are paying now, although mostly for care of end-stage complications. In addition, a recent study[7] 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 al[2] 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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