



Corrigendum to “Urinary biomarkers of exposure to drinking water disinfection byproducts and ovarian reserve: A cross-sectional study in China” [J. Hazard. Mater. 421, 126683]

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After seriously double-check the original data, the authors found that there were errors in the earlier published paper. The result of second-hand smoking (84.7%) in the study population is incorrect, and should be “47.6% were exposed to secondhand smoking”. We have revised the [Table 1](#) as listed below. In addition, the volume of each ovary by applying the following formula: [length (millimeters) × width (millimeters) × height (millimeters)] × (π/6). However, there was an error in calculating the height in the earlier published paper, which is approximately equal to the width rather than the width divided by 2. Therefore, all the numerical values of ovarian volume (OV) have been corrected by multiplying by 2. We have revised the [Table 2](#) as listed below and the description of the corresponding numerical values has been changed into “The median total OV, FSH, and AMH levels were 8374.20 mm³, 7.49 IU/L, and 2.76 ng/mL, respectively”.

Since passive smoking status is included as a confounder in the adjusted models and the numerical values of OV are revised, we have re-analyzed all the data based on the adjusted models. These revised [Tables 1–2](#), [Figs. 1–3](#), and [Tables S1–S15](#) listed below have been prepared to replace the prior tables and figures in the earlier published paper. All these revisions do not change the observed conclusions in the earlier published paper. The relevant descriptions in the current paper have been corrected where appropriate.

In the section of abstract, the sentences “Elevated urinary DCAA and TCAA levels were monotonically associated with reduced total AFC (–5.98%; 95% CI: –10.30%, –1.44% in DCAA and –12.98%; 95% CI: –17.00%, –8.76% in TCAA comparing the extreme tertiles; both P for trends ≤ 0.01), and the former was only observed in right AFC but not in

left AFC, whereas the latter was estimated for both right and left AFC. Moreover, elevated urinary TCAA levels were monotonically associated with decreased AMH (–14.09%; 95% CI: –24.79%, –1.86% comparing the extreme tertiles; P for trend = 0.03)” have been changed into “Elevated urinary DCAA and TCAA levels were monotonically associated with reduced total AFC (–6.15%; 95% CI: –10.47%, –1.63% in DCAA and –12.92%; 95% CI: –16.95%, –8.70% in TCAA comparing the extreme tertiles; both P for trends ≤ 0.01), and the former was only observed in right AFC but not in left AFC, whereas the latter was estimated for both right and left AFC. Moreover, elevated urinary TCAA levels were monotonically associated with decreased AMH (–14.12%; 95% CI: –24.82%, –1.91% comparing the extreme tertiles; P for trend = 0.03)”.

In the section of results, the sentences “In the adjusted models, compared with women in the first tertiles, women in the second and third tertiles of urinary DCAA had 5.58% (95% CI: –9.93%, –1.02%) and 5.98% (95% CI: –10.30%, –1.44%) decreases in total AFC (P for trend = 0.01), respectively; women in the second and third tertiles of urinary TCAA had 9.03% (95% CI: –13.18%, –4.68%) and 12.98% (95% CI: –17.00%, –8.76%) decreases in total AFC (P for trend < 0.001), respectively. The inverse associations with DCAA tertiles were only estimated for right AFC (P for trend < 0.001) but not for left AFC (P for trend = 0.93), whereas the inverse associations with TCAA tertiles were estimated for both right and left AFC (both P for trends < 0.001)” have been corrected into “In the adjusted models, compared with women in the first tertiles, women in the second and third tertiles of urinary DCAA had 5.80% (95% CI: –10.14%, –1.24%) and 6.15% (95%

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Table 1
Characteristics of the study population (n = 956^a).

Characteristics	Mean ± SD or n (%)
Age at recruitment (years)	31.1 ± 4.7
< 35	796 (83.3)
≥ 35	160 (16.7)
BMI (kg/m ²)	22.0 ± 3.1
< 25	817 (85.5)
≥ 25	139 (14.5)
History of being pregnant	
No	518 (54.2)
Yes	438 (45.8)
Passive smoking	
No	501 (52.4)
Yes	455 (47.6)
Alcohol use	
No	742 (77.6)
Yes	214 (22.4)
Educational level	
Less than high school	375 (39.2)
High school and above	581 (60.8)
Household income (yuan/month)	
≤3000	162 (16.9)
3000–10,000	618 (64.7)
≥10,000	176 (18.4)
Total tap-water consumption (mL/day)	
<1200	714 (74.9)
≥1200	239 (25.1)
Use of boiled water	
No	262 (27.4)
Yes	694 (72.6)
Use of filtered water	
No	96 (10.0)
Yes	860 (90.0)
Time of showering/bathing (min/week)	
<70	586 (62.7)
≥70	349 (37.3)
Duration of couple's infertility (years)	
≤2	401 (42.9)
2–5	363 (38.9)
≥5	170 (18.2)
Infertility diagnoses	
Female factors	689 (72.1)
Endometriosis	18 (1.9)
Tubal factor	400 (41.9)
DOR	221 (23.1)
Ovulation disorders	21 (2.2)
Uterine disorders	29 (3.0)
Male factors	155 (16.2)
Unexplained	112 (11.7)

