only resulted in a modest increase in the rate of abdominal hysterectomy and no statistically significant increase in major complication rates. Despite surgeon proficiency, a percentage of women undergoing hysterectomy will always require laparotomy, and some patients are better served by undergoing abdominal hysterectomy. Efforts should continue to promote minimally invasive surgery when feasible and to improve the safety of all modalities of hysterectomy.

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1. Wright JD, Ananth CV, Lewin SN, et al. Robotic hysterectomy and lower percentage of women undergoing hysterectomy will always require laparotomy, and some patients are better served by undergoing abdominal hysterectomy. Efforts should continue to promote minimally invasive surgery when feasible and to improve the safety of all modalities of hysterectomy.


To the Editor The JAMA Clinical Evidence Synopsis “Oral Zinc for the Common Cold,” published in the April 9, 2014, issue of JAMA, was based on a Cochrane review published June 18, 2013.2 Because this version of the review was withdrawn from the Cochrane Database of Systematic Reviews in September 2016,3 we request that the JAMA Clinical Evidence Synopsis article be retracted.

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CORRECTION

Incorrect data: In the Reply Letter titled “Face Mask vs Helmet for Noninvasive Ventilation” published in the October 11, 2016, issue of JAMA, the respiration rate for patients with acute respiratory distress in the helmet group should have been reported as “25/min.” This article was corrected online.


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