This uncertainty highlights the need for more standardized research protocols using a clearer AMS definition and a more detailed reporting of important confounding factors of AMS.

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CORRECTION

Author Names Omitted: In the article entitled “Effect of Haloperidol on Survival Among Critically Ill Adults With a High Risk of Delirium: The REDUCE Randomized Clinical Trial” published in the February 20, 2018, issue of JAMA, several authors’ names, affiliations, and contributions were omitted. This article was corrected online.


Incorrect Age Range: In the Editorial entitled “Screening for Prostate Cancer: Is the Third Trial the Charm?” published in the March 6, 2018, issue of JAMA, an incorrect age range was reported twice. In the first paragraph, the third sentence should be “In this cluster randomized trial, 573 primary care practices in the United Kingdom offered men aged 50 to 69 years a single PSA screening test or usual care.” In the fifth paragraph, the second sentence should be “Based on the CAP results, an offer of a single PSA screen in a population of men aged 50 to 69 years is ineffective, and given the higher risk of a prostate cancer diagnosis this approach engenders, likely does more harm than good.” This article was corrected online.

Incorrect Data Reported: In the Viewpoint entitled “Hip and Knee Replacements: A Neglected Potential Savings Opportunity,” published in the March 13, 2018, issue of JAMA, incorrect data were reported. The sentence in the second paragraph should read as follows: “In 2017, the Organisation for Economic Cooperation and Development reported that hip replacements in the United States increased 22% (from 167 to 204 per 100,000) and knee replacements increased 22% (from 185 to 226 per 100,000),” This article was corrected online.


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