Erratum: EMerging BiomARKers in Inflammatory Bowel Disease (EMBARK) Study Identifies Fecal Calprotectin, Serum MMP9, and Serum IL-22 as a Novel Combination of Biomarkers for Crohn's Disease Activity: Role of Cross-Sectional Imaging

William A. Faubion, Jr, Joel G. Fletcher, Sharon O'Byrne, Brian G. Feagan, Willem J.S. de Villiers, Bruce Salzberg, Scott Plevy, Deborah D. Proctor, John F. Valentine, Peter D. Higgins, Jeffrey M. Harris, Lauri Diehl, Lilyan Wright, Gaik Wei Tew, Diana Luca, Karen Basu and Mary E. Keir

Am J Gastroenterol 2013; 108:1891–1900; doi:10.1038/ajg.2013.354

Figure 1 is incorrect in the published version. The correct version of **Figure 1** is shown below.

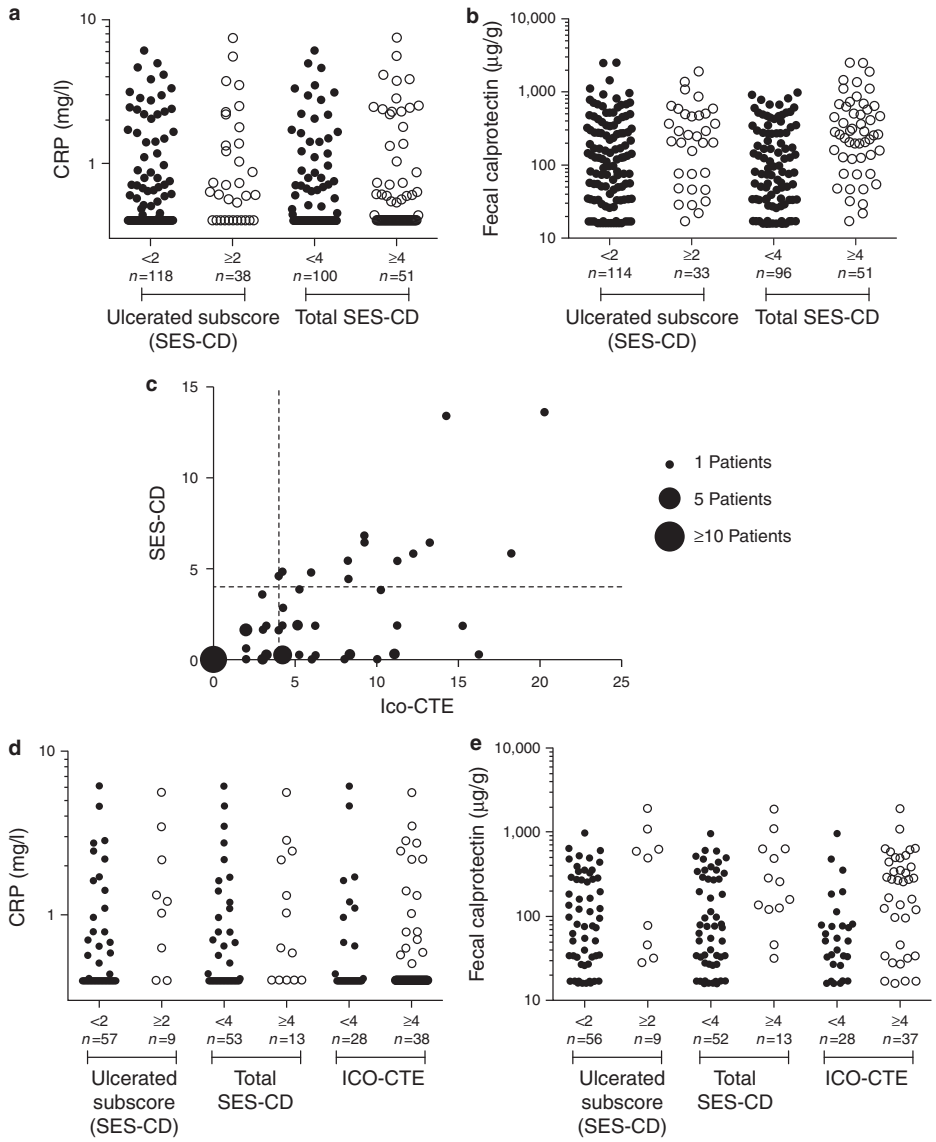

Figure 1. Fecal calprotectin is higher in patients with active Crohn's disease (CD) as detected by the ileocolonoscopy (ICO)-computed tomography enterography (CTE) consensus score. Both serum CRP (**a**) and fecal calprotectin (**b**) were measured in all patients categorized by ulcerated subscore or total simple endoscopic score for CD (SES-CD). (**c**) Relationship of SES-CD with ICO-CTE, a single score incorporating data from both ileocolonoscopy (ICO) and CTE. The ICO-CTE score, reflecting a combination of ICO and CTE to detect disease activity with a maximum possible score of 36, was compared with SES-CD. A cutoff for disease activity at a score of SES-CD and ICO-CTE of 4 is shown. (**d**, **e**) In CD patients that underwent both ICO and CTE, serum CRP and fecal calprotectin performance were assessed by three different definitions of active disease: SES-CD ulcerated subscore ⩾2 in any region, total SES-CD score ⩾4, or ICO-CTE consensus score ⩾4.

