## CORRECTION

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# Correction to: A novel non-invasive method allowing for discovery of pathologically relevant proteins from small airways

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#### Correction to: Clinical Proteomics (2022) 19:20

### https://doi.org/10.1186/s12014-022-09348-y

Unfortunately, in the original version of the article, several errors were identified which were mentioned below.

In Abstract section, 1st paragraph, the sentence that reads as "These particles can be collected by impaction using the PExA<sup>®</sup> ... small airways" should read as "These particles can be collected by impaction using the PExA ... small airways".

In Introduction section, 6th paragraph, the sentence that reads as "The small airway origin of the PExA ... detected by LC/MS [20]" should read as "The small airway origin of the PEx ... detected by LC/MS [20].

In Discussion section, 7th paragraph, the sentence that reads as "The present pilot study was small and primarily dimensioned to highlight the potential of PEx ... biomarker analysis" should read as "The present pilot study was small and primarily dimensioned to highlight the potential of PExA ... biomarker analysis."

The wrong Additional file was originally published with this article; it has now been replaced with the correct file.

The original article can be found online at https://doi.org/10.1186/s12014-022-09348-v.

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The "Availability of data and materials" statement was incorrect in the original version and the corrected statement should read as below.

Availability of data and materials A list of all proteins considered detected in this study can be found under Supplementary Information.

The original article [1] has been corrected.

#### Supplementary Information

The online version contains supplementary material available at https://doi. org/10.1186/s12014-022-09363-z.

Additional file 1. Table S1. Proteins considered being detected in PExsamples using the SOMAscan 1.3 K platform. Table S2. Result from differentialabundance analysis. Table S3. Result from manual reviewing the scientific literature on proteins found to be differentially abundantin A-hLCI as compared to NA group. Table S4. Demographic and clinicalcharacteristics of groups based on smoking history.

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#### Reference

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