cases within specific units and within the confines of the motor pool.

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Disclaimer: The opinions expressed in this letter reflect the personal views of the authors and not the official views of the US Army or the Department of Defense.


CORRECTION

Corrected Data: In the Original Contribution entitled “Major Cardiovascular Events in Hypertensive Patients Randomized to Doxazosin vs Chlorthalidone: The Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT)” published in the April 19, 2000, issue of THE JOURNAL (2000;283:1967-1975), data that were reported have since been corrected. The original reported number of 42,448 participants and 625 sites changed because 30 patients with poor documentation of informed consent were excluded. This also changed the original reported numbers of 15,268 participants in the chlorthalidone group and 9,067 participants in the doxazosin group (a total of 24,335) to 15,255 and 9,061, respectively (a total of 24,316). In addition, the original article reported a sample size of 10,337 for the lipid-lowering trial component of ALLHAT. This was a typographical error and should have been 10,357. However, due to the deletion of participants from the database, this number is now 10,359.

In addition, losses to follow-up were reported as 501 patients in the chlorthalidone group and 338 patients in the doxazosin group. This has been changed to losses of 545 patients and 361 patients, respectively, because the authors modified the definition of loss to follow-up. Originally, the definition was based on declaration of loss by a clinic site. The new definition includes this plus vital status unknown at trial closeout, the period of October 15, 1999, through February 15, 2000.

Deaths were ascertained through February 15, 2000, by clinic report or by match with an entry in databases from the Center for Medicare and Medicaid Services, the Department of Veterans Affairs, the National Death Index, or the Social Security Administration with a confirmatory death certificate. The additional lost individuals were not known to be dead or to have had a closeout visit after October 15, 1999. The authors identified additional deaths in both the doxazosin (n = 769) and chlorthalidone (n = 1258) groups before the cutoff date of February 15, 2000.

Despite these changes, the outcome analyses remain essentially the same and all statistically significant results remain so.

CME ANNOUNCEMENT

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