for prevention. It is not intended to produce the correct or only decision but to facilitate the shared decision-making conversation by providing the tailored estimates of risk and benefit for the individual patient (instead of generalized population estimates). In the process of using the decision-support tool, the clinician and patient engage in a discussion that explores and compares the risk vs benefit information, elicits the patient’s values and preferences, and makes the shared decision.\(^2\)\(^-\)\(^4\) Hence, the final patient-centered decision is made by the patient together with the clinician, based not only on the patient’s risks and benefits, but incorporating the patient’s preferences, values, concerns, and goals of care.

Samia Mora, MD, MHS
JoAnn E. Manson, MD, DrPH

**Author Affiliations:** Department of Medicine, Brigham and Women’s Hospital, Boston, Massachusetts.

**Corresponding Author:** JoAnn E. Manson, MD, DrPH, Brigham and Women’s Hospital, Harvard Medical School, 900 Commonwealth Ave, Third Floor, Boston, MA 02215 (jmanson@rics.bwh.harvard.edu).

**Conflict of Interest Disclosures:** The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Mora reported receipt of research support from Atherotech Diagnostics and the National Heart, Lung, and Blood Institute; serving as a consultant to Amgen, Quest Diagnostics, Lilly, Pfizer, and Cerenis Therapeutics; and having a patent application on the use of an NMR spectroscopy biomarker for predicting risk of colorectal cancer. No other disclosures were reported.


---

**CORRECTION**

**Errors in Equation and Modeling Parameter:** In the Original Investigation entitled “Association Between Gun Law Reforms and Intentional Firearm Deaths in Australia, 1979-2013,” published in the July 19, 2016, issue of *JAMA*,\(^1\) 2 small typographical errors occurred. In the Methods section, in the equation for Model c, the second operator should be a plus sign (not an equals sign). Also in the Methods section, a paragraph describing the models should use the expression \(e^{\beta_2}\) as such: “The 3 models are related because the model is parameterized, \(\beta_{11} = \beta_1 - \beta_0\), and therefore, \(e^{\beta_2}\) estimates the ratio of annual trend...” The article was corrected online.


**Guidelines for Letters**

Letters discussing a recent *JAMA* article should be submitted within 4 weeks of the article’s publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references and may have no more than 3 authors. Letters reporting original research should not exceed 600 words of text and 6 references and may have no more than 7 authors. They may include up to 2 tables or figures but online supplementary material is not allowed. All letters should include a word count. Letters must not duplicate other material published or submitted for publication. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the *JAMA* article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing. Further instructions can be found at [http://jama.com/public/InstructionsForAuthors.aspx](http://jama.com/public/InstructionsForAuthors.aspx). A signed statement for authorship criteria and responsibility, financial disclosure, copyright transfer, and acknowledgment and the ICMJE Form for Disclosure of Potential Conflicts of Interest are required before publication. Letters should be submitted via the *JAMA* online submission and review system at [http://manuscripts.jama.com](http://manuscripts.jama.com). For technical assistance, please contact jama-letters@jamanetwork.org.

**Section Editor:** Jody W. Zylke, MD, Deputy Editor.