

Erratum. Chromosomal mosaicism in human blastocysts: the ultimate diagnostic dilemma

Mina Popovic^{1,*}, Lien Dhaenens¹, Annekatrien Boel¹,
Björn Menten², and Björn Heindryckx¹

¹Ghent-Fertility and Stem Cell Team (G-FAST), Department for Reproductive Medicine, Ghent University Hospital, Corneel Heymanslaan 10, 9000 Ghent, Belgium ²Center for Medical Genetics, Ghent University Hospital, 9000 Ghent, Belgium

*Correspondence address. Department for Reproductive Medicine, Ghent University Hospital, Corneel Heymanslaan 10, 9000 Ghent, Belgium. E-mail: mina.popovic@ugent.be <https://orcid.org/0000-0001-9657-0611>

Hum Reprod Update, 2020;26:313–334.

Oxford University Press would like to apologise for a typesetting error in Table II of the above article. Blastocyst images have been misaligned to each column.

A corrected version of Table II is available below.

The electronic version of this article has been updated at <https://doi.org/10.1093/humupd/dmz050>.

Table II Concordance between ICM and TE as reported across human blastocyst disaggregation studies.

	False Positive				False Negative				Total
	ICM: normal TE: normal	ICM: abnormal TE: abnormal	ICM: normal TE: abnormal	ICM: abnormal TE: normal	ICM: normal TE: normal	ICM: abnormal TE: normal	ICM: mosaic TE: normal	ICM: mosaic TE: abnormal	
Fragouli et al., 2008	4	6							10
Capalbo et al., 2013	0	68						2	70
Johnson et al., 2010	41	10							51
Northrop et al., 2010	29	13		1				3	50
Orvieto et al., 2016	0	1		1					2
Huang et al., 2017	0	50		1					51
Popovic et al., 2018	14	9			7		1	2	34
	0	17			6			1	24
Chuang et al., 2018	8	15			1		1	2	29
Tšulko et al., 2018	8	3			1			2	14
Lawrenz et al., 2019	41	37	3						84
Victor et al., 2019a	0	93		3	5			2	100