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recommendations.[3] Contrary to Cochrane, whose reviews stop with the evidence statements, our method creates an important tension in the working groups responsible for both the systematic reviews and guidelines. It is one thing to write conclusions about trials that are at high risk of bias, it is another thing to have to use these conclusions to construct clear recommendations for daily clinical practice.

Of course, like other fields, ours is hampered by poorly executed trials; most are underpowered, few clearly define usual care, and most fail to define key outcomes.[4] To reduce the risk of drawing false-positive conclusions, we have developed (and now use) a set of reporting standards for controlled studies.[4] This separates good and bad studies in a transparent method. We think one clear way forward for systematic reviews to remain meaningful is to ensure that they avoid incorporating conclusions from low-quality trials. When authors combine systematic reviews with writing guideline recommendations, they are much more attuned of the potentially dire consequences for patients when their conclusions are wrong.

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Modjarrad K, Lin L, George SL, et al. Preliminary aggregate safety and immunogenicity results from three trials of a purified inactivated Zika virus vaccine candidate: phase 1, randomised, double-blind, placebo-controlled clinical trials. Lancet *2018;* ***391:*** *563–71*—In figure 4, panel C, of this Article, the headings "Before IgG tranfer" and "After IgG transfer" should not have been included, and the legend should have explained that the grey dotted line indicates a titre of 1:100, below which mice were not protected. These corrections have been made to the online version as of June 18, 2020.

Campbell BCV, Ma H, Ringleb PA, et al. Extending thrombolysis to 4·5–9 h and wake-up stroke using perfusion imaging: a systematic review and meta-analysis of individual patient data. Lancet *2019;* ***394:*** *139–47*—In this Article, in tables 2 and 4, the data in the row for "Early neurological improvement at 72 h" have been corrected. The appendix of this Article has also been corrected. These corrections have been made to the online version as of June 18, 2020.

Richardson P, Griffin I, Tucker C, et al. Baricitinib as potential treatment for 2019-nCoV acute respiratory disease. Lancet *2020;* ***395:*** *e30–31*—In this Correspondence, the authors Michael Rawling and Edward Savory (BenevolentAI, London, UK) were mistakenly omitted. This correction has been made to the online version as of June 18, 2020.

Di Saverio S, Podda M, Pellino G, Spinelli A, Davies JR. Is preoperative bowel preparation always superfluous? Lancet *2020;* ***395:*** *781–82*—In this Correspondence, one of Prof Antonino Spinelli's affiliations should have been "Colon and Rectal Surgery Unit, Humanitas Clinical and Research Center IRCCS, Milan, Italy". This correction has been made to the online version as of June 18, 2020.