Recombinant Activated Factor VII: Mechanisms of Action and Current Indications

Massimo Franchini, M.D.,¹ and Giuseppe Lippi, M.D.²

The publisher regrets that Figure 1 in the above mentioned article in *Seminars in Thrombosis and Hemostasis*, Volume 36, Number 5, 2010, p. 487, was incorrectly reproduced.

The correct figure is reproduced on the following page.

¹Servizio di Immunoematologia e Medicina Trasfusionale, Dipartimento di Patologia e Medicina di Laboratorio, Azienda Ospedaliero-Universitaria di Parma; ²Laboratorio di Analici Chimico-Cliniche, Dipartimento di Patologia e Medicina di Laboratorio, Azienda Ospedaliero-Universitaria di Parma, Parma, Italy.

Address for correspondence and reprint requests: Massimo Franchini, M.D., Director, Servizio di Immunoematologia e Medicina Trasfusionale, Dipartimento di Patologia e Medicina di Laboratorio, Azienda Ospedaliero-Universitaria di Parma, Parma,

Italy (e-mail: massimo.franchini@azosp.vr.it).

Hemolytic Uremic Syndrome; Guest Editors, Reinhard Würzner, M.D., Ph.D., and Lothar-Bernd Zimmerhackl, M.D., Ph.D.

Semin Thromb Hemost 2010;36:682-684. Copyright © 2010 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662.

DOI: <http://dx.doi.org/10.1055/s-0030-1263303>.

ISSN 0094-6176.

Figure 1 (A) Hemostasis is localized to the cell surfaces of tissue factor (TF)-bearing cells and thrombin-activated platelets. VWF, von Willebrand factor. (B) Recombinant activated factor VII generates small amounts of factor Xa and thrombin on the surface of activated platelets.