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Corrigendum to “Comedications alter drug-induced liver injury reporting frequency: Data mining in the WHO Vigibase™” [Regul. Toxicol. Pharmacol. (2015) 481–490]

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We identified the following errors in our paper, and apologize for any inconvenience:

- the legend below Fig. 2 describes Fig. 3
- the legend below Fig. 3 describes Fig. 2
- the foot note to Table 1 should refer to Supplemental Table 1 (rather than 2)
- on the Table 3 header, “47” should replace “48”

On p. 484, Section 3.2 should read:

We next performed data mining analysis using drug classes (i.e., ATC4 categories), examining drug classes co-reported in the primary study drug liver events, to support the biological relevance and enhance the detection of a 3D interaction. Table 2 summarizes the 316 drug classes analyzed (i.e., co-reported with liver events and the 4 study drugs); 122 drug classes of comedications were associated with decreasing reporting frequency, while 82 drug classes were associated with increasing reporting frequency for at least one of the 4 study drugs. Among the 122 drug classes associated with decreased liver event reporting frequency, 15 classes (12.3%) had decreased reporting frequency in both hepatocellular (acetaminophen, isoniazid, and valproic acid) and cholestatic (amoxicillin/clavulanic acid) primary drugs and 91 classes (74.6%) were drug-specific. In the 82 drug classes with increased liver event reporting frequency, only 3 (3.7%) had higher reporting frequency in

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both hepatocellular and cholestatic primary drugs, while 73 (89.0%) were drug-specific. Overall, of 47 drug classes, 41 drug classes were associated with a decreasing or increasing liver event reporting frequency for multiple primary study drugs, while 6 drug classes were associated with an increasing liver event reporting frequency for amoxicillin/clavulanic acid, a single cholestatic drug included in this analysis (Table 3).

The 47 drug classes were further examined.

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