

in recent years and overestimated the declining trends in adults trying to lose weight from 1988 to 2014. In the original analysis, we found significant trends over time for the total population, white men, and white and black women. With the skip pattern incorporated, the trends for white and black women remained statistically significant; however, the trend for all adults combined was inconclusive, and the trend for white men was no longer statistically significant.

In the original analysis, for the total population, the weighted percentage among adults with overweight or obesity who reported trying to lose weight was 55.65% (95% CI, 53.61%-57.69%) in 1988-1994, 47.09% (95% CI, 44.90%-49.28%) in 1999-2004, and 49.17% (95% CI, 47.49%-50.85%) in 2009-2014. Compared with 1988-1994, the adjusted percentage ratios were 0.88 (95% CI, 0.83-0.94) for 1999-2004 and 0.83 (95% CI, 0.75-0.91) for 2009-2014 (P for trend < .001). In the revised analysis, the percentage in 1999-2004 was 54.71% (95% CI, 52.67%-56.75%) and in 2009-2014 was 57.85% (95% CI, 56.51%-59.19%), with an adjusted percentage ratio of 0.94 (95% CI, 0.89-1.00) for 1999-2004 and 0.91 (95% CI, 0.84-1.00) for 2009-2014 compared with 1988-1994 (P for trend = .046).

In the original analysis, for white men, the percentage trying to lose weight among those who were overweight or obese was 45.98% (95% CI, 42.65%-49.31%) in 1988-1994 vs 39.39% (95% CI, 36.38%-42.39%) in 2009-2014, with an adjusted percentage ratio of 0.79 (95% CI, 0.63-0.98; P for trend = .04). In the revised analysis, the percentage of trying to lose weight among white men was 49.96% (95% CI, 47.40%-52.51%) in 2009-2014, with an adjusted percentage ratio of 0.95 (95% CI, 0.77-1.18; P for trend = .67).

Thus, the conclusion of the study has changed to: "This study found inconclusive results for trends in the percentage of overweight or obese adults who reported trying to lose weight between 1988 and 2014, although the trends were statistically significant for white and black women."

We apologize to the readers and editors of *JAMA* and thank the reader for noticing the errors. The original article has been retracted and replaced with a corrected version to take into account the skip pattern, and additional changes were also made to clarify some aspects of the analysis. Online supplements with the original version of the article with the incorrect information highlighted and a version of the replacement article with the corrections highlighted are available.

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Conflict of Interest Disclosures: None reported.

1. Snook KR, Hansen AR, Duke CH, Finch KC, Hackney AA, Zhang J. Change in percentages of adults with overweight or obesity trying to lose weight, 1988-2014. *JAMA*. 2017;317(9):971-973. doi:10.1001/jama.2016.20036

CORRECTION

Errors in Figure: In the Review article entitled "Venous Thromboembolism: Advances in Diagnosis and Treatment," published in the October 16, 2018, issue of *JAMA*,¹ errors were published in Figure 3. The box that reads "Indefinite anticoagulant therapy" should have included the footnote "a"; the box that reads "3 mo of anticoagulant therapy" should not have included the footnote "d"; and the box that reads "6 mo of anticoagulant therapy or as long as cancer is active" should have included the footnote "d" instead of "e." In the figure caption, the published footnote "b" should not have appeared. Footnote "c" should have been "d" and the footnote should have read "Edoxaban, rivaroxaban, or low-molecular-weight heparin." Footnote "d" should have been "b" and the footnote should have read "Recurrence risk according to the HERDOO2 rule." Finally, footnote "e" should have been "c." This article was corrected online.

1. Tritschler T, Kraaijpoel N, Le Gal G, Wells PS. Venous thromboembolism: advances in diagnosis and treatment. *JAMA*. 2018;320(15):1583-1594. doi:10.1001/jama.2018.14346

Incorrect Author Affiliation: In the Comment & Response entitled "Premedication for Neonates Requiring Nonemergency Intubation," published in the September 18, 2018, issue of *JAMA*,¹ the affiliation for Agnes Dechartres should have read "Epidemiology and Statistics Sorbonne Paris Cité Research Center, Paris, France." This article was corrected online.

1. Durrmeyer X, Tourneux P, Dechartres A. Premedication for neonates requiring nonemergency intubation. *JAMA*. 2018;320(11):1199-2000. doi:10.1001/jama.2018.10025

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