Abbreviations: BMI: body mass index; SD: standard deviation; DOR: diminished ovarian reserve.

^a A total of 3 women had missing information on total tap-water consumption, 21 on time of showering/bathing, and 22 on duration of couple's infertility.

CI: −10.47%, −1.63%) decreases in total AFC (P for trend = 0.01), respectively; women in the second and third tertiles of urinary TCAA

Table 2
Distribution of ovarian reserve indicators and urinary TCAA and DCAA concentrations for the study population.

Variables	n	Mean	Percentiles		
			5th	50th	95th
Ovarian reserve indicators					
Total AFC (n)	913	11.67	3	11	23
Left AFC (n)	943	5.90	1	5	12
Right AFC (n)	946	6.25	1	6	12
Total OV (mm ³)	871	10,398.52	3371.36	8374.20	24,008.40
Left OV (mm ³)	881	4938.76	1256.60	3732.10	11,832.46
Right OV (mm ³)	886	5449.08	1339.78	4388.16	13,135.66
FSH (IU/L)	954	8.11	4.87	7.49	13.57
AMH (ng/mL)	945	3.53	0.52	2.76	8.96
Exposures					
Unadjusted (µg/L)					
DCAA	956	4.72	1.70	4.30	8.60
TCAA	956	5.70	1.52	4.61	12.66
SG-adjusted (µg/L)					
DCAA	956	5.03	2.60	4.46	8.83
TCAA	956	6.00	2.40	4.91	11.42

Abbreviations: AFC: antral follicle count; OV: ovarian volume; FSH: follicle-stimulating hormone; AMH: anti-müllerian hormone; DCAA: dichloroacetic acid; TCAA: trichloroacetic acid; SG: specific gravity.

had 9.04% (95% CI: −13.19%, −4.70%) and 12.92% (95% CI: −16.95%, −8.70%) decreases in total AFC (P for trend < 0.01), respectively. The inverse associations with DCAA tertiles were only estimated for right AFC (P for trend < 0.01) but not for left AFC (P for trend = 0.98), whereas the inverse associations with TCAA tertiles were estimated for both right and left AFC (both P for trends < 0.01) ”.

In addition, the sentences “In the adjusted models, compared with women in the first tertiles of urinary TCAA, women in the second and third tertiles had 3.79% (95% CI: −15.67%, 9.77%) and 14.09% (95% CI: −24.79%, −1.86%) decreases in AMH (P for trend = 0.03), respectively” have been changed into “In the adjusted models, compared with women in the first tertiles of urinary TCAA, women in the second and third tertiles had 3.95% (95% CI: −15.80%, 9.57%) and 14.12% (95% CI: −24.82%, −1.91%) decreases in AMH (P for trend = 0.03), respectively. ”.

These errors and corrections only revise the corresponding numerical values and have no impact on the main results and conclusions of the paper. The authors would like to apologize for any inconvenience caused.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.jhazmat.2021.127635](https://doi.org/10.1016/j.jhazmat.2021.127635).

