

Outcomes in Patients with Vasodilatory Shock and Renal Replacement Therapy Treated with Intravenous Angiotensin II: Erratum

In the article beginning on page 949 in the June 2018 issue of *Critical Care Medicine*, there were several errors.

1. Figure 1 – Survival through day 28
 Replaced: HR 0.515 (0.304, 0.817)
 With: HR 0.515 (0.304, 0.871)
2. Page 952, **Outcomes**
 Added: Using cumulative incidence estimates to adjust for death as a competing risk, patients in the Ang II group were more likely to discontinue RRT within 7 days (**unadjusted** HR, 2.90; 95%, 1.29–6.52; $p = 0.007$)
 Supplemental digital content data corrections:
3. **Supplemental Table 5** – Summary of post-hoc analysis baseline demographics and disease characteristics
 Replaced: Screening mean arterial pressure (mmHg), placebo median (IQR) 65.4 (68.9–67.5)
 With: Screening mean arterial pressure (mmHg), placebo median (IQR) 65.4 (61.9–67.5)
4. **Supplemental Table 7** – Mean norepinephrine equivalent dose ($\mu\text{g}/\text{kg}/\text{min}$)
 Deleted superfluous data (last row):

p	0.65 (0.617)		0.49 (0.454)	0.0199 ^a
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REFERENCE

Tumlin JA, Murugan R, Deane AM, et al; on behalf of the Angiotensin II for the Treatment of High-Output Shock 3 (ATHOS-3) Investigators: Outcomes in Patients with Vasodilatory Shock and Renal Replacement Therapy Treated with Intravenous Angiotensin II. *Crit Care Med* 2018; 46:949–957

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