Conflict of Interest Disclosures: Mr Gondi reported being an uncompensated advisor for 8VC. Dr Song reported receiving a grant from the National Institutes of Health.


CORRECTION

Incorrect Description of Drug Act: In the Viewpoint entitled “The Orphan Drug Act Revisited,” published on the March 5, 2019, issue of JAMA, there was incorrect wording used to describe the Orphan Drug Act. In all instances, “patent protection” and “patent exclusivity” should have read “market exclusivity.” The sentences should have read as follows: “To promote the development of orphan drug therapies, the ODA provided companies that engaged in research for drugs with populations of fewer than 200 000 patients with tax incentives, research studies, and extended market exclusivity”; “These impressive revenues do not consider the substantial financial incentives companies receive in fee waivers and extended market exclusivity”; and “Another possibility would be to enact price regulations for orphan drugs after their extended market exclusivity expires, if no generic competition has arisen.” This article was corrected online.


Clarification of Guideline Recommendations: In the JAMA Clinical Evidence Synopsis entitled “Aspirin Plus Clopidogrel vs Aspirin Alone for Preventing Cardiovascular Events Among Patients at High Risk for Cardiovascular Events,” published in the August 14, 2018, issue of JAMA, a clarification of the guideline recommendations is being made. In the Comparison of Findings With Current Practice Guidelines section, “up to 3 months” should have been “21 days” so the revised sentence is “The use of clopidogrel combined with aspirin is recommended for up to 12 months after an acute coronary syndrome event by the joint guideline from the American College of Cardiology and the American Heart Association” and by guidelines from the European Society of Cardiology and is suggested for 21 days after a minor stroke by the joint guideline from the American Heart Association and the American Stroke Association.6 This article was corrected online.


Revised Dietary Intake Estimates for Protein and Fat: In the Preliminary Communication entitled “Effect of a Low Free Sugar Diet vs Usual Diet on Nonalcoholic Fatty Liver Disease in Adolescent Boys: A Randomized Clinical Trial,” published in the January 22, 2019, issue of JAMA, the calories per gram information was inadvertently transposed during the calculation of the estimates for protein and fat. In Tables 1 and 2, the rows for protein and fat have been updated. There were no changes to the key findings or to the conclusions of this study. This article was corrected online.


Guidelines for Letters

Letters discussing a recent JAMA article should be submitted within 4 weeks of the article’s publication in print. Letters received after 4 weeks will rarely be considered. Letters should not exceed 400 words of text and 5 references and may have no more than 3 authors. Letters reporting original research should not exceed 600 words of text and 6 references and may have no more than 7 authors. They may include up to 2 tables or figures but online supplementary material is not allowed. All letters should include a word count. Letters must not duplicate other material published or submitted for publication. Letters not meeting these specifications are generally not considered. Letters being considered for publication ordinarily will be sent to the authors of the JAMA article, who will be given the opportunity to reply. Letters will be published at the discretion of the editors and are subject to abridgement and editing. Further instructions can be found at http://jamanetwork.com/journals/jama/pages/instructions-for-authors. A signed statement for authorship criteria and responsibility, financial disclosure, copyright transfer, and acknowledgment are required before publication. Letters should be submitted via the JAMA online submission and review system at https://manuscripts.jama.com. For technical assistance, please contact jama-letters@jamanetwork.org.

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