CORRECTION

Erroneous Terminology in Review: In the Review article titled “Cardiogenic Shock After Acute Myocardial Infarction: A Review,” published in the November 9, 2021, issue of JAMA, an abbreviation was erroneously expanded. The term “percutaneous medical circulatory support” throughout the “Management” section and in the “Limitations” paragraph should be “percutaneous mechanical circulatory support.” In addition, the directionality in a sentence regarding survival rates was reversed. In the fourth paragraph of the “Percutaneous Medical Circulatory Support Devices” section, the sentence “The survival rates in both studies were lower than rates reported in previously conducted RCTs and registries” was corrected to “The survival rates in both studies were improved compared with rates reported in previously conducted RCTs and registries.” This article has been corrected online.


Incorrect Wording in 2 Places: In the Original Investigation titled “Effect of 12 mg vs 6 mg of Dexamethasone on the Number of Days Alive Without Life Support in Adults With COVID-19 and Severe Hypoxemia: The COVID STEROID 2 Randomized Trial,” published in the November 9, 2021, issue of JAMA, the word “reduce” should have been “increase” in 2 places. In the “Meaning” section of the Key Points and in the “Conclusion” section of the Visual Abstract, the sentence should have been “Compared with 6 mg of dexamethasone, 12 mg of dexamethasone did not statistically significantly increase the number of days alive without life support at 28 days.” This article was corrected online.


Guidelines for Letters

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