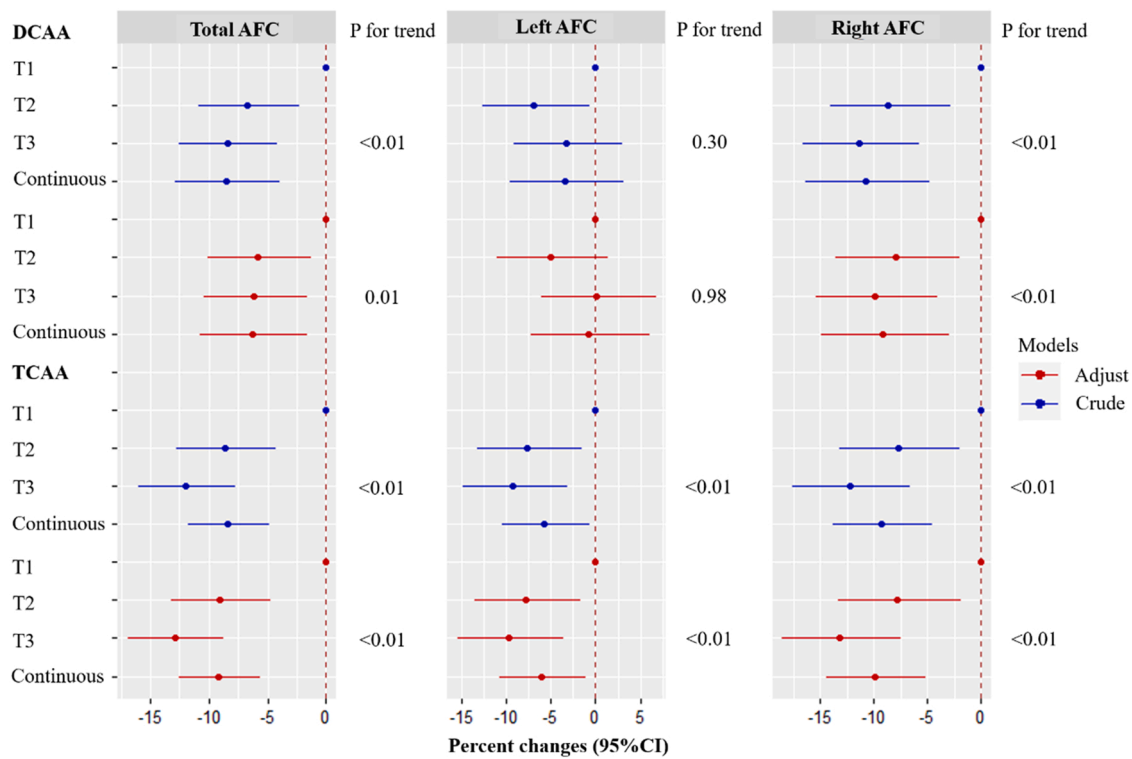


Fig. 1. Percent changes for associations of SG-adjusted urinary DCAA and TCAA concentrations with AFC. Models were adjusted for age, BMI, education level, household income, passive smoking status, alcohol use, duration of couple’s infertility, and infertility diagnoses. Abbreviations: AFC: antral follicle count; DCAA: dichloroacetic acid; TCAA: trichloroacetic acid; SG: specific gravity.

