Correction

In the article by G. M. Yousef *et al*., entitled "Human Kallikrein 5: A Potential Novel Serum Biomarker for Breast and Ovarian Cancer," which appeared in the July 15, 2003 issue of Cancer Research (pp. 3958–3965), Figure 3 was printed incorrectly. Below is the correct figure and caption.

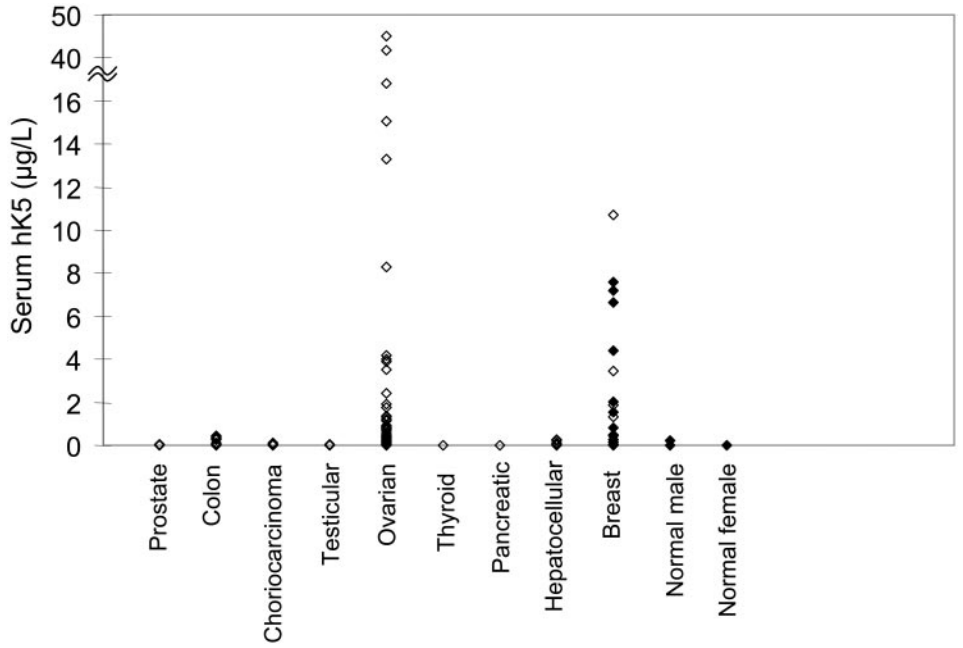

Fig. 3. Distribution of hK5 concentration in serum of patients diagnosed with various malignancies. Sera from normal female and male subjects were also included. High hK5 concentration ($>100^{th}$ percentile of normals) is found in a proportion of patients with ovarian and breast cancers. For more details on patient numbers and proportion of patients with elevated values, see text. Filled diamonds represent overlapping values of hK5.

In the article by G. Yousef *et al.*, titled "Human Kallikrein 5: A Potential Novel Serum Biomarker for Breast and Ovarian Cancer," which appeared in the July 15, 2003 issue of *Cancer Research* (pp. 3958–3965), figure 4 was printed incorrectly. Below is the correct figure.

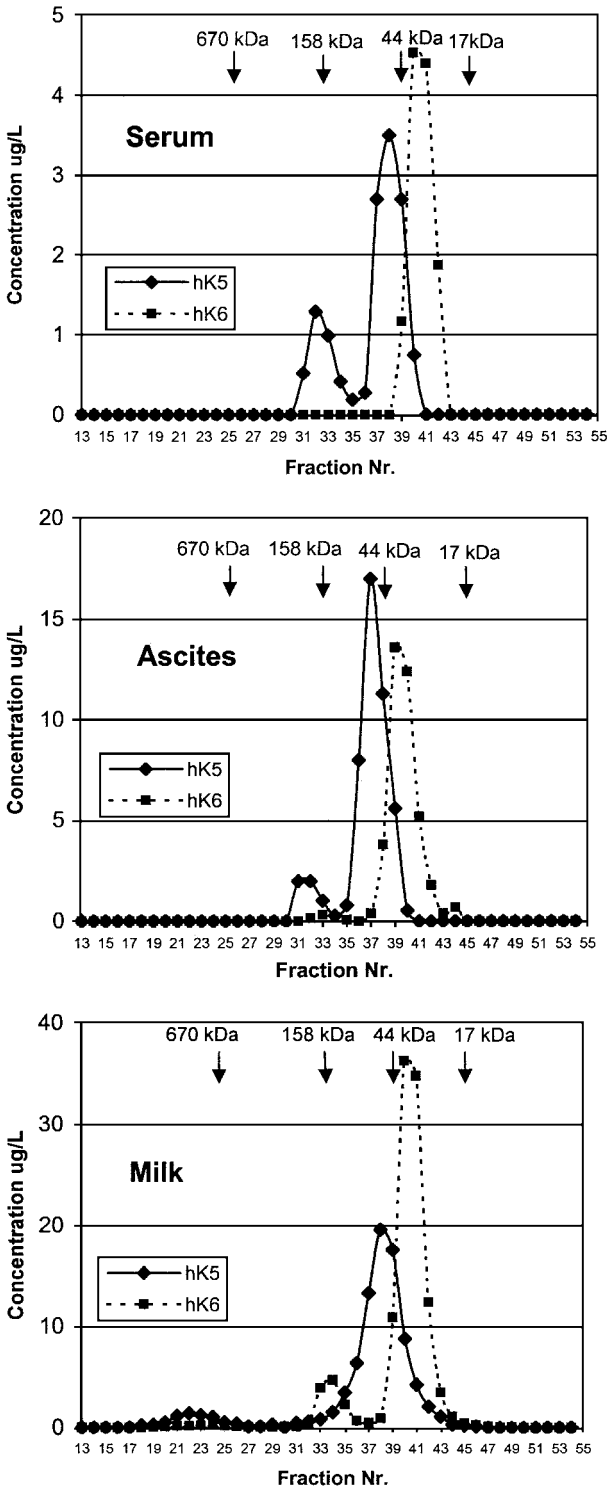

Fig. 4. Fractionation of three biological fluids (serum, ascites fluid from an ovarian cancer patient, and breast milk) by size-exclusion liquid chromatography. The elution profile of molecular mass standards is denoted by *arrows.* In serum, hK5 elutes as two immunoreactive peaks, one with an apparent molecular mass of 50 kDa (*fractions 37–39*) and one with an apparent molecular mass of approximately 150–180 kDa (*fractions 31–33*). The elution profile of another kallikrein with a similar theoretical molecular mass, hK6, is also shown by *dashed lines.* This kallikrein elutes at a molecular mass of ~35 kDa, corresponding to free hK6. In ascites fluid, the same comments apply as for serum. In breast milk, hK5 elutes mainly as a single immunoreactive peak. hK6 elutes as two distinct peaks, one at a molecular mass of ~35 kDa and another one at a molecular mass of ~100 kDa.