obstructive pulmonary disease (COPD) severity. We believe that this design provides practical, not problematic, information for future researchers designing clinical trials in specific COPD populations.

Li and colleagues express interest in the COPD subpopulation with obesity. Although our study was designed to test hypotheses in patients with type 2 diabetes mellitus and COPD across the BMI spectrum, median baseline BMI was overweight or obese across groups, consistent with the metabolic syndrome phenotype in the United States. Although we stratified by baseline BMI, we agree that larger studies or a prospective trial would better suited to answer whether the associations remain significant in lower BMI groups.

Li and colleagues correctly note that sulfonylureas and GLP-1R agonists (GLP-1RAs) differentially affect weight. For this reason, we had conducted an exploratory analysis across our entire cohort (including the patients with obesity) accounting for baseline BMI as well as BMI change on therapy. Because sulfonylurea users remained at significantly increased risk compared with GLP-1RA users (Figure 5 in our paper), it is likely that the mechanism is not solely related to weight change alone (1). This result also agrees with Li and colleagues' comments.

Prospective studies are best suited to discover the mechanism of clinical benefit in airway disease and disentangle the twinned effects of weight loss and glucose control induced by GLP-1RAs (2). Li and colleagues suggest that future placebo-controlled trials should strictly control confounders (e.g., change in BMI between groups) and suggest that these studies be extended beyond a year. These aspirations highlight substantial challenges for future studies of GLP-1RAs conducted in COPD populations with comorbid obesity, particularly related to the design of the control arm: to what will researchers conveniently compare GLP-1RAs? The stunning weight loss in incretin-based clinical trials is progressively obvious with time on drug and challenging to match through hypocaloric diet and exercise interventions (3). We believe that shorter studies, potentially even in patients with healthy weight or overweight, or without insulin resistance, may enable researchers to elucidate potential mechanisms of effect on the airway, though they would fall short of untangling the effects of weight loss and metabolic improvements seen in longer studies.

Finally, Li and colleagues' hypotheses regarding the interrelationship of obstructive sleep apnea, GLP-1RAs, and COPD is a compelling subject for future study. We did control for baseline BMI and, as discussed above, conducted an exploratory analysis regarding BMI change. Presuming that Li and colleagues' hypotheses are correct, obstructive sleep apnea could represent an indirect causal path, meriting alternative modes of analysis and perhaps best explored prospectively in an obesity-restricted population (3, 4).

We join Li and colleagues in their hope that future work will provide additional evidence for clinical guidance in the service of patients with COPD and metabolic dysregulation. ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

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Erratum: Exposome Profiles and Asthma among French Adults

There are errors related to the misinterpretation of one variable in the article by Guillien and colleagues (1), published in the November 15, 2022 issue of the *Journal.* The authors had misinterpreted the values of the Social Disadvantage Index in the NutriNet-Santé study, inverting their meaning. In this index, high values correctly signify *low* deprivation, not *high* deprivation. As a consequence, the label "deprived area–high income–high education" should be corrected to "nondeprived area–high income–high education" throughout the article and online data supplement.

The authors maintain that this mistake has a very limited impact on the article, as the overall results and conclusions remain unchanged; in addition, the interpretation of socioeconomic position is now more consistent with previous literature. However, the Interpretation of Results section in the Discussion has been edited to reflect the corrections that have been made.

For the convenience of our readers, the *Journal* is replacing the online version of the article with a corrected version. The authors apologize for any confusion this mistake has created. ■

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1. Guillien A, Bédard A, Dumas O, Allegre J, Arnault N, Bochaton A, Druesne-Pecollo N, Dumay D, Fezeu LK, Hercberg S, Le Moual N, Pilkington H, Rican S, Sit G, de Edelenyi FS, Touvier M, Galan P, Feuillet T, Varraso R, Siroux V. Exposome profiles and asthma among French adults. *Am J Respir Crit Care Med* 2022;206:1208–1219.