tary—it shows what happens when patients are managed nonoperatively outside of a randomized clinical trial.

Salminen and Grönroos cite the exclusion of indirect societal costs as a reason why our study finds nonoperative management to be more expensive in the long term vs appendectomy. We agree with Salminen and Grönroos that taking a societal perspective is important when evaluating the value of health care. However, given the high cost of health care in the United States, the absolute value of health care costs is important in their own right. In the APPAC trial, costs for the appendectomy group were less than €6000 (US $6762) when considering total hospital charges, productivity, and home medications. In contrast, health care–related costs alone in the current study were greater than $14 000, or approximately €12 400. Given the association of disability with use of health care services, the addition of productivity numbers would likely further magnify the differences between the 2 groups.

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CORRECTION

Error in Table and Text: The Original Investigation titled “Association of Race With Bariatric Surgery Outcomes,”1 published online on March 6, 2019, and in the May 2019 print issue, contained an error in Table 1 and the Results section. In both places, participants’ annual income levels were presented in the category $45 000-$75 999. This category should have been written as $45 000-$75 000. The error has been corrected.


Affiliation Added and Error in the Introduction: In the Research Letter titled “Crowdsourced Traffic Data as an Emerging Tool to Monitor Car Crashes,”1 published online May 22, 2019, an affiliation for Sean D. Young, PhD, was added and the first sentence was changed to indicate that the number of emergency department visits is yearly, not daily. This article has been corrected online.