in the case of the 2 guidelines, the number of NAM standards met would not have changed if we listed the denominator as the entire panel. The 2013 guideline on treatment of stage IV lung cancer would still have met zero NAM standards, and the 2016 guideline on antithrombotic treatment for venous thromboembolism would have met one standard.

Despite these concerns, we appreciate the diligence with which CHEST approaches guideline development, and we commend the CHEST Guidelines Oversight Committee for its commitment to minimizing financial conflicts of interest in guidelines. Among the numerous financial conflicts of interest policies we reviewed, we found the CHEST policy to be complete, easy to access, and most in line with NAM standards.

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CORRECTION

Errors in Data Entry and Figures: In the article titled “Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction: A Systematic Review and Meta-Analysis” by Panagioti et al1 published in the October 2018 print issue of JAMA Internal Medicine, there were data-entry errors in the Table, typographical errors in Figure 2, and a reversed description in Figure 4 for favors low and favors high patient satisfaction. The letter to the editor by Dyrbye et al2 and the letter in reply by Panagioti et al3 explain these errors in more detail. This article has been corrected online.