CORRECTIONS

Incorrect Data in Tables and Figures: In the Original Contribution entitled “Early and Sustained Dual Oral Antiplatelet Therapy Following Percutaneous Coronary Intervention” published in the November 20, 2002, issue of The Journal (2002;288:2411-2420), there were incorrect numbers in several tables and figures. In Table 1 on page 2414, the data for statin use should have read 563 (53.5%) for clopidogrel and 609 (57.3%) for placebo, with a P value of .08. In the top half (1-year data) of Table 3 on page 2417, numbers of clopidogrel patients for CABG and non-CABG bleeding should have read 63 and 18, respectively. In the bottom half (28-day data) of Table 3, data for any major bleeding should have read 50 (4.7%) for clopidogrel and 38 (3.6%) for placebo, with a P value of .19. Data for nonprocedural major bleeding should have read 3 (0.3%) for placebo, with a P value of .62. Data for procedural major bleeding should have read 49 (4.7%) for clopidogrel and 35 (3.3%) for placebo, with a P value of .11. Data for any minor bleeding should have read 33 (3.1%) for clopidogrel and 24 (2.3%) for placebo, with a P value of .23. Data for procedural minor bleeding should have read 30 (2.9%) for clopidogrel and 23 (2.2%) for placebo, with a P value of .33.

In Table 4 on page 2418, for the outcomes of death or MI, clopidogrel data should have been 86 (8.0%). For the outcome of MI, clopidogrel data should have read 70 (6.6%), placebo should have read 90 (8.5%), and the RRR (95% CI) should have been 21.7 (~7.1 to 42.7). For stroke, placebo should have read 12 (1.1%) and the RRR (95% CI) should have been 25.0 (~7.9 to 68.4). Under “revascularization,” any TVR data should have read 139 (13.2%) for clopidogrel, 144 (13.5%) for placebo, and the RRR (95% CI) should have been 3.2 (~22.2 to 23.3). Data for any revascularization should have read 225 (21.4%) for clopidogrel and the RRR (95% CI) should have been 3.2 (~22.2 to 23.3). Data for procedural major bleeding should have read 49 (4.7%) for clopidogrel and 38 (3.6%) for placebo, with a P value of .19.

In Figure 3, panel B, the number of patients for ACS “yes” should have been 583 and the RRR (95% CI) should have been 34.6 (63.4 to −16.9). In Figure 5, the number of patients for ACS “yes” should have been 1408 and the RRR (95% CI) should have been 27.5 (47.8 to −0.6).

None of these corrections substantively affects the results or conclusions of the article.

Incorrect Wording: In The Patient-Physician Relationship article entitled “Health-Related Quality of Life Assessments and Patient-Physician Communication: A Randomized Controlled Trial” published in the December 18, 2002, issue of The Journal (2002;288:3027-3034), there was incorrect wording and data in a table. The title of Table 2 that read “Patients’ Health-Related Quality of Life (HRQL) at Fourth-Visit Consultations” should read “Fourth-Visit Consultations Discussing Health-Related Quality of Life (HRQL).” Also in Table 2 in the “Physical” type of functioning row under the “Intervention” column that read “76 (73)” should have read “29 (28)” and the “Role” type of function row under the “Intervention” column that read “28 (27)” should have read “68 (66).” The differences between the control and intervention groups for those domains remain statistically nonsignificant.

Incorrect Link: In the Instructions for Authors published in the January 1, 2003, issue of The Journal (2003;289:104-110), the link for the STARD flow diagram and checklist was incorrect. On page 108, under “Reports of Diagnostic Tests,” the link should have read http://www.clinchem.org/cgi/content/full/49/1/1. The correct link appears in the Instructions for Authors online at http://www.jama.com.

Author Name Misspelled and Incorrect Affiliations: In the Research Letter entitled “Humming, Nitric Oxide, and Parasinus Sinus Obstruction” published in the January 15, 2003, issue of The Journal (2003;289:302-303), the name of the second author was misspelled. Rather than “Maniscalo,” the name should have been “Maniscalco.” Also, Dr Lundblad is affiliated not with the Department of Surgical Science, but with the Department of Otorhinolaryngology; and Dr Weitzberg is affiliated not with the Department of Otorhinolaryngology, but with the Department of Anesthesiology and Intensive Care.

CME ANNOUNCEMENT
Online CME to Begin in Mid-2003
In mid-2003, online CME will be available for JAMA/Archives journals and will offer many enhancements:

• Article-specific questions
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We apologize for the interruption in CME and hope that you will enjoy the improved online features that will be available in mid-2003.