

AN ERRATUM

RESULTS AND CHARACTERISTICS OF NON-MELANOCYTIC SKIN CANCERS AND OF ACTINIC KERATOSIS IN A PATIENT WITH MYELOFIBROSIS UNDER TREATMENT WITH FEDRATINIB

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- and basal cell carcinoma on the left shoulder.

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- On histopathological examination were identified lesions of actinic keratosis surrounding the SCC (Figure 10 and Figure 11), and on the left infraorbital region of ulcerated Bowenoid actinic keratosis was diagnosed (Figure 12).

Skin lesion location	Biopsy	Excision	TNM staging
Right preauricular	Well differentiated squamous cell carcinoma, with superficial invasion	Well differentiated squamous cell carcinoma, keratoacantoma-like, with in situ lesion and multifocal, bowenoid and proliferative actinie keratosis	pT1
Nasolabial fold - superior	benign	Intradermal nevus	benign
Nasolabial fold - inferior	Basal cell carcinoma	Multifocal nodular basal cell carcinoma	pT1
Presternal	Well differentiated squamous cell carcinoma	Well differentiated squamous cell carcinoma with in situ lesion and proliferative actinie keratosis. Lympho-vascular invasion + (LVI 1) Perineural invasion + (Pnl)	pT1
Left shoulder	Basal cell carcinoma	Ulcerated nodular basal cell carcinoma	pT1
Left infraorbital	Actinie keratosis with plasmocitosis	Ulcerated bowenoid actinie keratosis	pre-malignant

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- Fig 6. Well differentiated squamous cell carcinoma, H.E x 20.
- Fig 7. Well differentiated squamous cell carcinoma, H.E x 10.
- Fig.8. Adipose tissue invasion of squamous cell carcinoma.
- Fig. 9. Small nerve bundle with perineural invasion of squamous cell carcinoma (nerve bundle diameter < 0.1 mm)
- Fig.11. Proliferative actinic keratosis, H.E x 10.

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- Fig.12. Ulcerated bowenoid actinic keratosis, H.E x 10.