In addition, it has been demonstrated that any type of surgery significantly increases DVT risk. This risk increases quickly on the day of surgery and remains elevated for the next few weeks into the postoperative period. The relative risk of DVT within 6 weeks of day surgery is approximately 10 times higher than in patients without surgery. Therefore further information is needed on the confounding factors of not only venous but also any day surgical procedures that the patient cohort may have had that may account for the high incidence of DVT in patients with varicose veins.

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In Reply We agree with Dr Tiwari and colleagues that surgical procedures for treating varicose veins may be associated with an increased risk of DVT. We performed additional analyses to assess the effect of treatment procedures on our findings. We excluded patients receiving surgery or procedures for varicose veins. Among 212,984 patients with varicose veins, 167,697 patients who did not receive surgery or procedures were included in the new analyses. The adjusted hazard ratios (HRs) for DVT slightly decreased from 5.30 (95% CI, 5.05-5.56) in our previous analysis to 4.49 (95% CI, 4.33-4.65) in the new analysis. The HRs for pulmonary embolism and peripheral artery disease were also similar between our previous and new analyses (pulmonary embolism HR, 1.73 [95% CI, 1.54-1.94] in the original analysis and 1.73 [95% CI, 1.57-1.91] in the new analysis; peripheral artery disease HR, 1.72 [95% CI, 1.68-1.77] in the original analysis and 1.71 [95% CI, 1.67-1.75] in the new analysis). Similar to our previous observation, the HR decreased to 3.43 (95% CI, 3.29-3.58) in the new analysis restricting the follow-up duration to at least 1 year, suggesting that treatment procedures for varicose veins are unlikely to explain the greater HRs within the first year after diagnosis. This observation was consistent with that of a study from the United Kingdom, in which the authors suggested that although the incidence of DVT increased up to 1 year after receiving varicose vein procedures, many of the DVTs that developed after 30 days were more likely to indicate a predisposition of patients with varicose veins to the formation of DVT. Data on day surgeries were not available.

Our analysis showed that the effect of the treatment procedures on the association between varicose veins and risk of DVT was not substantial. Further studies would be helpful to clarify this issue.

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CORRECTION

Incorrect Data: In the article entitled “Effect of Radiosurgery Alone vs Radiosurgery With Whole Brain Radiation Therapy on Cognitive Function in Patients With 1 to 3 Brain Metastases: A Randomized Clinical Trial” published in the July 26, 2016, issue of JAMA, 1 duplicate patient data reported in eTable 4 in Supplement 2 led to incorrect data being reported in the Results sections of the abstract and the text. eTable 4 has been corrected. Data in the abstract on overall quality of life should have read “mean change from baseline, −13 vs −10.9 points; mean difference, 9.6; 95% CI, 3.6-15.6 points; P = .002.” Data on page 404 under the heading “QOL and Functional Independence” should have read “There were 71 and 53 patients in the SRS and SRS plus WBRT groups, respectively, for whom QOL data were available from baseline and from at least 1 subsequent evaluation. There was better QOL at 3 months with SRS alone, including overall QOL (mean change from baseline, −1.3 vs −10.9 points; mean difference, 9.6 points; 95% CI, 3.6-15.6 points; P = .003) and functional well-being (mean change from baseline, 0.4 vs −21.9 points; mean difference, 21.5 points; 95% CI, 4.6-38.4; P = .03).” This article was corrected online.


Error in Table 1: In the Research Letter entitled “Prevalence of Missed Opportunities for HIV Testing Among Persons Unaware of Their Infection” published in the June 26, 2018, issue of JAMA, 1 the number of black men who have sex with men in column 1 of Table 1 shows 25-468, but it should be 2548. Also, the following was added to footnote a: “Numbers in subcategories may not sum to total sample due to missing data.” This article was corrected online.