tient severity, changes in the anesthesia provider population, or even unobserved patient risks not recorded in claims data. We would argue that financial incentives may be the culprit.

Xiaoyu Nie, MSPH
Soeren Mattke, MD, DSc
Hangsheng Liu, PhD

Author Affiliations: RAND Corporation, Boston, Massachusetts.

Corresponding Author: Hangsheng Liu, PhD, Department of Health, RAND Corporation, 20 Park Plz, Ste 920, Boston, MA 02116 (hliu@rand.org).

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A Reanalysis of Study of Prostate-Specific Antigen Testing Among Urologists

To the Editor On behalf of my coauthors, I write to explain an error that occurred in our Research Letter, “Differences in Prostate-Specific Antigen Testing Among Urologists and Primary Care Physicians Following the 2012 USPSTF Recommendations,” published in the April 2016 issue of JAMA Internal Medicine. Following a query to the editor and statistical review regarding the odds ratio reported in the Figure of that article, we reconducted the statistical analysis to provide adjusted odds ratios. This new analysis resulted in corrections to the text in the Results and Discussion section and to the Figure. The adjusted odds ratios are consistent with the original observed and reported findings; that is, there was a decrease in prostate-specific antigen testing among primary care physicians (n = 1109) and urologists (n = 113) following the release of the USPSTF recommendations. The significance of those results remains the same: the decrease among primary care physicians was statistically significant, while the decrease among urologists was not. However, the result of the interaction analysis was no longer significant, most likely owing to the small number of urologists. We have thoroughly reviewed our analyses, and no other errors were found. We apologize to the readers and editors of the journal for any confusion this may have caused. The original Research Letter has been corrected online.

Quoc-Dien Trinh, MD

Author Affiliation: Center for Surgery and Public Health, Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts.

Corresponding Author: Quoc-Dien Trinh, MD, Center for Surgery and Public Health, Brigham and Women's Hospital, Harvard Medical School, 45 Francis St, ASB II-03, Boston, MA 02115 (qtrinh@bwh.harvard.edu).


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CORRECTION

Incorrect P Values in a Table: In the Original Investigation titled “Preventability and Causes of Readmissions in a National Cohort of General Medicine Patients” published in the April 2016 issue of JAMA Internal Medicine,4 incorrect P values appeared in Table 1. In that table, the P values (last column) compared data for nonpreventable vs preventable readmissions. The value for where a patient was admitted from, which was given as .77, should be replaced with .75; the value for whether a patient was screened for low health literacy at the index admission, which was given as .009, should be replaced with .002; the value for whether a patient received a postdischarge follow-up telephone call within 72 hours after the index admission, which was given as .006, should be replaced with .98; and the value for the patient’s discharge location, which was given as .33, should be replaced with .46. This article was corrected online.


Error in Reported Odds Ratios: In the Research Letter “Differences in Prostate-Specific Antigen Testing Among Urologists and Primary Care Physicians Following the 2012 USPSTF Recommendations,” published in the April 2016 issue of JAMA Internal Medicine, there were statistical errors reported in the original article (odds ratios and associated confidence intervals and P values). These errors affected the numbers reported in the text and figure but did not affect the primary conclusions of the study. The article was corrected online.


Missing Reference Citation: There were several errors in the editorial by Butler titled “Glucagon-like Peptide 1 Drugs as Second-line Therapy for Type 2 Diabetes,” published online August 1, 2016. A citation to the reference by Marso et al (Marso SP, Daniels GH, Brown-Frandsen K, et al; LEADER Steering Committee on Behalf of the LEADER Trial Investigators. Liraglutide and cardiovascular outcomes in type 2 diabetes [published online June 13, 2016]. N Engl J Med. doi:10.1056/NEJMoa1603827) has been added to the second-to-the-last sentence of the first paragraph; it now reads: “This benefit has recently been reported in a placebo control randomized clinical trial (RCT) for the GLP-1 agonist Liraglutide (Victozza) (A).” The reference list was renumbered accordingly: This article has been corrected online.


Typographical Error in Methods Section: In the Original Investigation titled “Treatment of Adult Depression in the United States”4 a typographical error appeared in the Methods section 3 times under the subheading Depression Symptoms and Treatment. Where it previously read “a Patient Health Questionnaire-2 (PHQ-2) of 2 or less” in reference to screen-positive depression, it now correctly reads “PHQ-2 score of 3 or more.” This article has been corrected online.