

appreciate these comments. Interestingly, data from the GAIN study³ of 325 patients who failed infliximab, including 58% who had a history of adverse reactions to infliximab, have revealed no cases of DILE during a long-term extension of at least one year of treatment. In addition, a report by Youdim *et al*⁴ describes seven patients with reactions to infliximab who were treated with adalimumab, including one patient with a history of infliximab-associated DILE who had achieved successful control of Crohn's without any worsening of lupus or changes in ANA or anti-dsDNA titres.

The report of Mañosa *et al* does underscore the need for the collection of safety data from large numbers of patients to answer questions such as these. To this end, the ongoing Adalimumab Crohn's Safety Registry study (PYRAMID),⁵ which is anticipated to enrol 5000 patients or more over five years, should help provide additional insight into this and other important clinical safety questions. We do not believe that ANA monitoring should be routinely performed in patients receiving anti-TNF therapy with any agent (because the majority of such patients do not develop DILE). In addition, we do not agree that any specific caution or follow-up is necessary when switching patients who are known to be ANA positive to a second anti-TNF agent, except in those very rare circumstances in which the patient had developed DILE while receiving the initial anti-TNF therapy.

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Competing interests: Declared (the declaration can be viewed on the *Gut* website at <http://gut.bmj.com/content/vol57/issue4>).

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NOTICE

The XXXI Pan American Congress of Digestive Diseases and the 50th Anniversary of the World Gastroenterology Organization

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CORRECTIONS

doi:10.1136/gut.2006.106021corr1

Assy N, Hussein O, Abassi Z. Weight loss induced by orlistat reverses fatty infiltration

and improves hepatic fibrosis in obese patients with non-alcoholic steatohepatitis. (*Gut* 2007;**56**:443–4).

The authors have withdrawn this letter, which duplicates data published in a full paper in *Digestive Diseases & Sciences* (2007;**52**:2512–9). *Gut* will not accept any form of duplicate publication which it believes is misleading. All authors are explicitly asked to confirm that their data has not been published elsewhere prior to acceptance by *Gut*.

doi:10.1136/gut.2006.117176corr1

Gareau M G, Jury J, MacQueen G, *et al*. Probiotic treatment of rat pups normalises corticosterone release and ameliorates colonic dysfunction induced by maternal separation (*Gut* 2007;**56**:1522–8). Due to an error in the production of this article, figures 1, 2, 3 and 5 were printed incorrectly. A corrected version of the complete article can be viewed online by going to the *Gut* website (<http://gut.bmj.com/content/vol57/issue4>).

doi:10.1136/gut.2007.138875corr1

Forbes A. Crohn's disease or abdominal tuberculosis? (*Gut* 2007;**56**:1757–8).

Gut editorial staff would like to point out that this teaching article is a relaunch of an original article already published (Forbes A. Crohn's or abdominal tuberculosis? *Gut* 2005;**54**:1156) with minor modifications to fit with the new style of the series of Tutorials. We apologise for any misunderstanding this has caused because it is not our policy to duplicate publications.