

WTC dust-exposed workers (3). The caveat for the latter is that we found it as a risk factor for all lower airway diseases, including clinical forms other than IIA. Atopic status, the third most frequently investigated risk factor for IIA (together with occupational exposure and tobacco smoking), was not reported by Malo and coworkers. We identified it as a risk factor for upper but not for lower airway disease in WTC workers (6). It would have also been informative to report on the chronic upper airway disease that frequently accompanies IIA, and contributes substantially to poor symptom control and quality of life.

Conflict of Interest Statement: R.E.D. has received lecture fees from Pfizer (up to \$1,000) and AstraZeneca (\$5,001-\$10,000).

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Stronger Evidence for Replication of NPPA Using Genome-wide Genotyping Data

To the Editor:

We thank the *Journal* for the opportunity to present an addendum to our article, "Assessing the Reproducibility of Asthma Candidate Gene Associations using Genome-wide Data" (1). In that work, we studied 39 replicated asthma gene regions using data from the Illumina 550kV3 genome-wide SNP genotyping platform. We reported the results of SNP-level replication within 6 genes and additional "gene-level" replication in 15 more genes. Lima and colleagues reported that the gene encoding atrial natriuretic peptide, NPPA, was associated with asthma in two populations (2), and thus their results were included in our study. We assessed 6 SNPs in NPPA, including one SNP (rs5065) which was directly tested by Lima and coworkers (2).

We found evidence of association in 3 SNPs in NPPA (two-sided $P < 0.05$); in all cases transmission of the minor allele conferred a decreased risk of asthma. We incorrectly reported that our association in rs5065 was in the opposite direction of

that identified by Lima and coworkers. In fact, the minor allele for marker rs5065 (G on the + strand) was associated with decreased asthma susceptibility in both the original publication by Lima and coworkers (2) and in our study (1). Thus, our replication of the association between NPPA and asthma is more compelling than we had originally reported.

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