tact Bruch membrane and gain access to the eye. However, AMD is a late-onset disease, and in these older individuals, the Bruch membrane may not be intact. Therefore, we would welcome more substantial, long-term data from randomized trials to support that CETP inhibition does not cause AMD.

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Published Online: June 1, 2022. doi:10.1001/jamacardio.2022.1279

Conflict of Interest Disclosures: Dr B. Nordestgaard has received personal fees from Akcea, Amgen, Amarin, AstraZeneca, Denka, Esperion, Kowa, Novartis, Novo Nordisk, Regeneron, Sanofi, and Silence Therapeutics. Dr Tybjærg-Hansen has received personal fees from Amgen, Akcea, AstraZeneca, Draupnir Bio, Novartis, Regeneron, Sanofi, and Silence Therapeutics. No other disclosures were reported.


CORRECTION

Error in SI Conversion Factor: In the Review titled “Lipoprotein(a) and its Significance in Cardiovascular Disease: A Review,” published on May 18, 2022, there were errors in Table 1 and the Introduction, Evidence Linking Lp(a) to Atherosclerosis, and Modestly Effective Treatments sections. In Table 1, the key findings column of the CCHS row was updated to “Adjusted HR for incident myocardial infarction with Lp(a) levels >120 mg/dL (>95th percentile) vs levels <5 mg/dL (<22nd percentile) were 3.6 (95% CI, 1.7-7.7) in women and 3.7 (95% CI, 1.7-8.0) in men”; 2 values in the population column were updated to 18 978 and 17 553; and the SI conversion factor for lipoprotein(a) was updated to “multiply by 10.” In the text, the same value was updated to 18 978 in the Evidence Linking Lp(a) to Atherosclerosis section, and the SI conversion factor was updated in the Introduction. Additionally, in the Modestly Effective Treatments section, the median Lp(a) level was changed to 37 nmol/L. This article was corrected online.

1. Duarte Lau F, Giugliano RP. Lipoprotein(a) and its significance in cardiovascular disease: a review. JAMA Cardiol. Published online May 18, 2022. doi:10.1001/jamacardio.2022.0987

Error in Figure: The Review titled “Efficacy and Safety Considerations With Dose-Reduced Direct Oral Anticoagulants: A Review,” published online June 1, 2022, was corrected, as some of the logos in the Figure were misplaced. This article was corrected online.