this study and received on-site training about the study implementation. We appointed physicians as the local investigators, which contributed to their commitment to this study. Our strategies of using advance consent and physicians as local investigators to prevent gatekeeping helped decrease the typical difficulty of enrolling patients near the end of life in a clinical trial.1-3

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Conflict of Interest Disclosures: Dr van Esch reported receiving research grants from Laurens Zorg in Balans during the conduct of the study. Dr van Zuylen reported receiving research grants from the Netherlands Organization for Health Research and Development (ZonMw). Dr van der Rijt reported receiving research grants from the ZonMw and Stichting Voorzieningenfonds Calando and serving as a consultant to Kyowa Kirin and Ipsen Pharmaceutica BV.


CORRECTION

Incorrect Surname for Author: In the Original Investigation titled “Association Between Preserved Ratio Impaired Spirometry and Clinical Outcomes in US Adults,”1 published in the December 14, 2021, issue of JAMA, the name of one of the authors was incorrect. The correct name should be Ana (first name) Navas-Acien (surname) and should be shown as Ana Navas-Acien, MD, PhD. This article was corrected online.


Incorrect Surname for Author: Ana Navas-Acien, MD, PhD. This article was corrected online.


Incorrect Spelling of Author’s Last Name: In the Letter to the Editor titled “A Review of Chronic Pelvic Pain in Women,”1 published in the December 7, 2021, issue of JAMA, the second author’s last name was misspelled. In the byline, “Apurva Shrigirwar, MD,” should have been “Apurva Shrigiriwar, MD.” This article was corrected online.


Incorrect Equivalent Dose and P Values in Figure 3: 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,”1 published in the November 9, 2021, issue of JAMA, there was an incorrect equivalent dose listed and incorrect P values in Figure 3. In the second paragraph of the article, the last sentence should have been “Pharmacodynamic studies suggest dose-dependent activation of the corticosteroid receptor with increasing doses up to 60 mg of prednisone (equivalent to 9 mg of dexamethasone).”2 In Figure 3, a coding error was recently detected revealing that the majority of P values were incorrect. In the last column of Figure 3, the P values should have been .32 instead of .57; .76 instead of .83; .31 instead of .53; .36 instead of .44; 13 instead of .59; and .25 instead of .64. This article was corrected online.


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