuals in the control group ($P = 1.23 \times 10^{-5}$). Conclusion. We identified CXCL9 as a diagnostic biomarker for AIN using proximity extension urine proteomics, confirmed this association using sandwich immunoassays in discovery and external validation cohorts, and observed higher expression of this protein in kidney biopsies from patients with AIN. Figure 1 Volcano plot demonstrating associations of proximity extension measurement of urine proteins with acute interstitial nephritis diagnosis. The authors regret the errors.

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Abstract

Methods. In a prospectively enrolled cohort with pathologist-adjudicated histological diagnoses, termed the discovery cohort, we tested the association of 180 immune proteins measured by a proximity extension assay with AIN and validated the top protein, CXCL9, using sandwich immunoassay.

Results. In a proximity extension assay, urinary CXCL9 was 7.6-fold higher in patients with AIN than in individuals in the control group ($P = 1.23 \times 10^{-5}$).

Conclusion. We identified CXCL9 as a diagnostic biomarker for AIN using proximity extension urine proteomics, confirmed this association using sandwich immunoassays in discovery and external validation cohorts, and observed higher expression of this protein in kidney biopsies from patients with AIN.

Figure 1

Volcano plot demonstrating associations of proximity extension measurement of urine proteins with acute interstitial nephritis diagnosis.

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