



Errata

Erratum. Impact of Lifestyle and Metformin Interventions on the Risk of Progression to Diabetes and Regression to Normal Glucose Regulation in Overweight or Obese People With Impaired Glucose Regulation. *Diabetes Care* 2017;40:1668–1677

<https://doi.org/10.2337/dc18-er04>

In the article cited above, Fig. 3 was updated: the number 5 in the x-axis of panels A and B were deleted. Also, two consecutive sentences on page 1675 were revised to read: . . . NGR was greatest in the quartile at lowest risk of progressing to DM (35 vs. 17% and difference of 18%). In those at highest risk of progressing to DM, the corresponding rates were 24 and 11% (difference of 13%).

The online version (<https://doi.org/10.2337/dc17-1116>) has been corrected to reflect these changes.

William H. Herman, Qing Pan, Sharon L. Edelstein, Kieren J. Mather, Leigh Perreault, Elizabeth Barrett-Connor, Dana M. Dabelea, Edward Horton, Steven E. Kahn, William C. Knowler, Carlos Lorenzo, Xavier Pi-Sunyer, Elizabeth Venditti, and Wen Ye, for the Diabetes Prevention Program Research Group

Erratum. Validation of the Diabetes Prevention Trial–Type 1 Risk Score in the TrialNet Natural History Study. *Diabetes Care* 2011;34:1785–1787

<https://doi.org/10.2337/dc18-er04a>

In the article cited above, the last paragraph of the RESULTS section was corrected to read: The application of the DPTRS is presented in the following hypothetical example. An 8-year-old with a BMI of 18.0 kg/m² (log = 2.89) has normal glucose tolerance with fasting, 30-, 60-, 90-, and 120-min values of 80 mg/dL, 150 mg/dL, 160 mg/dL, 140 mg/dL, and 120 mg/dL, respectively. Fasting, 30-, 60-, 90-, and 120-min C-peptide values are 0.86 ng/mL (log = –0.151), 2.5 ng/mL, 3.1 ng/mL, 3.2 ng/mL, and 2.8 ng/mL, respectively. Using the DPTRS coefficients and the above information, the DPTRS value equals (1.569 × log BMI) + (–0.056 × age) + (0.813 × glucose sum from 30 to 120 min/100) + (–0.848 × C-peptide sum from 30 to 120 min/10) + (0.476 × log fasting C-peptide) = 7.66. This converts to a 3-year risk estimate of 0.59.

The online version (<https://doi.org/10.2337/dc11-0641>) has been corrected to reflect these changes.

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