

are paying now, although mostly for care of end-stage complications. In addition, a recent study⁷ has shown that increases in worker productivity may offset the increase in the cost of providing intensive glycemic control.

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CORRECTION

The special supplement "Clinical practice guidelines: renal cell carcinoma"¹ contained an error. On page SI-29, a dosage of rHuIFN- α cited from preliminary results of a study by S. Negrier et al² was reported as 6×10^6 IU SC three times each week for both monotherapy and combination therapy. While this was the correct dosage for rHuIFN- α in combination with rHuIL-2, the correct dosage of rHuIFN- α as monotherapy should read 18×10^6 IU SC three times each week.

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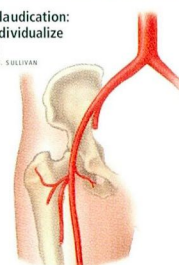
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