ERRATUM

Erratum to: Clinical utility of routine laboratory testing to identify possible secondary causes in older men with osteoporosis: the osteoporotic fractures in men (MrOS) study

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Owing to an oversight by the authors, the 24-h urine calcium results reported as milligrams urinary calcium per 24 h in this article were actually milligrams urinary calcium per deciliter:

As a result, the statement in the final sentence in the “Results” section of the abstract that “No osteoporotic men had hypercalciuria” was incorrect. The last two sentences of this paragraph should have read “Hypercortisolism, hyperthyroidism, and hypercalciuria were uncommon and not significantly more frequent in men with osteoporosis.” Furthermore, the

statement in the “Results” section of the main text that “The only man with urine calcium >300 mg/24 h did not have osteoporosis” was incorrect. The paragraph containing this sentence should have read “In the smaller sample of men with available 24-h urine measures, neither hypercortisolism defined as UFC >100 mcg/24 h nor hypercalciuria defined as urine calcium >300 mg/24 h was significantly more frequent in men with than in those without osteoporosis (Table 2).” Finally, the results reported for “Hypercalciuria, >300 mg calcium/24 h” under the heading “Primary definitions of laboratory abnormalities” in Table 2 were incorrect; the corrected Table 2 is shown here in full.

The authors apologize for any inconvenience caused.

The online version of the original article can be found at <http://dx.doi.org/10.1007/s00198-015-3356-y>

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Table 2 Relative prevalence of selected laboratory abnormalities in men with and without osteoporosis, PR (95 % CI)

Diagnosis	Osteoporosis, % (n)	No osteoporosis, % (n)	PR (95 % CI)	NNTB (95 % CI)
Primary definitions of laboratory abnormalities				
Cohort with random baseline serum and spot urine (n = 1572)				
25(OH) vitamin D deficiency <20 ng/mL	30.7 (50)	24.7 (348)	1.24 (0.97–1.59)	16.7 (NNTB 7.5 to ∞ to NNTH 68.0)
Kidney disease, eGFRcr <60 mL/min/1.73 m ² or urine ACR ≥30 mg/g	17.1 (25)	17.9 (239)	0.96 (0.66–1.39)	−125.0 (NNTB 17.6 to ∞ to NNTH 13.8)
Hyperthyroidism, TSH <0.55 mIU/L	2.5 (4)	2.8 (39)	0.89 (0.32–2.46)	−333.3 (NNTB 44.7 to ∞ to NNTH 35.2)
Low testosterone, <200 ng/dL	7.6 (12)	6.2 (87)	1.22 (0.68–2.18)	71.4 (NNTB 17.6 to ∞ to NNTH 33.8)
Hyperparathyroidism, PTH >66 pg/mL	6.2 (10)	3.4 (48)	1.81 (0.93–3.50)	35.7 (NNTB 15.2 to ∞ to NNTH 93.7)
Hypercalcemia, Ca >10.4 mg/dL	1.4 (2)	0.6 (8)	2.29 (0.49–10.7)	125.0 (NNTB 37.0 to ∞ to NNTH 86.2)
Hyperphosphatemia, PO ₄ >4.7 mg/dL	0 (0)	0.1 (1)	NC	NC
High alkaline phosphatase >129 IU/L	6.9 (10)	2.3 (30)	3.05 (1.52–6.11)	21.7 (11.4 to 233.4)
Hypercalciuria, spot urine calcium/creatinine ratio ≥0.3	1.2 (2)	0.8 (11)	1.57 (0.35–7.01)	250.0 (NNTB 45.3 to ∞ to NNTH 76.0)
At least one of above laboratory abnormalities ^a	58.3 (81)	56.5 (740)	1.03 (0.89–1.20)	55.6 (NNTB 9.6 to ∞ to NNTH 14.7)
Cohort with 24-h urine (n = 337)				
Hypercortisolism, UFC >100 mg/24 h	2.9 (1)	1.3 (4)	2.16 (0.25–18.8)	66.7 (NNTB 13.9 to ∞ to NNTH 24.2)
Hypercalciuria, >300 mg calcium/24 h	3.2 (1)	5.8 (17)	0.55 (0.08–4.02)	−38.5 (NNTB 23.9 to ∞ to NNTH 10.7)
Alternative definitions of laboratory abnormalities				
Cohort with random baseline serum and spot urine (n = 1572)				
25(OH) vitamin D insufficiency <30 ng/mL	84.1 (137)	74.1 (1043)	1.13 (1.05–1.22)	10.0 (6.2–25.6)
Low testosterone <300 ng/dL	25.3 (40)	26.3 (367)	0.96 (0.73–1.28)	−100.0 (NNTB 16.2 to ∞ to NNTH 12.3)
Hypercalciuria, spot urine calcium/creatinine ratio ≥0.2	5.6 (9)	3.6 (50)	1.55 (0.78–3.10)	50.0 (NNTB 17.7 to ∞ to NNTH 59.4)
Cohort with 24-h urine (n = 337)				
Hypercortisolism, UFC >50 mg/24 h	5.7 (2)	7.3 (22)	0.78 (0.19–3.20)	−62.5 (NNTB 15.0 to ∞ to NNTH 10.2)

There were 122 participants with missing laboratory data for at least one measure, including the following number with missing data for specific laboratory tests: eGFRcr 91, serum calcium 91, serum phosphorus 91, serum alkaline phosphatase 91, testosterone 18, spot urine calcium 13, PTH 4, TSH 2, 25(OH) vitamin D 1, 24-h UFC 9, and 24-h urine calcium 21

PR prevalence ratio, NNTB number needed to test (benefit), NNTH number needed to treat (harm), PTH parathyroid hormone, TSH thyroid-stimulating hormone, eGFRcr estimated creatinine-derived glomerular filtration rate, ACR urinary albumin/creatinine ratio, UFC urine free cortisol, NC not calculable

^a Defined by presence of any of the following: 25(OH) vitamin D <20 ng/mL, kidney disease (eGFRcr <60 or ACR ≥30), TSH <0.55 mIU/L, total testosterone <200 ng/dL, PTH >66 pg/mL, serum calcium >10.4 mg/dL, serum phosphorus >4.7 mg/dL, serum alkaline phosphatase >129 IU/L, or spot urine calcium/creatinine ratio ≥0.3