Mahé and colleagues correctly point out that recent data suggest that these diagnostic thresholds require further consideration. The studies quoted by the authors describe the mismatch between the 2 recommended criteria for an abnormal postexercise ABI and the low sensitivity of postexercise ankle systolic pressure decrease of more than 30 mm Hg for diagnosing PAD. A postexercise ABI decrease of more than 20%, 1 of the 2 criteria recommended in the 2012 American Heart Association scientific statement, had a reasonable sensitivity and specificity for diagnosing PAD in a recent study. Also, Mahé and colleagues discuss data pertaining to the potential role of using a postexercise ABI less than 0.90, postexercise ankle systolic pressure decrease threshold of 20 mm Hg, and exercise TcPO2 as alternative measures for establishing the diagnosis of PAD. We believe that these findings highlight the need for integrating evolving data into physiological and postexercise testing recommendations of future PAD clinical practice guidelines.

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CORRECTION

Incorrect Data in Table and in Results Section: In the Research Letter entitled “Incidence of Malformations After Early Pregnancy Exposure to Modafinil in Sweden and Norway,” published in the September 1, 2020, issue of JAMA, there were incorrect data in the Table and in the Results section. In the Table, third row from the bottom, “Psychoanaleptics (ATC code N06)” the data should be “41 (30.9)” in the “Exposed to modafinil” column. In the last row, same column, the data should be “3 (2.3).” In the Results section, second paragraph, second sentence, the last part of the sentence should be “resulting in a prevalence rate of 2.3% and a crude risk ratio of 1.06 (95% CI, 0.35-3.25).” The next sentence should end with “(risk ratio, 0.63; 95% CI, 0.09-4.40).” This article was corrected online.


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