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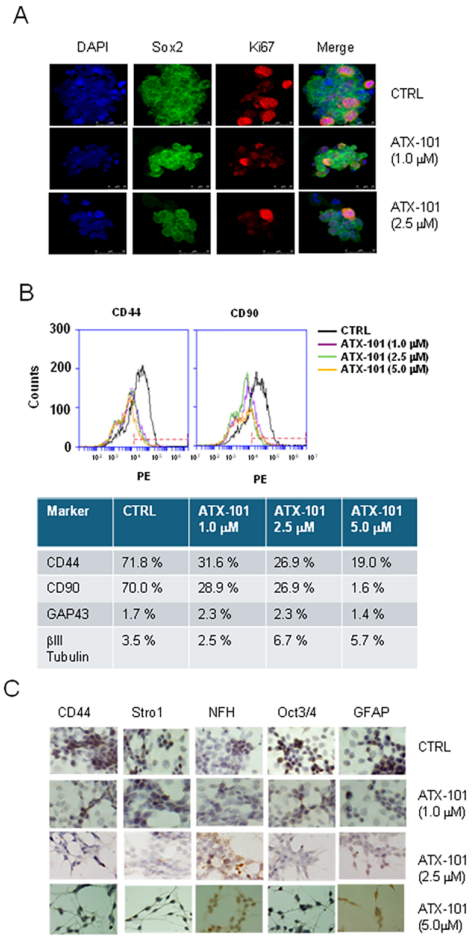
In the original publication [1], there was a mistake in Figure 5 (panel C) as published. This panel contained ICC images that were mistakenly sourced from experiments conducted on a different cell line. This error likely occurred when the pool of images, independently provided by several collaborators, was assembled. Unfortunately, it was not caught during the final internal review prior to submission. The new correct figure appears below. The text and figure legend are unchanged. The authors apologize for any inconvenience caused and state that the scientific conclusions are unaffected. This correction was approved by the Academic Editor.



Marker	CTRL	ATX-101 1.0 μM	ATX-101 2.5 μM	ATX-101 5.0 μM
CD44	71.8 %	31.6 %	26.9 %	19.0 %
CD90	70.0 %	28.9 %	26.9 %	1.6 %
GAP43	1.7 %	2.3 %	2.3 %	1.4 %
βIII Tubulin	3.5 %	2.5 %	6.7 %	5.7 %

Figure 5. ATX-101 inhibits stemness phenotype and induces a reversion of Neural/proneural to mesenchymal phenotype. (**A**) Confocal analyses of Ki67- and Sox2-stained GSCs-5 cells treated with ATX-101 (1.0 and 2.5 μM) for 48 h. Bar indicates 25 μm. (**B**) FACS analyses for mesenchymal markers CD44 and CD90 in GSCs-5 cells after treatment with ATX-101 (1.0, 2.5, and 5 μM) for 48 h. Percentages of cells positive for CD44, CD90, GAP43, and βIII tubulin after treatment with ATX-101 are summarized in the table below the histograms. (**C**) ICC analyses performed on GSCs-5 cells for CD44, Stro1, NFH, OCT3/4, and GFAP after treatment with ATX-101 (1.0, 2.5, and 5 μM) for 48 h. Bar indicates 10 μm.

Reference

1. Gravina, G.L.; Colapietro, A.; Mancini, A.; Rossetti, A.; Martellucci, S.; Ventura, L.; Di Franco, M.; Marampon, F.; Mattei, V.; Biordi, L.A.; et al. ATX-101, a Peptide Targeting PCNA, Has Antitumor Efficacy Alone or in Combination with Radiotherapy in Murine Models of Human Glioblastoma. *Cancers* **2022**, *14*, 289. [CrossRef] [PubMed]