

## Errata

In the August 2005 issue of the *Journal*, in the article entitled “Weighting Affected Sib Pairs by Marker Informativity” by Franke and Ziegler (77:230–241), the probabilities for identical-by-descent (IBD) distributions of affected sib pairs do not reflect the intended dominant and recessive genetic models; instead, they reflect completely different probability distributions that have no obvious genetic interpretation. The probabilities under the assumption of no linkage also contain a typographical error. The corrected table 2 shown here displays the corrected probabilities, which have been derived using the well-established results of Suarez et al. (Ann Hum Genet 42:87–94) and Risch (Am J Hum Genet 46:242–253). The authors are grateful to Michael Knapp for pointing out these errors.

The incorrect probabilities for IBD distributions under linkage substantially influence the power of both the standard and the weighted mean test. In fact, new Monte Carlo simulation studies with the correct IBD probabilities (table 2) show no increase in power of the weighted compared with the classical mean test for a fully penetrant autosomal dominant trait without phenocopies (results not shown). However, the increased power of the weighted over the classical mean test is correct for those genetic models that were reported in table 4 of the original article.

Table 1 of the original article displays the mapping rules for empirical  $P$  values; both instances of  $\sqrt{4r^2 - 1}$

should be  $\sqrt{4d^2 - 1}$ . The exemplary computation on page 235 is correct for the IBD distribution

$$f = \left( \frac{6 + 2\sqrt{10}}{24}, \frac{9 - \sqrt{10}}{24}, \frac{9 - \sqrt{10}}{24} \right)$$

rather than for  $f = (1/2, 1/4, 1/4)$ . On page 237, the IBD distribution of the sample data should be specified as  $(f_0, f_1, f_2) = (0.44, 0.5, 0.06)$  rather than  $f_2 = 0.44$ ,  $f_1 = 0.44$ , and  $f_0 = 0.06$ . Furthermore, as pointed out by Ritwik Sinha, there is a typographical error in the formula on page 233, before equation (2). The variance of  $\hat{\tau}_w$  should read

$$\sum_{i=1}^n w_i^2 (\hat{\tau}_i - \bar{\tau}_w)^2 .$$

Finally, the authors misinterpreted Risch (Am J Hum Genet 46:242–253), and the IBD distributions of his example slightly deviate from those reported in table 5 of the article by Franke and Ziegler. The results, however, are only marginally influenced. Details are available on request.

The authors have been asked by colleagues whether the empirical  $P$  values of the example data reflect the same substantial LOD score differences between the weighted

**Table 2**

**Possible IBD Distributions ( $f_0, f_1, f_2$ ) and Their Probabilities at a Marker Locus with  $r$  Equifrequent Alleles**

IBD DISTRIBUTION	PROBABILITY		
	No Linkage	Dominant Model <sup>a</sup>	Recessive Model <sup>a</sup>
(1,0,0)	$\frac{r^3 - 2r^2 + 1}{4r^3}$	$\frac{r^3 - 2r^2 + 1}{4r^3} \times \frac{p^4 - 4p^3 + 4p^2}{P_{ASP,dom}}$	$\frac{r^3 - 2r^2 + 1}{4r^3} \times \frac{p^4}{P_{ASP,rec}}$
(0,1,0)	$\frac{(r-1)^2}{2r^2}$	$\frac{(r-1)^2}{2r^2} \times \frac{-p^3 + p^2 + p}{P_{ASP,dom}}$	$\frac{(r-1)^2}{2r^2} \times \frac{p^3}{P_{ASP,rec}}$
(0,0,1)	$\frac{r^3 - 2r^2 + 1}{4r^3}$	$\frac{r^3 - 2r^2 + 1}{4r^3} \times \frac{-p^2 + 2p}{P_{ASP,dom}}$	$\frac{r^3 - 2r^2 + 1}{4r^3} \times \frac{p^2}{P_{ASP,rec}}$
$\left(\frac{1}{2}, \frac{1}{2}, 0\right)$	$\frac{r-1}{r^2}$	$\frac{r-1}{r^2} \times \frac{p^4 - 5p^3 + 5p^2 + p}{2P_{ASP,dom}}$	$\frac{r-1}{r^2} \times \frac{p^4 + p^3}{2P_{ASP,rec}}$
$\left(\frac{1}{2}, 0, \frac{1}{2}\right)$	$\frac{r-1}{2r^3}$	$\frac{r-1}{2r^3} \times \frac{p^4 - 4p^3 + 3p^2 + 2p}{2P_{ASP,dom}}$	$\frac{r-1}{2r^3} \times \frac{p^4 + p^2}{2P_{ASP,rec}}$
$\left(0, \frac{1}{2}, \frac{1}{2}\right)$	$\frac{r-1}{r^2}$	$\frac{r-1}{r^2} \times \frac{-p^3 + 3p}{2P_{ASP,dom}}$	$\frac{r-1}{r^2} \times \frac{p^3 + p^2}{2P_{ASP,rec}}$
$\left(\frac{1}{4}, \frac{1}{2}, \frac{1}{4}\right)$	$\frac{1}{r^2}$	$\frac{1}{r^2}$	$\frac{1}{r^2}$

NOTE.—IBD distributions and their probabilities are derived from tables 3 and 5 of Suarez et al. (Ann Hum Genet 42:87–94) and Risch (Am J Hum Genet 46:242–253), respectively. The diallelic trait locus has a minor-allele frequency of  $p$ .

