

Errata

Zheng L, Howell SJ, Hatala DA, Huang K, Kern TS: Salicylate-based anti-inflammatory drugs inhibit the early lesion of diabetic retinopathy. *Diabetes* 56:337–345, 2007

In Table 2 of the above-listed article, column units were incorrectly placed. In the third column (underneath “Cells in GCL”), the unit “ μm ” should not be present; instead, the units should appear in the sixth column directly below “Whole retina.” The corrected table appears below.

TABLE 2

Measurement of retinal thickness and number of ganglion cells in different experimental groups

Group	<i>n</i>	Cells in GCL*	IPL (μm)	ONL (μm)	Whole retina (μm)
Nondiabetes	4	9.3 \pm 1.3	51.7 \pm 5.1	50.0 \pm 3.0	162.7 \pm 16.8
Diabetes	6	7.5 \pm 0.9 [†]	43.8 \pm 5.3 [†]	42.5 \pm 4.2 [†]	140.7 \pm 15.2 [†]
Diabetes + ASP	6	8.7 \pm 2.3	46.3 \pm 6.4	44.4 \pm 2.1	152.1 \pm 15.4
Diabetes + SAL	5	9.8 \pm 1.2 [‡]	47.7 \pm 4.5	43.2 \pm 4.0	153.3 \pm 17.5
Diabetes + SUL	5	9.7 \pm 0.9 [‡]	44.1 \pm 6.8	42.1 \pm 3.0	137.0 \pm 18.6

Data are means \pm SD. *Per 100 μm -length retina. [†] $P < 0.05$ compared with nondiabetic rats.

Tanaka M, Fuku N, Nishigaki Y, Matsuo H, Segawa T, Watanabe S, Kato K, Yokoi K, Ito M, Nozawa Y, Yamada Y: Women with mitochondrial haplogroup N9a are protected against metabolic syndrome. *Diabetes* 56:518–521, 2007

In the above-listed article, an author’s name was misspelled. Kiyoshi Yoko should read Kiyoshi Yokoi, as in the citation above. The correction has been made online.

Basu R, Man CD, Campioni M, Basu A, Nair KS, Jensen MD, Khosla S, Klee G, Toffolo G, Cobelli C, Rizza RA: Two years of treatment with dehydroepiandrosterone does not improve insulin secretion, insulin action, or postprandial glucose turnover in elderly men or women. *Diabetes* 56:753–766, 2007

A change has been made to the first paragraph of the results section of the above-listed article. The second sentence, beginning “In brief, plasma DHEA-S concentration. . .” should be worded as “In brief, the plasma DHEA-S concentrations prior to randomization did not differ in the elderly men (0.67 ng/ml [interquartile range 0.50–1.20] vs. 0.63 ng/ml [0.37–0.97]) and elderly women (0.32 ng/ml [0.30–0.43] vs. 0.38 ng/ml [0.30–0.53]) treated with placebo or DHEA-S. Two years of treatment with DHEA-S resulted in an increase in DHEA-S concentrations to 3.81 ng/ml (3.30–5.08) and 4.21 ng/ml (3.28–4.89) in the elderly men and women, respectively, whereas DHEA-S concentrations remained unchanged during 2 years of treatment with placebo (0.60 ng/ml [0.43–0.90] and 0.30 ng/ml [0.30–0.38]).”