

from baseline after bronchodilation. It was decided *a priori* that ACO cases would be included in the undiagnosed COPD group, because too few cases were expected to merit construction of a separate ACO group. The small count of 14 subjects meeting the GINA/GOLD criteria for ACO confirmed this expectation. Only 1 of the 101 subjects (1%) in the previously diagnosed COPD group met the GINA/GOLD criteria for ACO. Thus, the comparison samples of undiagnosed and diagnosed COPD groups were too sparsely populated with ACO cases to provide reliable inferences, and hence we did not undertake separate statistical analyses in individuals identified with ACO. ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

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- Zhou XL, Zhao LY. Comparison of clinical features and outcomes for asthma-COPD overlap syndrome vs. COPD patients: a systematic review and meta-analysis. *Eur Rev Med Pharmacol Sci* 2021;25:1495–1510.

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Erratum: The Combination of Aroxybutynin and Atomoxetine in the Treatment of Obstructive Sleep Apnea (MARIPOSA): A Randomized Controlled Trial

There are errors in a table in the article by Schweitzer and colleagues (1), published in the December 15, 2023 issue of the *Journal*. Because the data for one variable were incorrectly transcribed, in Table 3 the data in the second and third columns (“Baseline” and “Treatment”) have been corrected in the four rows underneath the row heading “ODI4 events/h.” The authors state that these changes do not affect the interpretation of the data.

For the convenience of our readers, the *Journal* is replacing the online version of the article with a corrected version. ■

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- Schweitzer PK, Taranto-Montemurro L, Ojile JM, Thein SG, Drake CL, Rosenberg R, Corser B, Abaluck B, Sangal RB, Maynard J. The combination of aroxybutynin and atomoxetine in the treatment of obstructive sleep apnea (MARIPOSA): a randomized controlled trial. *Am J Respir Crit Care Med* 2023;208:1316–1327.

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Erratum: Impact of Early Hemodynamic Screening on Extremely Preterm Outcomes in a High-Performance Center

In the article by Giesinger and colleagues (1), published in the August 1, 2023 issue of the *Journal*, there are errors in the reporting of the study timeline. In Figure 3 the first two years (2008-2009) of the historical control subject recruitment epoch were incorrectly included in the first quartile on the figure, rather than being reported as independent quartiles; the figure has been modified accordingly. In addition, the dotted line was shifted to more accurately reflect the timing of the initiation of the hemodynamic screening program, and errors in the inclusion of patients in the appropriate quartiles were corrected (instead of using the listed quartile of birth from the dataset, the authors automatically assigned quartiles based on month and year of birthdate). Reflecting these changes, mentions of the year that the control subject recruitment epoch began were changed from “2010” to the correct “2008” in the METHODS and the DISCUSSION text, as well as in the abstract. The authors state that there is no difference in the interpretation of the data, which remains statistically significant but with a slightly different odds ratio.

In addition, there are corrections to the tables. In Table 1, the row heading “Change in CO₂ in the first 24h (mm Hg)” in the section “Neonatal IVH risk factors 0–24h” should be changed to “Highest CO₂ in the first 24h (mm Hg).” In addition, the hemodynamic screening data for vaginal and for primary cesarean section were switched. Finally, in both Tables 1 and 2 there were rounding errors in the calculations that have been corrected.

For the convenience of our readers, the *Journal* is replacing the online version of the article with a corrected version. ■

Reference

- Giesinger RE, Rios DR, Chatmethakul T, Bischoff AR, Sandgren JA, Cunningham A, Beauchene M, Stanford AH, Klein JM, Ten Eyck P, McNamara PJ. Impact of early hemodynamic screening on extremely preterm outcomes in a high-performance center. *Am J Respir Crit Care Med* 2023;208:290–300.

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