

Conclusion: This study suggests that having a universal/public health insurance have a positive impact on mortality in trauma patients since people within this health care plan had similar outcomes as those with private insurance.

Vimentin regulates β -Catenin translocation during Epithelial to Mesenchymal Transition in renal fibrosis
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Purpose: Epithelial to Mesenchymal Transition (EMT) in renal tubular epithelial cells has been described as a precursor to chronic allograft nephropathy (CAN). Vimentin is a member of the intermediate filament family of proteins and is expressed during EMT/CAN. What remains unknown is whether vimentin expression is required for EMT in renal grafts leading to CAN

Methods: Cultured human proximal renal tubular (HK-2) cells were subjected to lentiviral-driven inhibition of vimentin expression. Cells were induced to undergo EMT via exposure to TGF- β . Wound healing assays were used to determine EMT.

Expression and translocation of β -Catenin was determined via western blotting, immunofluorescence, and mRNA quantification. 129 svv6 vim -/- mice underwent unilateral ureteral obstruction (UUO). Kidneys were then harvested and analyzed via western blotting, immunofluorescence, and genomic analysis. IACUC approved.

Results: Western blotting analyses of vim -/- mice shows early (1week) expression of soluble vimentin prior to the presence of soluble β -catenin (2 weeks). Interstitial collagen deposition was increased in control mice following UUO and decreased in vim -/- mice. Vimentin inhibition of HK-2 cells results in decreased migration during wound healing assay following treatment with TGF- β . Western blotting of vimentin-inhibited HK-2 cells following TGF- β exposure shows an increase in both soluble β -catenin and E-cadherin.

Conclusion: Vimentin is crucial for the development of EMT in cultured cells and fibrosis in mice via an alteration of the dynamics of β -catenin release from the cadherens junctions. These results provide insight into the role of vimentin in the steps leading to chronic graft loss following transplantation.

• CORRECTION •

In the March 2017 edition of the *Puerto Rico Health Science Journal*, an article was published titled: “Mortality Disparities among HIV+ Men and Women in Puerto Rico: Data from the HIV/AIDS Surveillance System 2003-2014” (page 24). The article was revised, but still we found an error after publishing. In the statistical analysis section (page 25), after the description of the indirect standardized death rate (ISDR) formula, the parameters in which the paragraph refer of the formula, are erroneous.

In the edition it states:

“where R_s is the crude rate of the standard population, D is the total number of deaths in the observed population, R_{si} is the age-specific death rate in age interval i in the standard population, and P_i is the population of age interval i in the observed population (5,6).”

The above sentence should be:

“where C indicates the crude mortality in the study population, D_j indicates the total number of deaths in our study population with the j -th mode of transmission, R_i indicates the age-specific death rate in the i -th age group of the standard population, and P_{ij} indicate the number of persons in the i -th age group for the j -th mode of transmission in our study population (5,6).”