

They should stimulate debate on the impact of pharmacogenomics on the clinical environment and, conversely, on the effect of clinical factors on the development and implementation of pharmacogenomics.

Other criteria and examples may well emerge in the course of such a discussion, and the clinical validity, utility, and uptake of these strategies may change along with advances in technology or revisions to how health professionals (particularly doctors and pharmacists) are trained. Pharmacogenomics and related genomic advances are clearly placing a unique lens on the multiple actors participating in the development, regulation, and prescription of drugs, as well as the complex interactions within our health systems. Finally, the ethical, legal, social, economic, and regulatory implications of such a framework require further investigation, including considerations of equity, distributive justice, and the particular opportunities and challenges presented by various health systems and their organisation.

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Corrections and clarifications

National screening programme for aortic aneurysm

Our press deadlines got the better of us with this editorial by Roger M Greenhalgh, and we were unable to include the author's two clarifying amendments in time (8 May, pp 1087-8). The first sentence of the third paragraph should start: "However, others say that the data from the MASS (multicentre aneurysm screening study) trial do not fulfil the criteria of the national screening committee." In the sixth paragraph, the reference for the data "about to be published in *Circulation*" is: Brady AR, Thompson SG, Fowkes GR, Greenhalgh RM, Powell JT. Abdominal aortic aneurysm expansion: risk factors and time intervals for surveillance." *Circulation* 2004 (in press).

BMJ Careers supplement

In one of the Career Focus section's articles, "How to pass the MRCGP," by Sabina Dosani and Peter Cross (15 May, p 195), we inadvertently reported the pass rate for the membership examination of the Royal College of General Practitioners (MRCGP) as eight per cent. Somehow, in the editing process, an all important "y" fell off—the pass rate is in fact eighty per cent.

Pathogenesis and treatment of varicoceles

A mix-up over the references at proof stage of this editorial by Jay Sandlow (24 April, pp 967-8) led to some referencing errors. Firstly, in the reference list, reference 12 should be: Dohle GR, Pierik F, Weber RF. Does varicocele repair result in more spontaneous pregnancies? A randomised prospective trial [abstract]. *J Urol* 2003;169:408. (This reference supports the penultimate sentence of the fifth paragraph.) Secondly, the reference list should contain a reference 13 (Schlesinger MH, Willets IF, Nagler HM. Treatment outcome after varicocelelectomy. A critical analysis. *Urol Clin North Am* 1994;21:517-29), and the reference cited at the end of the first sentence of the sixth paragraph should be 13 (not 12).

Interactive case report

A 64 year old woman with knee pain

This case was described on 5 and 12 June (*BMJ* 2004;328:1362-3, 1425). Debate on her management continues on bmj.com (<http://bmj.bmjournals.com/cgi/content/full/328/7452/1362>).

On 5 July we will publish the outcome of the case, together with commentaries on the issues raised by the management and online discussion.