References

1. van Bommel EF. Retroperitoneal fibrosis. Neth J Med. 2002;60:231-42. [PMID: 12365466]
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CORRECTIONS

Correction: A Prognostic Index for Systemic AIDS-Related Non-Hodgkin Lymphoma Treated in the Era of Highly Active Antiretroviral Therapy

In a recent article regarding a prognostic index for systemic AIDS-related non-Hodgkin lymphoma (1), the hazard ratios shown in Table 1 should read 1.00 for men and 1.20 for women. The bootstrap hazard ratios in Table 2 should have been calculated as exp(mean (coefficient)); the corrected **Table** is shown. The authors of the article acknowledged Drs. Harrell and Steyerberg without their written permission to do so; the Editors regret that we did not note the absence of appropriate permission before publication.

Reference

1. Bower M, Gazzard B, Mandalia S, Newsom-Davis T, Thirlwell C, Dhillon T, et al. A prognostic index for systemic AIDS-related non-Hodgkin lymphoma treated in the era of highly active antiretroviral therapy. Ann Intern Med. 2005;143:265-73. [PMID: 16103470]

Table. **Multivariable Cox Proportional Hazards Regression Model Showing Significant Independent Predictors of Death after Diagnosis of AIDS-Related Non-Hodgkin Lymphoma in the Era of Highly Active Antiretroviral Therapy***

Variable	Hazard Ratio (95% CI)†	*P* Value	Hazard Ratio Bootstrap Estimate (95% CI)
CD4 cell count			
$<100 \times 10^6$ cells/L	2.08 (1.20–3.60)	0.009	2.35 (1.15–4.79)
$\geq 100 \times 10^6$ cells/L	1		1
International Prognostic Index risk group			
High	4.88 (1.544–15.43)	0.007	5.31 (1.24–22.80)
High-intermediate	2.74 (0.94–8.04)	0.066	2.90 (0.82–10.21)
Low-intermediate	1.73 (0.57–5.21)	>0.2	1.88 (0.56–6.26)
Low	1		1

* The model includes the International Prognostic Index risk group and excludes the list of variables that were significant in the univariate model. The validity of the prognostic score was calculated internally on the 111 patients in whom AIDS-related non-Hodgkin lymphoma was diagnosed in the era of highly active antiretroviral therapy.
† Adjusted for age, sex, type B symptoms, bone marrow and meningeal disease at diagnosis, Burkitt lymphoma, and other variables in the model.

Correction: Summaries for Patients: Exenatide or Insulin Glargine for Suboptimally Controlled Type 2 Diabetes?

In a recent Summary for Patients (1), the third sentence under the heading "What were the limitations of the study?" should have read as follows: "Only 21.6% and 8.6% of the patients taking insulin and exenatide, respectively, achieved target fasting glucose levels of 100 mg/dL."

Reference

1. Summaries for patients. Exenatide or insulin glargine for suboptimally controlled diabetes? Ann Intern Med. 2005;143:I30. [PMID: 16230718]