Erratum: Use of a Simple Symptom Questionnaire to Predict Barrett's Esophagus in Patients With Symptoms of Gastroesophageal Reflux

Lauren B. Gerson, Robert Edson, Philips W. Lavori and George Triadafilopoulos
Am J Gastroenterol (2001) **96**(7):2005–2012; doi: 10.1111/j.1572-0241.2001.03933.x

There was a typing error in the published formula. Here is the correct formula:

$$\log\left(\frac{p}{1-p}\right) = -2.3 - (0.0032 \times age) - (0.33 if\ asian, 0.95 if\ black, 0.71 if\ hispanic) + (1.3 if\ male) - (0.21 \times belch) - (0.48 \times dysphagia) - (0.25 \times food) + (0.3 \times heartburn) - (0.25 \times nausea) + (0.27 \times night) + (0.5 \times odynophagia)$$

Instead of what was published:

$$\log\left(\frac{p}{1-p}\right) = -2.3 - (0.0032 \times age) - (0.33 if\ asian, 0.95 if\ black, 0.71 if\ hispanic) + (1.3 if\ male) - (0.21 \times belch)(0.48 \times dysphagia) - (0.25 \times food) + (0.3 \times heartburn)(0.25 \times nausea) + (0.27 \times night) + (0.5 \times odynophagia)$$

Erratum: The Risk of Inflammatory Bowel Disease-Related Colorectal Carcinoma Is Limited: Results From a Nationwide Nested Case–Control Study

Judith E. Baars, Caspar W.N. Looman, Ewout W. Steyerberg, Ruud Beukers, Adriaan C.I.T.L. Tan, Bas L.A.M. Weusten, Ernst J. Kuipers and Christien J. van der Woude
Am J Gastroenterol 2011;106:319–328; doi:10.1038/ajg.2010.428
Am J Gastroenterol 2011;106:999–1000; doi:10.1038/ajg.2011.15 (Letter to the Editor)

In the above article Table 3 had incorrect numbers. The correct numbers are in the revised Table below.

The same errors also appeared in "The Response to Sprakes and Everett" letter (ajg.2011.15) published in May issue. The correct numbers are in the Table below. The authors apologize for these errors.

Table 3. Revised: Results of univariate cox regression analysis for medication use

	Cases	Controls	Odds ratio (95% CI)	*P*-value
No. of patients	159 (%)[a]	392 (%)	—	
None	11 (6.9)	4 (1)	—	—
5-ASA				
Yes	137 (86)	351 (89)	0.73 (0.42–1.27)	NS
No	22 (14)	41 (11)	1.0	
Thiopurines				<0.001
Yes	36 (23)	216 (55)	0.23 (0.16–0.36)	
No	123 (77)	176 (45)	1.0	
Corticosteroids				<0.001
Yes	102 (64)	326 (83)	0.36 (0.24–0.55)	
No	57 (36)	66 (17)	1.0	
MTX				0.03
Yes	2 (1)	23 (6)	0.2 (0.05–0.88)	
No	157 (99)	369 (94)	1.0	
Anti-TNF				
Yes	4 (3)	75 (19)	0.11 (0.04–0.3)	<0.001
No	155 (97)	317 (81)	1.0	
Ascal				
Yes	5 (3)	7 (2)	1.79 (0.56–5.71)	NS
No	154 (97)	385 (98)	1.0	
NSAIDS				
Yes	7 (4)	9 (2)	1.96 (0.72–5.36)	NS
No	152 (96)	383 (98)	1.0	
Folic acid				
Yes	16 (10)	42 (11)	0.93 (0.51–1.71)	NS
No	143 (90)	350 (89)	1.0	
Calcium				
Yes	10 (6)	74 (19)	0.29 (0.15–0.57)	<0.001
No	149 (94)	318 (81)	1.0	
Ursodeoxy acid				
Yes	13 (8)	4 (1)	8.64 (2.77–26.92)	<0.001
No	146 (92)	388 (99)	1.0	
Ferrofumerate				
Yes	47 (30)	81 (21)	1.61 (1.06–2.45)	0.03
No	112 (70)	311 (79)	1.0	

5-ASA, 5-aminosalicylic acid; CI, confidence interval; MTX, methotrexate, NS, nonsignificant; NSAIDS, non-steroidal anti-inflammatory drugs; TNF, tumor necrosis factor.

[a]In 14 cases, data on medication use were not retrievable.

Corrigendum: A Randomized Placebo-Controlled Phase IIb Trial of A3309, A Bile Acid Transporter Inhibitor, for Chronic Idiopathic Constipation

William D. Chey, Michael Camilleri, Lin Chang, Leif Rikner and Hans Graffner

Am J Gastroenterol advance online publication 24 May 2011; doi: 10.1038/ajg.2011.162

Reference 16 for the following paper should read:

Simrén M, Bajor A, Gillberg P-G *et al.* Randomised clinical trial: the ileal bile acid transporter inhibitor A3309 vs. placebo in patients with chronic idiopathic constipation—a double-blind study. Aliment Pharmacol Ther 2011;34:41–50.