

Correction: Inhaled treprostinil in patients with pulmonary hypertension associated with interstitial lung disease with less severe haemodynamics: a post hoc analysis of the INCREASE study

Weatherald J, Nathan SD, El-Kersh K, et al. Inhaled treprostinil in patients with pulmonary hypertension associated with interstitial lung disease with less severe haemodynamics: a post hoc analysis of the INCREASE study. *BMJ Open Resp Res* 2024;11:e002116. doi: 10.1136/bmjresp-2023-002116

The authors have noted some errors throughout the paper and apologise for the mistakes. The following errors have been updated in the online HTML and PDF:

Abstract: In the previous statement “Patients were stratified by baseline pulmonary vascular resistance (PVR) of <4 Wood units (WU) versus ≥ 4 WU and <5 WU versus ≥ 5 WU.”; the symbols have been revised to correctly indicate the haemodynamic threshold of 5 WU: “ ≤ 5 WU versus >5 WU.”

Figure 1: highlighted n numbers were accidentally duplicated for PVR ≥ 4 WU and >5 WU. The current n numbers noted in Figure 1D (PVR >5 WU) have been corrected as follows: placebo: week 8 n=67 (previously: n= 109), week 16 n=61 (previously n=100); inhaled treprostinil: week 8 n=82 (previously n=116), week 16 n=65 (previously n=95)

Supplemental table S3: The n numbers for PVR >5 WU were accidentally duplicated from the PVR <4 WU portion of this table. The PVR >5 WU n numbers have been rectified as follows: inhaled treprostinil n=94 (previously listed n=32) and placebo n=82 (previously listed n=34)



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