<sup>a</sup> Where  $P_{ASP,dom} = \frac{1}{4}(p^4 - 6p^3 + 5p^2 + 4p)$  and  $P_{ASP,rec} = \frac{1}{4}(p^4 + 2p^3 + p^2)$ .

and the classical mean tests. Therefore, using their novel simulation approach, the authors conducted Monte Carlo simulations for both test statistics. Whereas the *P* values are significantly lower for the weighted mean test with use of the data of Mein et al. (Nat Genet 19:297–300) and the fully informative data of Risch (Am J Hum Ge-

net 46:242–253), *P* values are virtually identical when all families are considered in the data of Risch (Am J Hum Genet 46:242–253). Details are available on request.

The authors regret the errors.

In the February 2006 issue of the *Journal*, in the article entitled “Single-Nucleotide Polymorphisms in NAG-NAG Acceptors Are Highly Predictive for Variations of Alternative Splicing” by Hiller et al. (78:291–302), table 6 did not include the authors’ most-current data. In the course of finalizing the study analysis, the authors identified a set of false-positive dbSNP entries; see the “Results” section: “Since dbSNP entries sometimes are the result of sequencing errors, we manually examined the trace data (if available) and excluded a further nine SNPs” (p. 294). These nine dbSNP en-

tries in table 2 had the footnote “dbSNP entry is based on a sequencing error; therefore, excluded from further analysis and table 6.” Inconsistent with that, two false-positive SNPs (*rs12042060* affecting *FIBL-6* and *rs1833783* affecting *FTL*) were not removed from table 6. The correct table 6, shown here, contains 18 instead of 20 entries and is thus consistent with the statement in the “Discussion” section: “Altogether, 28% (18 of 64) of the plausible NAGNAG SNPs occur in known disease genes (table 6)” (p. 300). The authors regret the error.

**Table 6**

**Human Disease Genes with SNPs Affecting Plausible NAGNAG Acceptors**

dbSNP ID	Gene Symbol	RefSeq ID	Disease	MIM Number(s)	PubMed ID(s)
<i>rs3020724</i>	<i>CYP17A1</i>	NM_000102	Adrenal hyperplasia, congenital	#202110, *609300	4303304
<i>rs2243187</i>	<i>IL19</i>	NM_153758	Asthma	*605687	15557163
<i>rs8176139</i>	<i>BRCA1</i>	NM_007304	Breast cancer	*113705, #114480	9167459
<i>rs11567804</i>	<i>C3AR1</i>	NM_004054	Bronchial asthma	*605246	15278436
<i>rs3025420</i>	<i>DBH</i>	NM_000787	Congenital dopamine-beta-hydroxylase deficiency	#223360, *609312	14991826
<i>rs2409496</i>	<i>GART</i>	NM_175085	Down syndrome	*138440	9328467
<i>rs1804783</i>	<i>CACNA1A</i>	NM_023035	Episodic ataxia-2, familial hemiplegic migraine, spinocerebellar ataxia-6, idiopathic generalized epilepsy	#183086, #141500, #108500, *601011	8988170, 8898206, 9302278
<i>rs2010657</i>	<i>GGT1</i>	NM_013421	Glutathionuria	+231950	238530, 7623451
<i>rs2307130</i>	<i>AGL</i>	NM_000644	Glycogen storage disease type III	+232400	9032647, 10925384
<i>rs11661706</i>	<i>EPB41L3</i>	NM_012307	Meningioma, lung cancer	*605331	10888600, 9892180
<i>rs2275992</i>	<i>ZFP91</i>	NM_170768	Acute myeloid leukemia	#601626	12738986
<i>rs1071716</i>	<i>TPM2</i>	NM_213674	Nemaline myopathy-4, distal arthrogryposis 1	#609285, #108120, *190990	11738357, 12592607
<i>rs2521612</i>	<i>SLC4A1</i>	NM_000342	Renal tubular acidosis, ovalocytosis, spherocytosis	#179800, 166900, +109270	9600966, 1737855, 9973643
<i>rs9644946</i>	<i>GOLGA1</i>	NM_002077	Sjogren syndrome	270150, *602502	9324025
<i>rs17173698</i>	<i>PAPSS2</i>	NM_004670	Spondyloepimetaphyseal dysplasia	*603005	9714015
<i>rs9606756</i>	<i>TCN2</i>	NM_000355	Transcobalamin II deficiency	+275350	14632784
<i>rs7862221</i>	<i>TSC1</i>	NM_000368	Tuberous sclerosis	#191100, *605284	12773162, 14551205
<i>rs11574323</i>	<i>WRN</i>	NM_000553	Werner syndrome	#277700, *604611	9012406, 8968742