Letters

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5. Van De Maele K, Bogaerts A, De Schepper J, et al. Adiposity, psychomotor and

In Reply We appreciate the opportunity to respond to the Letter to the Editor by Van De Maele et al about our study.1 We would like to make it clear that we did not mention metabolic and bariatric surgery (MBS) as a solution to fight against childhood obesity and we think that there is no evidence to suggest that. Indeed, we have highlighted a decrease in the rate of macrosomia after MBS; however, we have also reported an increase in the rate of neonates who are small for gestational age. Numerous studies have shown that being small for gestational age is a risk factor for obesity.2

Van De Maele et al also mention that our study has missing information such as nutritional status, smoking habits, racial and socioeconomic background, fertility treatment, changes of body mass index between 2 pregnancies, and gestational weight gain. By performing a self-control analysis, we took into account confounding factors that mostly do not change from one pregnancy to another such as smoking habits and racial and socioeconomic background. Moreover, fertility treatment, changes of body mass index between pregnancies, and gestational weight gain can be considered as intermediate factors in the association between MBS and considered diagnoses. Indeed, changes in these factors before and after MBS can be considered as a consequence of MBS. Therefore, while their description would have been valuable, it would not have influenced the association between MBS and considered diagnoses. The only factors that could not be controlled for were parity and age; that is why we added the falsification analysis, which is a counterfactual approach that allows to control, a posteriori, for age and parity. Regarding preeclampsia, we have found a significant decrease after MBS. This result is in line with previous findings in the literature.3-5 This diagnosis does not appear significant in the falsification study because we chose a stringent significance level at .001.

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Conflict of Interest Disclosures: Dr Rives-Lange reported personal fees from Nestle Health Science during the conduct of the study. Dr Czernichow holds shares of MyGoodLife and Aliffer; is a member of the scientific advisory board of Bariatrek; and reports receiving consulting fees from Freuenis, Eli Lilly, Novo Nordisk, Janssen, Bristol Myers Squibb, Novartis, and Boehringer outside the submitted work. Dr Jannot reported personal fees from Amgen and Cemika outside the submitted work.


CORRECTION

Error in Figures: The Original Investigation titled “Nonoperative vs Operative Management of Uncomplicated Acute Appendicitis: A Systematic Review and Meta-analysis,” published on September 14, 2022, was corrected to present data in Figures 2 and 3 on a raw scale rather than a log scale to more clearly present the results. This article was corrected online.


Omitted Author and Locations Where Trial Was Conducted: In the Original Investigation titled “Effect of Focal vs Extended Irreversible Electroporation for the Ablation of Localized Low- or Intermediate-Risk Prostate Cancer on Early Oncological Control: A Randomized Clinical Trial,” published Online First on February 1, 2023, and in the April issue of JAMA Surgery, an author and the specific centers where the trial was conducted were omitted. The author list now includes Theo M. de Reijke, MD, PhD, and the specific centers and locations have been added to the Methods section. All authors approved these corrections, and the article was corrected online.


Error in Abstract and Results: In the Original Investigation titled “Transfascial Fixation vs No Fixation for Open Retromuscular Ventral Hernia Repairs: A Randomized Clinical Trial,” published online June 21, 2023, there was an error in the Results portion of the Abstract as well as in the Results section of the article body. In both places, the median age of the entire study cohort should have been given as 59 years. This error has been corrected.