corogenic analysis based on the primary cardiovascular outcome for the original dalcetrapib trial.

Pfeffer et al cite findings from a small study assessing changes in carotid intima-medial thickness (CIMT) as evidence supporting an association of the AAA genotype with cardiovascular benefit, but the ADCY9 SNP rs1967309 in the CIMT study and did not show a significant association. A nominal association was reported for another SNP in the ADCY9 gene. Statistically, this is not considered a true replication. We consider the CIMT analysis weak evidence, because CIMT studies have largely been abandoned following several notable failures of such trials to predict drug benefits.

The authors express concern about the sensitivity analysis in the evacetrapib pharmacogenetic study analyzing outcomes for the 3-component MACE end point. We deliberately emphasized the results for the primary prespecified outcome (5-component MACE end point) in our article. A sensitivity analysis, by definition, is an alternative analysis designed solely to test the robustness of findings. We agree with Pfeffer et al that true replication of this proposed relationship between SNPs and the effect of CETP inhibition is best achieved via a prospective randomized clinical trial studying patients with the AA genotype for rs1967309.

It is well known that genetic associations close to the discovery threshold are more likely to have biased overestimates of the variant’s true association in the sampled population, known as winner’s curse. We hope that our analysis is helpful to the investigators in the Effect of Dalcetrapib vs Placebo on CV Risk in a Genetically Defined Population With a Recent ACS syndrome.

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Published Online: August 8, 2018. doi:10.1001/jamacardio.2018.2382

Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.


CORRECTION

Error in Results and Figures 1, 2, and 3: In the Original Investigation titled “Sudden Death in Patients With Coronary Heart Disease Without Severe Systolic Dysfunction,” published online on May 2, 2018, there were errors in the Results section and in Figures 1, 2, and 3. In the Results section, “A total of 528 patients (93%)” in the cohort underwent either percutaneous or surgical revascularization... should have been “A total of 528 patients (93%).” In Figure 1A, the 4-year cumulative incidence (95% CI) appeared in reverse order. In Figure 2, <59 should have appeared as ≤59. In Figure 3A and B, Age ≤60 y should have appeared as Age <60 y. In Figure 3A, the absolute 4-year incidence arrhythmic death should have been 4.9 instead of 4.8 for LVEF 30%-39%. Also in Figure 3A, “Age ≥69 y” should have been “Age ≥69 y.” This article was corrected online.


Coding Errors in Survey Study: In the article titled “Resuscitation Practices Associated With Survival After In-Hospital Cardiac Arrest: A Nationwide Survey,” published online April 6, 2016, and in the May 2016 issue of JAMA Cardiology, administrative errors occurred that required removing 1 hospital from the sample and replacing data from 2 surveys. All analyses were recalculated after correcting these errors. 1 of 3 initially identified resuscitation practices was no longer significantly associated with higher risk-standardized survival rates, while another variable was found to be significantly associated with higher risk-standardized survival. The overall conclusions remained unchanged. Additionally, 4 rows in Table 1 in the original publication listed incorrect values. The values in the “No. of beds, No. (%)” row and those in the “Academic status of hospital, No. (%)” row were switched. The row labels “Pulseless electrical activity” and “Asystole” were also switched. This article was corrected online.


Error in Methods Section: In the Original Investigation titled “Efficacy of High-Sensitivity Troponin T in Identifying Very-Low-Risk Patients With Possible Acute Coronary Syndrome,” published online December 13, 2017, there was an error in the fifth paragraph of the Methods section, regarding the range of the troponin T assay. The fourth sentence of the fifth paragraph should read “It has a specified range of 6 ng/L to 10 000 ng/L (all platforms) and a limit of quantification (LoQ) of 6 ng/L.” This article was corrected online.