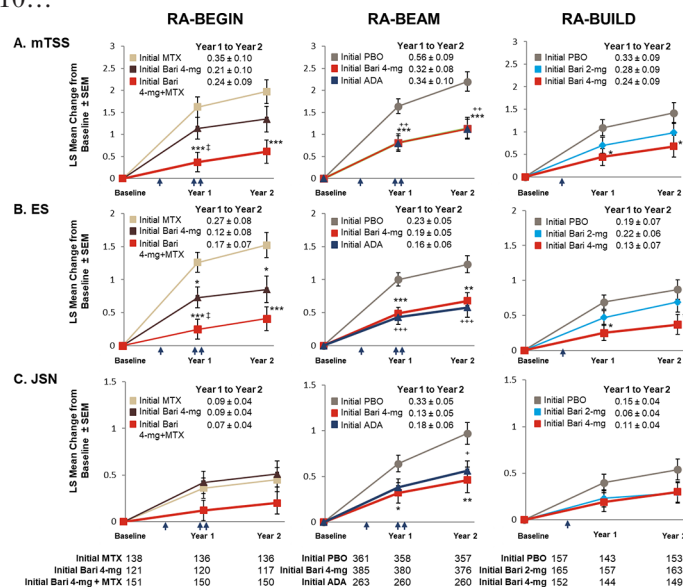


## Correction: Low rates of radiographic progression of structural joint damage over 2 years of baricitinib treatment in patients with rheumatoid arthritis

van der Heijde D, Schiff M, Tanaka Y, *et al.* Low rates of radiographic progression of structural joint damage over 2 years of baricitinib treatment in patients with rheumatoid arthritis. *RMD Open* 2019;5:e000898. doi: 10.1136/rmdopen-2019-000898

The authors want to alert readers to the following errors in regard to Figure 3.

1. In panels A (mTSS) and B (ES) for the RA-BEGIN graphs, the symbol ( $\ddagger$ ) indicating the significance level for the comparison between the baricitinib 4-mg and baricitinib 4-mg plus MTX treatment groups (denoting  $p \leq 0.05$ ) should be over the 1 year time point, not the 2 year time point in both graphs.
2. In panel A (mTSS) for RA-BEAM, for the adalimumab versus placebo comparison at 2 years, the significance should have been shown as ++ ( $p \leq 0.01$ ) and not +++ ( $p \leq 0.001$ ).
3. In the Results text, p.8, line 12 (relating to Figure 3, panel A) ‘...baricitinib treatment groups (0.21±0.01...’ should read: ‘...baricitinib treatment groups (0.21±0.10...’



**Figure 3** Inhibition of radiographic progression of structural joint damage at year 1 and year 2 by original randomization. The LS mean change from baseline ( $\pm$ SEM) in structural joint damage evaluated using (A) mTSS, (B) ES, and (C) JSN for patients in RA-BEYOND originally completing RA-BEGIN, RA-BEAM, or RA-BUILD. Time points represent time from randomization in the originating studies. Indicated treatment groups are according to randomization in the originating study (“initial” denotes initial randomized treatment group). Patients on PBO, MTX, or ADA in the originating studies switched to baricitinib 4 mg at rescue or at 24 weeks (PBO; single arrow) or 52 weeks (MTX and ADA; double arrow) as detailed in the study design. Tables represent the number of patients for whom data were available for each time point and study. Comparisons were analysed using a mixed model for repeated measures. Missing scores at 2 years were imputed using linear extrapolation based on data collected between 1 and 2 years. ADA, adalimumab; Bari, baricitinib; ES, erosion score; JSN, joint space narrowing; LS, least squares; mTSS, modified total Sharp score; MTX, methotrexate; PBO, placebo; RA, rheumatoid arthritis; SEM, SE of the mean \* $p \leq 0.05$ , \*\* $p \leq 0.01$ , \*\*\* $p \leq 0.001$  baricitinib 4 mg vs PBO (RA-BEAM; RA-BUILD) or MTX (RA-BEGIN); † $p \leq 0.05$ , †† $p \leq 0.01$ , ††† $p \leq 0.001$  ADA vs PBO (RA-BEAM); ‡ $p \leq 0.05$  baricitinib 4 mg vs baricitinib 4 mg plus MTX (RA-BEGIN).

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