


CORRECTION

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# Correction: Saliva as a non-invasive specimen for COPD assessment

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## Correction: *Respiratory Research* (2022) 23:16

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Following the publication of the original article [1], it was noted that the Supplementary file 2 has been processed incorrectly.

The correct Additional file 2—supplementary methods been updated and included in this correction.

The original article has been corrected.

## Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12931-022-02249-6>.

### Additional file 2. Supplementary Methods. Supplementary table S2.

Summary of clinical parameters distribution across Clusters I and II. Comparisons between clusters were conducted with Mann-Whitney U-test and chi-square test. **Supplementary table S3.** Summary table of significant logistic regression models established for both GOLD D and hospital admission, adjusted for Pack-years. Coefficients were represented in model equations. **Supplementary figure S1.** Salivary bacteria composition is different between patients with COPD and healthy controls. **A)** Bar-plot representing the differentially abundant genera between moderate patients with COPD and healthy controls inferred by LEfSe at a significance cut-off of 3. **B)** Bar-plot representing the differentially abundant genera between moderate patients with COPD and healthy controls inferred by LEfSe at a significance cut-off of 3. **C)** Bar-plot representing the differentially abundant genera between severe patients with COPD and healthy controls inferred by LEfSe at a significance cut-off of 3. **A), B)** and **C)** the differential OTUs inferred by ANCOM at 0.7 significance cut-off are represented in underlined. **Supplementary figure S2.** Salivary bacteria composition is different between the two clusters. Bar-plot representing the differentially abundant genera between cluster 1 and cluster 2 inferred by LEfSe at a significance cut-off of 3. The differential OTUs inferred by ANCOM are represented in underlined at 0.7 significance cut-off.

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