1. We would like to rewrite a statement in the Methods and Results section of the Abstract.

Original Statement (p.1199, Abstract, Lines 5–10):
After successful percutaneous coronary intervention (PCI) for a ST-elevation AMI with occlusion of proximal left anterior descending coronary artery within 24 h, patients were assigned to either a control group or the PBMNC group that received intracoronary infusion of PBMNCs within 5 days after PCI. PBMNCs were obtained from patients by COBE spectra-apheresis and concentrated to 10 ml, 3.3 ml of which was infused via over-the-wire catheter. The primary endpoint was the global left ventricular ejection fraction (LVEF) change from baseline to 6 months’ follow-up.

Corrected Statement:
After successful percutaneous coronary intervention (PCI) for ST-elevation AMI with occlusion of proximal left anterior descending coronary artery within 24 h, patients received an intracoronary infusion of PBMNCs within 5 days after PCI (PBMNC group). PBMNCs were obtained from the patients by COBE spectra-apheresis and concentrated to 10 ml, 3.3 ml of which was infused via over-the-wire catheter. The primary endpoint was the global left ventricular ejection fraction (LVEF) change from baseline to 6 months’ follow-up in the PBMNC group compared with that of a control group that underwent standard PCI for similar AMI.

2. We would like to correct the paragraph on the study design in the Patients and Study Protocol in the Methods section as below, in order to avoid misinterpretation of the control patients.

Original Statement (p.1200, Right Paragraph, Lines 2–5):
This study protocol was approved by the Ethics Review Board of Kyoto Prefectural University School of Medicine, and written informed consent was given by each patient.

Corrected Statement:
This study protocol was approved by the Ethics Review Board of Kyoto Prefectural University School of Medicine and Nara Medical University, and written informed consent was given by each patient.
Original Paragraph (p.1200, Right Paragraph, Lines 6–15):
The study was designed as an open-label and non-randomized clinical trial. Briefly, after successful PCI (TIMI III), patients were assigned to either the control (PCI alone) group or non-expanded PBMNC group that received intracoronary infusion of PBMNCs within 5 days after PCI. Intracoronary cell transplantation was performed by over the-wire balloon catheter. Neither collection of PBMNCs nor sham injection was performed in the control group. The primary endpoint was the global LVEF change from baseline to 6 months’ follow-up.

Corrected Paragraph:
After successful PCI (TIMI III), patients in the PBMNC group received an intracoronary infusion of non-expanded PBMNCs within 5 days after PCI. Intracoronary cell transplantation was performed by over the-wire balloon catheter. Data of patients who underwent standard PCI for similar AMI, to be used as the control group, were provided by affiliated hospitals, which are listed in the Acknowledgments. The global LVEF change from baseline to 6 months’ follow-up in the PBMNC group was compared with that of the control group.

3. We would like to add to the paragraph on LV Angiography in Methods, as below.

Original Statement (p.1201, Left Paragraph, Lines 4–8):
LV angiograms were obtained according to standard acquisition guidelines immediately after PCI and at 6 months’ follow-up. LVEF and LV volumes were calculated by the area – length method, and regional wall motion was determined with the use of the centerline chord method.

Additional Statement:
Analyses of LV angiograms were performed by 2 experienced observers from Kyoto Prefectural University School of Medicine and Nara Medical University, neither of whom had knowledge of the patients’ clinical information.

4. We would like to add to the Acknowledgments, as below.

We sincerely thank the doctors and medical staff at the following affiliated hospitals for cooperating in this study and providing the data for the control patients: Koseikai Takeda Hospital, Kyoto Kizugawa Hospital, Rakuwakai Marutamachi Hospital, Kyoto First Red Cross Hospital, Kyoto Second Red Cross Hospital, Saiseikai Shigaken Hospital, Kyoto Prefectural Yosanoumi Hospital, Akashi City Hospital and Sakurakai Takahashi Hospital.

The authors deeply apologize for several inadequate statements which appeared in Abstract and Methods in the original manuscript, and sincerely correct and add several statements in the Corrigendum, as above.

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