The area under the cumulative incidence curve for CV-related mortality from baseline up to 48 months represents the restricted mean lost time (RMTL) due to CV mortality for the placebo group (shaded area, 342.3 days) (A) and for the bucindolol group (shaded area, 59.5 days) (D). The area under the cumulative incidence curve for non-CV-related mortality represents the RMTL due to non-CV mortality for the placebo group (shaded area, 52.0 days) (C) and for the bucindolol group (shaded area, 59.5 days) (D).

Discussion | The hazard itself is not easy to interpret heuristically. Without knowing the hazard function from the control group, an HR may not meaningfully summarize treatment effects for clinical decision-making. While the RMTL difference or ratio is model-free, a caveat is that the time window to define RMTL should be prespecified at the design stage based on clinical considerations. At the end of the study, one may select other times within the study duration for a sensitivity analysis.

In the presence of competing risks, quantifying treatment effects is more complex. If the treatment is effective in preventing CV deaths, one may observe an increasing risk of non-CV death at a later stage because death is unavoidable. Therefore, the comparison results should be presented simultaneously for all competing events and interpreted cautiously. The generalization of the proposal, including nonfatal competing events, is straightforward.

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CORRECTION

Omission in Correspondence Address: In the Original Investigation titled “Systolic Blood Pressure and Outcomes in Patients With Heart Failure With Preserved Ejection Fraction,” published online February 14, 2018, there was an omission in the correspondence address. The address should have been listed as follows: “Ali Ahmed, MD, MPH, Center for Health and Aging, Veterans Affairs Medical Center, 50 Irving St NW, Ste 10290, Washington, DC 20422 (ali.ahmed@va.gov).” This article was corrected online.