

## Errata

In the December 2002 issue of the *Journal*, in the article entitled, “3-Methylglutaconic Aciduria Type I Is Caused by Mutations in *AUH*,” by IJlst et al. (71:1463–1466), we reported the molecular basis of 3-methylglutaconic aciduria type I. One of the patients mentioned in our paper was the younger of two affected brothers of healthy nonconsanguineous Moroccan parents. He had no physical abnormalities; only his speech development was retarded. In our report, mutation analysis of the patient’s *AUH* gene at the cDNA level revealed a homozygous c.589C→T nonsense mutation, whereas PCR-RFLP analysis with *NdeI* showed an apparent heterozygous mutation at the genomic DNA level. Recently, we have changed to sequence analysis at the genomic level for this dis-

order. When we reinvestigated this patient using a new primer set (In5AUHrM13NdeI: 5′-cag gaa aca gct atg acc CAT ATG ACC ATT AGG ACC AAC AAG TG-3′ and In4AUHf-21M13: 5′-tgt aaa acg acg gcc agt ATC GTA GAA CTG TGA TTC TG-3′), we found homozygosity for the c.589C→T nonsense mutation. Moreover, sequence analysis of the RFLP-PCR fragment (fig. 3B in our report) also revealed homozygosity for this mutation. Therefore, the apparent heterozygosity at the genomic level reported in our original paper must have been due to partial digestion by the restriction enzyme.

In conclusion, our data demonstrate that the c.589C→T nonsense mutation in the Moroccan patient is homozygous. We regret the error.

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In the May 2003 issue of the *Journal*, in the article entitled, “Average Risks of Breast and Ovarian Cancer Associated with *BRCA1* or *BRCA2* Mutations Detected in Case Series Unselected for Family History: A Combined Analysis of 22 Studies,” by Antoniou et al. (72:1117–1130), CIs for the penetrance estimates were stated in the abstract as follows: “The average cumulative risks in *BRCA1*-mutation carriers by age 70 years were 65% (95% confidence interval 44%–78%) for breast cancer and 39% (18%–54%) for ovarian cancer. The corresponding estimates

for *BRCA2* were 45% (31%–56%) and 11% (2.4%–19%).”

However, this should have read: “The average cumulative risks in *BRCA1*-mutation carriers by age 70 years were 65% (95% confidence interval 51%–75%) for breast cancer and 39% (22%–51%) for ovarian cancer. The corresponding estimates for *BRCA2* were 45% (33%–54%) and 11% (4.1%–18%).” These corrected values correspond to those in the “Results” section of the paper.

The authors regret these errors.