Author Correction: Optimal dietary patterns for prevention of chronic disease

Correction to: *Nature Medicine* https://doi.org/10.1038/s41591-023-02235-5, published online 13 March 2023.

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Check for updates

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In the initially published version of this article, we inadvertently used incident fatal cancer rather than incident total cancer for women due to a programming error. We have conducted a re-analysis using the complete cancer cases. The study population now includes 205,776 healthcare professionals (not 205,852 as stated previously) including 162,591 women (not 162,667) and 43,185 men (unchanged). The "Population characteristics" section of the Results now reports 58,309 events of major chronic disease (previously stated as 44,975), 12,958 major cardiovascular diseases (previously 12,962), 18,606 cases of diabetes (previously 18,615), and 33,530 total cancers (previously 17,909). The numbers in the abstract and the "Population characteristics" section of the Results have been amended.

As in the published analysis, the inverse associations between the dietary patterns and major chronic disease (the primary composite endpoint) remain statistically significant ($P < 0.0001$), though the estimates are marginally lower. The ranking of dietary patterns regarding their health benefits remains identical. For example, the range of hazard ratios comparing the 90th with the 10th percentile of dietary pattern scores (not including the WCRF/AICR dietary score) for risk of major chronic disease as presented in Table 2 and Figure 2 has changed from 0.58–0.80 to 0.68–0.84. The results for secondary outcomes such as cardiovascular diseases and diabetes do not change. The estimates of dietary patterns with cancer attenuate slightly but remain statistically significant except for AHEI-2010, while the previously null association for the WCRF/AICR and total cancer changed from null (HR = 1.01, 95% CI = 0.97–1.05) to marginally inverse (HR = 0.97, 95% CI = 0.94–1.00). The description of numerical values in the Results and the corresponding tables (Tables 1 and 2, Extended Data Tables 1–6 and Supplementary Tables 2–4) and figures (Figs. 2–4 and Extended Data Figs. 1–4) have been amended.

In summary, the overall results for chronic diseases change marginally and the conclusions in our paper do not change. We regret the error and have made updates in the HTML and PDF versions of the full text, figures and tables.

See the Supplementary Information for a list of changes and an uncorrected, original version of the article for reference.

Additional information

Supplementary information The online version contains supplementary material available at https://doi.org/10.1038/s41591-024-02889-9.