CORRECTION

Incorrect Author Name and Affiliation: In the Letter to the Editor titled "Association of Tramadol vs Codeine Prescription Dispensation With Mortality and Other Adverse Outcomes," published in the February 1, 2022, issue of JAMA, an author name and the affiliation for a coauthor were incorrect. In the byline, “Shu Hsin YI” should have read “Hsin-Yi Shu,” and in the author affiliations, “YI” should have read “Shu.” The affiliation for Dr Wei, reported as “Chung Shan Medical University,” should have read “Chung Shan Medical University Hospital.” This article was corrected online.


Incorrect Placement of Boxes in Figure 1: In the Original Investigation titled "Effect of Anticoagulant Therapy for 6 Weeks vs 3 Months on Recurrence and Bleeding Events in Patients Younger Than 21 Years of Age With Provoked Venous Thromboembolism: The Kids-DOTT Randomized Clinical Trial," published in the January 11, 2022, issue of JAMA, there was incorrect placement of 2 boxes in the flow diagram. In Figure 1, underneath the randomization oval, the second row of boxes, which contains information about the follow-up visits, was inadvertently flipped and should have appeared on the opposite sides of the diagram. In addition, “178 Completed follow-up visit at 6 mo, 1 y, or 2 y” should have been “176 Completed follow-up visit at 6 mo, 1 y, or 2 y.” This article was corrected online.


Incorrect Values in Tables: In the Original Investigation titled "Effect of Regional vs General Anesthesia on Incidence of Postoperative Delirium in Older Patients Undergoing Hip Fracture Surgery: The RAGA Randomized Trial," published in the January 4, 2022, issue of JAMA, some numeric values were incorrect in Table 2 (the risk difference values originally reported as 0 should have included the 95% CI, 0 to 0; and for the blood transfusion row, the unadjusted risk difference should have been −0.2 [95% CI, −4.3 to 5.2], the adjusted risk difference for center should have been −0.1 [95% CI, −5.3 to 4.1], and the risk difference for age, preoperative delirium, preexisting dementia, and center should have been −0.1 [95% CI, −4.9 to 5.2]). Table 3 (the risk difference values originally reported as 0 should have included the 95% CI, 0 to 0), and in eTable 4 in online Supplement 3 (no unadjusted relative risk values should have been reported for the categories of DRS-r-98 severity score, worst pain score VAS within 7 days, or length of hospital stay). The article and supplement have been 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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