

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 |