In Reply Dr Karp raises concerns about the way we explained several statistical concepts to a wide audience of practicing clinicians.

With respect to the author’s first 5 points, he is technically correct. We would argue, however, that our presentation is very close to accurate technically, understandable to clinicians, and will not result in misleading inferences. Experience with other Users’ Guides in which we have used similar approaches—ie, pragmatic explanations that capture the essence of the concept but that may not be technically pristine—gives us considerable confidence in this inference.

With respect to the author’s final point, although we agree that any guideline panel ideally includes a methodologist (although not necessarily a statistician), clinical decisions also require clinical insight and expertise. Clinicians with the right training (eg, exposure to the relevant Users’ Guides) can grasp the essence of the message emerging from statistical presentations of evidence—such as the various types of adjusted analysis to deal with prognostic imbalance—and incorporate their understanding of results into astute judgments regarding appropriate management of patient care.

Thomas Agoritsas, MD, PhD
Arnaud Merglen, MD, MSc
Gordon H. Guyatt, MD, MSc

Author Affiliations: Division of General Internal Medicine, University Hospitals of Geneva, Geneva, Switzerland (Agoritsas); Division of General Pediatrics, University Hospitals of Geneva, Geneva, Switzerland (Merglen); Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada (Guyatt).

Corresponding Author: Thomas Agoritsas, MD, PhD, Divisions of Clinical Epidemiology and General Internal Medicine, Department Internal Medicine, Rehabilitation, and Geriatrics, University Hospitals of Geneva, Rue Gabrielle-Perret-Gentil 4, 1211 Genève 14, Switzerland (thomas.agoritsas@unige.ch).

Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.


CORRECTION
Error in 2 Figures: In the Original Investigation entitled “Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain: Systematic Review and Meta-analysis,”1 published in the April 4, 2017, issue of JAMA, there were errors in 2 Figures. In Figure 2, the quality score for Hancock et al should be 9 instead of 8 and Blomberg et al should be 6 instead of 7. In Figure 3, the quality score for Hancock et al should be 9 instead of 8. This article was corrected online.


Incorrect Data in Abstract, Text, and Figure: In the US Preventive Services Task Force Recommendation Statement entitled “Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement,”1 published in the June 21, 2016, issue of JAMA, there were data errors in the abstract, text, and a figure. The median age at death from colorectal cancer should have been reported as 73, rather than 68, years in the “Importance” section of the abstract and in the first paragraph of the “Rationale” section in the text. In Figure 3, panel C, column labeled “Middle,” the value reported in the “Flexible sigmoidoscopy every 10 y” row should have been 12, rather than 11. This article was corrected online. This article was also corrected in August 2016 for an incorrect test name.2


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