Erratum: The Genetic and Environmental Causes of Pulmonary Fibrosis

The authors would like to inform readers that their article (1) published in the July 15, 2012 issue of the *Proceedings of the American Thoracic Society* (which changed its name to *Annals of the American Thoracic Society* in 2013) contains a section of text from a previously published article. David A. Schwartz was the senior author on the prior article (2), which appeared in the *New England Journal of Medicine (NEJM)*. The three-paragraph section begins with the last paragraph on page 121, left column, and ends with the second full paragraph in the right column on the same page. There are minor differences from the original text; for example, the cited references are numbered

differently. The quoted paragraphs should, however, have cited the *NEJM* article as their source.

References

- 1 Macneal K, Schwartz DA. The genetic and environmental causes of pulmonary fibrosis. *Proc Am Thorac Soc* 2012;9:120–125.
- 2 Seibold MA, Wise AL, Speer MC, Steele MP, Brown KK, Loyd JE, Fingerlin TE, Zhang W, Gudmundsson G, Groshong SD, et al. A common *MUC5B* promoter polymorphism and pulmonary fibrosis. *N Engl J Med* 2011;364:1503–1512.

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Erratum: CPAP Improves Insulin Resistance in Patients with Sleep Apnea without Diabetes

There was a minor error in the article by Iftikhar and colleagues that appeared in the April 2013 issue of *AnnalsATS* (1) that is repeated throughout the manuscript. The correction does not alter the overall conclusion or the statistical significance of our main result.

We have found an error in our analysis of the data presented in an article by Sharma and colleagues (2). In the supplementary appendix to this article, separate data for nondiabetics had been provided; we had not included these in our published analysis. Taking into account these data, the results for the pooled estimate of the difference in means in HOMA-IR between the CPAP and sham CPAP/control groups should be -0.56 (95% confidence interval, -1.01 to -0.11 ; $P = 0.01$). This change requires corrections in the following sentences:

1. In the abstract (p. 115), line 3 of “Measurements and Main Results” currently reads, “The pooled estimate of the difference in means in HOMA-IR between the CPAP and sham CPAP/control groups was -0.44 (95% confidence interval, -0.82 to -0.06 ; $P =$

0.02).” Instead, it should now read, “The pooled estimate of the difference in means in HOMA-IR between the CPAP and sham CPAP/control groups was -0.56 (95% confidence interval, -1.01 to -0.11 ; $P = 0.01$).”

2. In the RESULTS section of the main manuscript (p. 117), the second paragraph reads, “The pooled estimate of the difference in means in HOMA-IR between the CPAP and the sham CPAP/control groups was -0.44 (95% CI, -0.82 to -0.06 ; $P = 0.02$), indicating an overall favorable effect of CPAP on HOMA-IR values (Figure 2).” Instead, this paragraph should read, “The pooled estimate of the difference in means in HOMA-IR between the CPAP and the sham CPAP/control groups was -0.56 (95% CI: -1.01 to -0.11 ; $P = 0.01$), indicating an overall favorable effect of CPAP on HOMA-IR values (Figure 2).”
3. In the DISCUSSION section, the first paragraph, line 15 (p. 118), currently reads, “The effect size of CPAP treatment on HOMA-IR is modest (-0.44) when compared with the effect of the thiazolidinedione rosiglitazone, which has been reported to improve the HOMA-IR by -0.9 in nondiabetic obese patients or in those with the metabolic syndrome (34, 35).” Instead, it should read, “The effect size of CPAP treatment on HOMA-IR is modest (-0.56) when compared

Figure 1. (Figure 2 in published study) Forest plot for differences in means in homeostasis model assessment of insulin resistance (HOMA-IR) and corresponding 95% confidence intervals (CIs). The pooled estimate of the difference in means in HOMA-IR between the continuous positive airway pressure (CPAP) and sham CPAP/control groups was -0.56 (95% CI: -1.01 to -0.11 ; $P = 0.01$).

Figure 2. (Figure 3 in published study) Funnel plot for data analyzed. In this case, Kendall's tau b (corrected for ties, if any) is **-0.30000**, with a one-tailed *P* value (recommended) of **0.23** or a two-tailed *P* value of **0.46** (based on continuity-corrected normal approximation). The funnel plot of the data analyzed does not suggest the presence of publication bias.

with the effect of the thiazolidinedione rosiglitazone, which has been reported to improve the HOMA-IR by -0.9 in

nondiabetic obese patients or in those with the metabolic syndrome (34, 35)."

Figure 1 shows the corrected forest plot (Figure 2 in the published article). Figure 2 shows the corrected funnel plot (Figure 3 in the published article).

We regret the inconvenience that these errors have caused.

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References

- 1 Iftikhar I, Khan MF, Das A, Magalang UJ. Meta-analysis: CPAP improves insulin resistance in patients with sleep apnea without diabetes. *Ann Am Thorac Soc* 2013;10:115–120.
- 2 Sharma SK, Agrawal S, Damodaran D, Sreenivas V, Kadiravan T, Lakshmy R, Jagia P, Kumar A. CPAP for the metabolic syndrome in patients with obstructive sleep apnea. *N Engl J Med* 2011;365:2277–2286.

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Erratum: The Clinical Physiologist

In the February (1) and April (2) installments of *The Clinical Physiologist*, it was incorrectly stated that ventilation-induced changes in pleural pressure are accompanied by small changes in the width of the pleural space. In fact, the distance between the visceral and parietal pleural surfaces does not change (3, 4). In addition, the February issue incorrectly used Boyle's law to explain these pleural pressure changes. Boyle's law describes the relationship between the pressure and volume of a gas at constant temperature. It does not apply to liquids, like pleural fluid.

References

- 1 Kreit JW. Waiting to exhale. *Ann Am Thorac Soc* 2013;10:59–63.
- 2 Kapnadak S, Kreit JW. Stay in the loop. *Ann Am Thorac Soc* 2013;10:166–171.
- 3 Lai-Fook SJ. Pleural mechanics and fluid exchange. *Physiol Rev* 2004;84:385–410.
- 4 Agostoni E, D'Angelo E, Roncoroni G. The thickness of the pleural liquid. *Respir Physiol* 1968;5:1–13.

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