Data used in the other meta-analyses in the review were reviewed and indicated only minor rounding differences that had no effect on pooled estimates for statins vs placebo and all-cause mortality (RR, 0.86 [95% CI, 0.80-0.93]; absolute risk difference [ARD], 0.40%), fatal plus nonfatal myocardial infarction (RR, 0.64 [95% CI, 0.57-0.71]; ARD, 0.81%), fatal plus nonfatal stroke (RR, 0.71 [95% CI, 0.62-0.82]; ARD, 0.38%), and composite cardiovascular outcomes (RR, 0.70 [95% CI, 0.63-0.78]; ARD, -1.39%).

We sincerely regret the error.

Roger Chou, MD

Author Affiliation: Pacific Northwest Evidence-based Practice Center, Oregon Health & Science University, Portland.

Conflict of Interest Disclosures: Dr Chou, MD, Pacific Northwest Evidence-based Practice Center, Oregon Health & Science University, 3181 SW Sam Jackson Park Rd, Mail Code: BICC, Portland, OR 97239 (chour@ohsu.edu).

Conflict of Interest Disclosures: None reported.


CORRECTION

Incorrect Data in Text: In the US Preventive Services Task Force (USPSTF) Recommendation Statement entitled "Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: US Preventive Services Task Force Recommendation Statement" published in the November 15, 2016, issue of JAMA, incorrect data were reported in the text. In the first paragraph of the "Statin Use in Adults Aged 40 to 75 Years" subsection and in the third paragraph of the "Benefits of Statin Use" subsection, the text "RR, 0.69 [95% CI, 0.54-0.88]" should have read "RR, 0.82 [95% CI, 0.71-0.94]." The certainty, magnitude of net benefit, and grades of the USPSTF recommendation remain the same. This article was corrected online.


Incorrect Data in Text, Table, Figure, and Supplement: In the US Preventive Services Task Force Evidence Report entitled "Statins for Prevention of Cardiovascular Disease in Adults: Evidence Report and Systematic Review for the US Preventive Services Task Force" published in the November 15, 2016, issue of JAMA, incorrect data were reported. In the abstract Results, the data reported for cardiovascular mortality should have read "RR, 0.82 [95% CI, 0.71 to 0.94]." F = 0%; ARD, -0.20% [95% CI, -0.35% to -0.05%]; I² = 11%." In the second paragraph of the "Benefits of Statin Treatment" subsection in the text, the data reported for cardiovascular mortality should have read "RR, 0.82 [95% CI, 0.71 to 0.94]." F = 0%; ARD, -0.20% [95% CI, -0.35% to -0.05%]; I² = 11%; 2 paragraphs later, the sentence "For cardiovascular mortality, statistical heterogeneity was present (I² = 54%), but the estimate was similar using the profile likelihood method (RR, 0.71 [95% CI, 0.55 to 0.88])" should have been deleted, and the 2 paragraphs later should have