


CORRECTION

Missing Conflict of Interest Disclosure: In the Original Investigation titled “Effect of Bisphosphonate Use on Risk of Postmenopausal Breast Cancer: Results From the Randomized Clinical Trials of Alendronate and Zoledronic Acid” published in the October 2014 issue of JAMA Internal Medicine (2014;174[10]:1551-1558. doi:10.1001/jamainternmed.2014.3634), there was an error in the Conflict of Interest Disclosures. The correct version reads as follows: “Dr Ensrud serves as a consultant on a data monitoring committee for Merck Sharp & Dohme. Dr Black has received grant support from Novartis and Merck and consulting, lecture, or advisory board fees from Lilly, Novartis, Amgen, Radius, and Merck. No other disclosures are reported.” This article was corrected online.

Error in Conflict of Interest Disclosures: In the Original Investigation titled “Quality of Care for Elderly Patients Hospitalized for Pneumonia in the United States, 2006 to 2010” (published online September 8, 2014, in JAMA Internal Medicine [doi:10.1001/jamainternmed.2014.4500]), there was an omission in the Conflict of Interest Disclosures. The paragraph should have read: Dr Hausmann reported receiving support from a Veterans Affairs Career Development Award (RCD 06-387). Dr Nsa and Ms Auden reported being employees of the Oklahoma Foundation for Medical Quality (OFMQ), a Centers for Medicare & Medicaid Services (CMS) contractor, and participated in the study as part of their employment duties. Dr Bratzler reported serving as a technical advisor and consultant for OFMQ and Telligen, being employed as full-time faculty for Oklahoma University Health Sciences Center, and receiving grant support from the Centers for Disease Control and Prevention. Dr Fine receives annual royalties from the chapter he authored titled “Community-Acquired Pneumonia in Adults: Risk Stratification and the Decision to Admit” published in UpToDate and has ownership of mutual funds that invest in companies in the health care sector.

Missing Previous Presentation Information: In the Original Investigation titled “Association of Treatment With Carvedilol vs Metoprolol Succinate and Mortality in Patients With Heart Failure” published in the October 2014 issue of JAMA Internal Medicine (2014;174[10]:1597-1604. 10.1001/jamainternmed.2014.5792), the previous presentation information was missing. It should read as follows: Previous Presentation: This study was presented at the European Society of Cardiology Congress; August 31, 2014; Barcelona, Spain.

Error in Discussion: In the article titled “Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010,” published online August 25 and also in the October print issue of JAMA Internal Medicine (doi:10.1001/jamainternmed.2014.4005), an incorrect term was used in the Discussion section. In the second paragraph, the first sentence should have read as follows: “Approximately 60% of all opioid analgesic overdoses occur among patients who have legitimate prescriptions from a single provider.”26 This article was corrected online and in print.

Error in Table 3: In the article titled “The Quality of Supportive Cancer Care in the Veterans Affairs Health System and Targets for Improvement,” published online October 14, 2013, and also in the December 9/23, 2013, print issue of JAMA Internal Medicine (2013;173[22]:2071-2079. doi:10.1001/jamainternmed.2013.10797), an incorrect quality indicator statement appeared on page 2076 in Table 3. In that table, the quality indicator statement for quality indicator 80 should have read as follows: “If a patient is newly known to have advanced cancer after a surgery, diagnostic test, or physical examination...THEN a discussion including prognosis and advance care planning should be documented within 1 mo or a reason why such a discussion did not occur.” This article was corrected online.