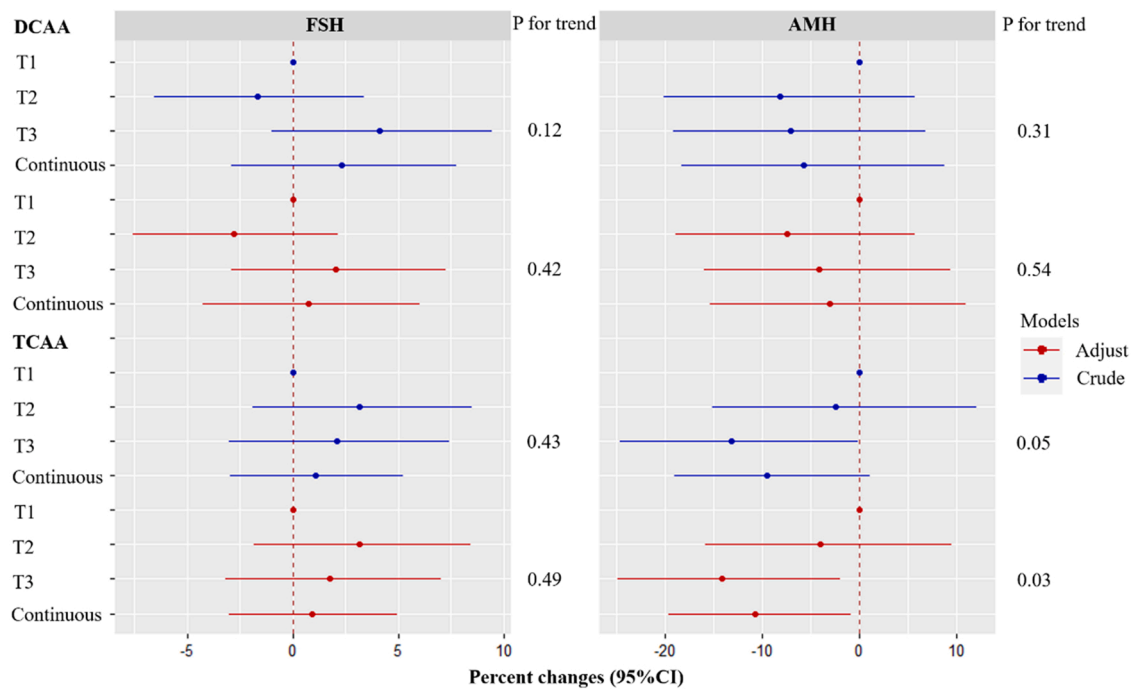


Fig. 2. Percent changes for associations of SG-adjusted urinary DCAA and TCAA concentrations with reproductive hormones. Models were adjusted for age, BMI, education level, household income, passive smoking status, alcohol use, duration of couple’s infertility, and infertility diagnoses. Abbreviations: FSH: follicle-stimulating hormone; AMH: anti-müllerian hormone; DCAA: dichloroacetic acid; TCAA, trichloroacetic acid; SG: specific gravity.

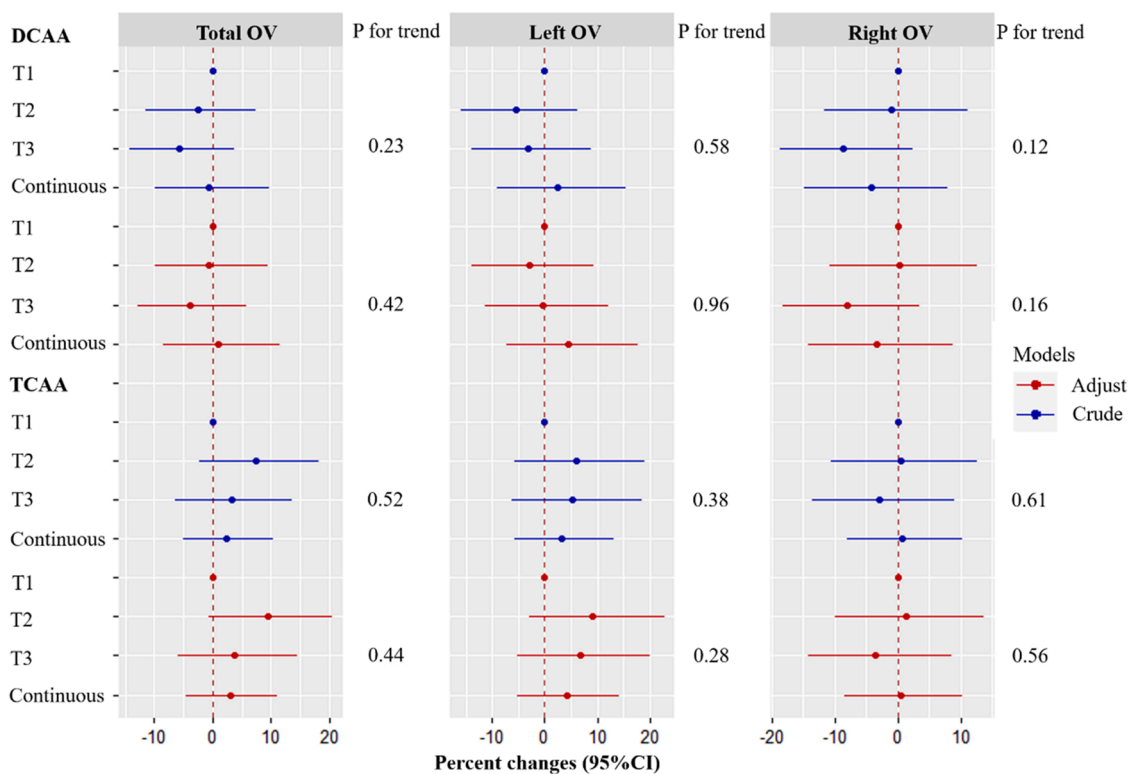


Fig. 3. Percent changes for associations of SG-adjusted urinary DCAA and TCAA concentrations with OV. Models were adjusted for age, BMI, education level, household income, passive smoking status, alcohol use, duration of couple’s infertility, and infertility diagnoses. Abbreviations: OV: ovarian volume; DCAA: dichloroacetic acid; TCAA: trichloroacetic acid; SG: specific gravity.