

Correction: CIP4 is required for the hypertrophic growth of neonatal cardiac myocytes

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Correction

In the published work [1], Figure three A panels e and f and Figure four B (Figure 1B here) panels b and f represent the same types of samples in two different experiments, i.e., CIP4 siRNA-transfected myocytes cultured in the absence and presence of phenylephrine, respectively. However, in the original version of Rusconi, et al. [1], the panels in Figure three A e and f were unintentionally duplicated in the panels in Figure four B (Figure 1B here) b and f, respectively. In this correction, a new Figure four (Figure 1 here) is provided with different panels for figure four B (Figure 1B) b and f. The interpretation and conclusion of the depicted experiments remain the same.

Corrected Figure four (Figure 1 here):

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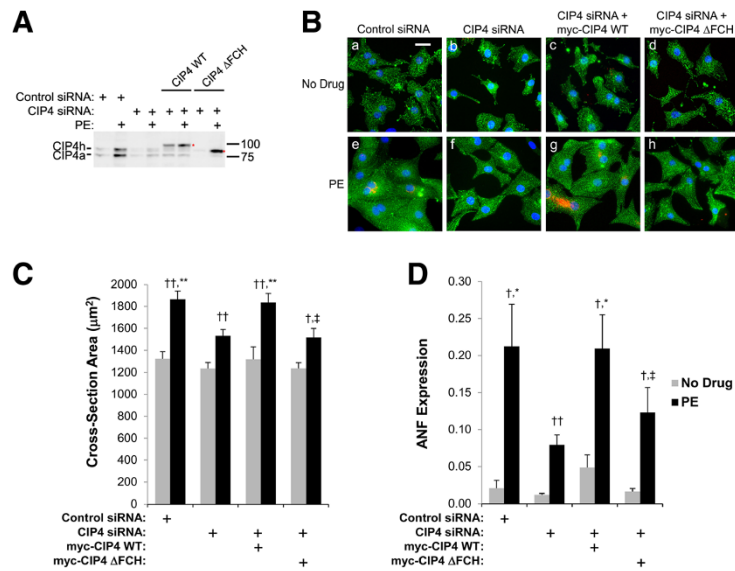


Figure 1 The CIP4 FCH domain is important for neonatal rat ventricular myocyte hypertrophy. Neonatal rat ventricular myocytes were transfected with control or CIP4 siRNA and then infected with adenovirus expressing myc-tagged CIP4 WT or Δ FCH protein. Myocytes were stimulated with 10 μ M PE for two days as indicated. **A**. CIP4 proteins were detected using a mouse anti-CIP4 antibody against human CIP4 aa 411–501. (Rat and human CIP4 are 92% identical.) **B**. Immunocytochemistry for α -actinin (green), ANF (red) and Hoechst (blue); bar = 20 μ m. **C**. Cross-section area of myocytes. $n = 7$. **D**. Fraction of myocytes expressing ANF. $n = 6$. ANOVA (two-factor with replication): p -value (among the four CIP4 expression conditions) = 0.005 (C) and = 0.02 (D); p -value (\pm PE) < 10^{-6} for both B and C. Post-hoc testing: * p -values vs. CIP4 siRNA-transfected myocytes; † p -values comparing myocytes cultured \pm PE; ‡ p -values vs. myc-CIP4 WT expressing myocytes.

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Reference

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