

are paying now, although mostly for care of end-stage complications. In addition, a recent study<sup>7</sup> has shown that increases in worker productivity may offset the increase in the cost of providing intensive glyceic control. ■

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## CORRECTION

The special supplement "Clinical practice guidelines: renal cell carcinoma"<sup>1</sup> contained an error. On page SI-29, a dosage of rHuIFN- $\alpha$  cited from preliminary results of a study by S. Negrier et al<sup>2</sup> was reported as  $6 \times 10^6$  IU SC three times each week for both monotherapy and combination therapy. While this was the correct dosage for rHuIFN- $\alpha$  in combination with rHuIL-2, the correct dosage of rHuIFN- $\alpha$  as monotherapy should read  $18 \times 10^6$  IU SC three times each week.

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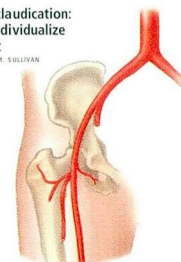
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