Messerli et al raised concerns about whether individuals were observed for long enough for differential benefit to emerge. We acknowledge that time at risk is a limitation. We note, however, that our sample size was large, with many patients having longer follow-up times; in the primary analysis, one quarter of patients had more than 1.2 years of follow-up, and in the sensitivity analysis one quarter had more than 1.9 years. Another study using similar methods in the same data sets comparing different classes of antihypertensive drugs found differences in cardiovascular outcomes over the short term, suggesting that the negative finding for benefit for chlorthalidone vs hydrochlorothiazide is not solely due to the time of follow-up.

George Hripcsak, MD, MS
Steven Shea, MD
Martijn J. Schuemie, PhD

Author Affiliations: Department of Biomedical Informatics, Columbia University Irving Medical Center, New York, New York (Hripcsak, Shea); Medical Informatics Services, New York-Presbyterian Hospital, New York, New York (Hripcsak); Observational Health Data Sciences and Informatics, New York, New York (Hripcsak, Shea, Schuemie); Department of Medicine, Columbia University, New York, New York (Shea); Epidemiology Analytics, Janssen Research and Development, Titusville, New Jersey (Schuemie).

Corresponding Author: George Hripcsak, MD, MS, Department of Biomedical Informatics, Columbia University Irving Medical Center, 622 W 168th St, PH20, New York, NY 10032 (hripcsak@columbia.edu).

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CORRECTION

Error in Table Data: In the Original Investigation titled “Effect of Internet-Distributed HIV Self-tests on HIV Diagnosis and Behavioral Outcomes in Men Who Have Sex With Men: A Randomized Clinical Trial,” published online November 18, 2019, and in the January 2020 print issue, there was an error in data reported in Table 1. The correct number of participants in the control group who did not have at least 3 HIV tests in the past year is 1122 of 1340 (83.7%). The article has been corrected online.


Error in Author Affiliation: In a recent Letter to the Editor titled “Clinical Uncertainty,” published online June 15, 2020, in JAMA Internal Medicine, the author affiliation for Farzad Shabani was incorrect. The correct affiliation is Queen’s Hospital, Romford, London, United Kingdom. This article has been corrected.