

correlation was found between the number of cigarettes and the blood hydroxychloroquine concentrations ($R^2 = 0.09$). Finally, no more differences were observed between smokers and non-smokers when the analyses were restricted to SLE patients.

Our results regarding blood hydroxychloroquine and desethylchloroquine concentrations in 223 treated patients did not show any significant relationship between cigarette smoking and hydroxychloroquine or desethylchloroquine concentrations. This is a strong argument against a direct effect of smoking on hydroxychloroquine metabolism. Another mechanism of interaction (as a modification of the lysosomal accumulation of antimalarial agents) or a direct deleterious effect of smoking on cutaneous lesions seems more likely.

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CORRECTIONS

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The affiliation of Tore Saxne was inadvertently omitted from an article in the October issue (Askling J, Fored CM, Brandt L, *et al*. Time-dependent increase in risk of hospitalisation with infection among Swedish RA patients treated with TNF antagonists. *Ann Rheum Dis* 2007;**66**:1339-44). He is affiliated to the Department of Rheumatology, Lund University, Lund, Sweden.

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The affiliations of Karina de Leeuw, Miek van Leeuwen and Marc Bijl were inadvertently omitted from an article in the October issue (van Rossum AP, Huitema MG, Limburg PC, Stegeman CA, de Leeuw K, van Leeuwen. MA, Bijl M, Kallenberg CGM. Standardised assessment of membrane proteinase 3 expression. Analysis in ANCA-associated vasculitis and controls. *Ann Rheum Dis* 2007;**66**:1350-5). They are all affiliated to the Department of Rheumatology and Clinical Immunology, Groningen University Medical Centre, University of Groningen, The Netherlands.