

23. **Macinko J**, Almeida C, de Sá PK. A rapid assessment methodology for the evaluation of primary care organization and performance in Brazil. *Health Policy Plan* 2007;**22**:167–77.
24. **Aquino R**, Oliveira NF, Barreto ML. Impact of the family health program in infant mortality in Brazilian municipalities. *Am J Public Health* 2009;**99**:87–93.
25. **Chen H**. *Theory—driven evaluations*. Newbury Park: Sage Publications, 1990.
26. **Sanson-Fisher R**, Bonevski B, Green L, *et al*. Limitations of the randomized controlled trial in evaluating population-based health interventions. *Am J Prev Med* 2007;**33**:155–61. Review.
27. **Habitch J**, Victora C, Vaughan J. Evaluation designs for adequacy, plausibility and probability of public health programme performance and impact. *Int J Epidemiol* 1999;**28**:10–18.

Corrections

Shakira FS, Duarte CS, Sandel MT, *et al*. Social and environmental stressors in the home and childhood asthma. *J Epidemiol Community Health* 2010;**64**:636–42. The first author name should have read Suglia SF.

J Epidemiol Community Health 2010;**64**:1105. doi:10.1136/jech.2008.082842corr1

Evans CEL, Greenwood DC, Thomas JD, *et al*. A cross-sectional survey of children's packed lunches in the UK: food- and nutrient-based results. *J Epidemiol Community Health* 2010;**64**:977–83. The sentence on page 1 should read: On average around half of school pupils in the UK take a packed lunch from home, 10 which are not covered by the new school meal standards. According to Mintel,¹¹ this equates to **840 million** lunches packed for children each year in the UK.

J Epidemiol Community Health 2010;**64**:1105. doi:10.1136/jech.2008.085977corr1

Atherton H, Oakeshott P, Aghaizu A, *et al*. Use of an online questionnaire for follow-up of young female students recruited to a randomised controlled trial of chlamydia screening. *J Epidemiol Community Health* 2010;**64**:580–4. The citation in the following sentence should read: They may also be useful in younger populations. In 2008, 93% of people in the UK aged 16–24 had used the internet within the last 3 months, compared with 63% of people aged 55–64.⁶

J Epidemiol Community Health 2010;**64**:1105. doi:10.1136/jech.2009.098830corr1

Ashton JR. Jeremiah (Jerry) Noah Morris CBE, 1910–2009 'Draft 7'. *J Epidemiol Community Health* 2010;**64**:304–6. The comment 'Draft 7' at the end of the title should have been removed.

J Epidemiol Community Health 2010;**64**:1105. doi:10.1136/jech.2009.104349corr1

Chamberlain C, Romundstad P, Vatten L, *et al*. The association of weight gain during adulthood with prostate cancer incidence and survival: the Nord-Trøndelag Health Study-2 cohort, Norway. *J Epidemiol Community Health* 2010;**64**(Supp 1):A37. The abstract should read as the following:

Obese men appear to have an increased risk of being diagnosed with advanced prostate cancer and of dying from the disease. Few studies have examined the impact of weight gain during adulthood on prostate cancer risk and mortality and these have reported conflicting results. We analysed data from 20 991 Norwegian men who participated in two phases of the Nord-Trøndelag Health Study in 1984/6 (HUNT-1, when aged at least 20 years) and 1995/7 (HUNT-2). Weight and height were measured at both HUNT-1 and HUNT-2, allowing each man's change in weight and body mass index to be computed. During a median of 9.3 years of follow-up after the end of HUNT-2649 (3%) men developed prostate cancer. We observed no increase in prostate cancer incidence amongst men who put on weight between HUNT-1 and HUNT-2. In multivariable models, including adjustment for weight at HUNT-2, the HR for prostate cancer per one standard deviation, SD (6.2 kg) gain in weight was 0.98 (95% CI 0.87 to 1.10, p-trend=0.70) and per one SD gain in body mass index (1.9 kg/m²) was 0.99 (95% CI 0.90 to 1.10, p-trend=0.88). Among men diagnosed with prostate cancer (any stage), there was no evidence that gain in weight prior to diagnosis was positively associated with subsequent all-cause mortality (HR per one SD increase in weight=0.98; 95% CI 0.81 to 1.19, p-trend=0.86). We conclude that weight gain in adulthood had no effect on prostate cancer incidence or survival in this population.

J Epidemiol Community Health 2010;**64**:1105. doi:10.1136/jech.2010.120477.9corr1