"Understanding the mechanism of bronchial thermoplasty using airway volume assessed by computed tomography" David Langton, Peter B. Noble, Frank Thien and Graham M. Donovan. *ERJ Open Res* 2019; 5: 00272-2019.

This article was originally published with an error in the caption of figure 1. The corrected caption is shown below, and the article has been corrected and republished online.

FIGURE 1 Comparison of volume of bronchial thermoplasty (BT)-treated airways in a, c, d and f) each patient as assessed by computed tomography (CT) (18 patients) and model predictions (20 simulations). CT measurements at a, d and g) functional residual capacity (FRC) and c, f and h) total lung capacity (TLC) are compared with b and e) model predictions. Model predictions are for fatal asthma at a low level of airway smooth muscle activation [5]. The response threshold is defined as an increase in airway volume that exceeds half of the interquartile range of the intervisit variability, as assessed on the untreated right side (~8.5% at FRC and ~17% at TLC). p-values reflect paired t-tests. The untreated right lung was not modelled. Subject characteristics were as follows. Males: seven out of 18 patients; mean±SD age 57.6±14.2 years; BMI: 32.1±7.2 $kg \cdot m^{-2}$; cigarettes: 10 never-smokers, eight ever-smokers; Asthma Control Questionnaire (ACQ) score (baseline): 3.5±0.9; oral steroids: 15/18 $mg \cdot day^{-1}$, mean 14.3±15.8 $mg \cdot day^{-1}$; forced expiratory volume in 1 s: 44.9±13.7% pred; ACQ score after one lung treated: 2.4±1.2. The protocol was prospectively reviewed and approved by the Peninsula Health Human Research Ethics Committee. LLL: left lower lobe; LUL: left upper lobe; RUL: right upper lobe; RLL: right lower lobe; RML: right middle lobe.

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