

Erratum

Erratum to: Pilot Randomized Controlled Trial of a Novel Smoking Cessation App Designed for Individuals With Co-Occurring Tobacco Dependence and Serious Mental Illness

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Upon the original publication of this article, several author corrections were inadvertently left out, making several points in the article inaccurate. Oxford University Press apologizes for and has since corrected these inaccuracies, listed in this erratum.

Upon original publication, the title referred to “Co-Occurring Tobacco Dependence.” This has been corrected to “Co-Occurring Tobacco Use Disorder”

In the abstract, the results section originally said “larger number of app interactions (847 vs. 205; $p < .001$), longer durations of app use (4.24 hrs. vs. 2.14 hrs; $p < .044$), and higher usability scores (85 vs. 79, $p = .046$). At week 16, Learn to Quit led to greater reductions in cigarettes per day (12.3 vs. 5.9 for QuitGuide; $p < .01$.” This has been corrected to say “larger number of app interactions (335 vs. 205; $p = .001$), longer durations of app use (4.24 hrs. vs. 2.14 hrs; $p = .044$), and higher usability scores (85 vs. 79, $p = .046$). At week 16, Learn to Quit led to greater reductions in cigarettes per day (12.3 vs. 5.9 for QuitGuide; $p = .010$).

In the results section, under the “Trial Feasibility, App Usability, and App Engagement” heading, the sentence “However, background analytics of user engagement (total app interactions = 33 911; total duration of app use = 178.5 hours) indicated that number of app interactions and duration of app use were significantly higher in Learn to Quit compared to QuitGuide, with a risk ratio equivalent to a large Cohen’s d effect ($d = 0.85$) in number of interactions and a small Cohen’s d effect ($d = 0.41$) in duration of Learn to Quit use compared to QuitGuide (Table 2)” has been corrected to say “However, background analytics of user engagement (total app interactions = 17,028; total duration of app use = 178.5 hours) indicated that number of app interactions and duration of app use were

significantly higher in Learn to Quit compared to QuitGuide, with a risk ratio equivalent to a small Cohen’s d effect ($d = 0.34$) in number of interactions and a small Cohen’s d effect ($d = 0.41$) in duration of Learn to Quit use compared to QuitGuide (Table 2).”

In the discussion section, the sentence “Results from this pilot randomized controlled trial indicate that Learn to Quit—an app designed for patients with SMI—had medium to large effects on app usability and engagement compared to QuitGuide” has been corrected to say “Results from this pilot randomized controlled trial indicate that Learn to Quit—an app designed for patients with SMI—had larger effects on app usability and engagement compared to QuitGuide across different engagement metrics.”

In table 2, the data for app interactions (Usability and engagement) was originally listed as 847 (792) for Learn to Quit M (SD), $RR^c = 4.7$ (2.9, 7.4) for Effect, and $<.001^*$ for the p -value. This has been corrected to 335 (303) for Learn to Quit M (SD), $RR^c = 1.8$ (1.2, 2.6) for Effect, and .010 for the p -value.

The p -value of Reductions in CPD was listed as $<.01^*$. This has been corrected to a p -value of .010.

The Smoking abstinence category “30-day PPA, week 16 (adjusted[®]) model” has been renamed “30-day PPA, week 16 (adjusted[®]) model.”

In the original Declaration of Interests, none were declared. This has been corrected, the following added: “Paolo Mannelli is a consultant to Alkermes Inc, Guidepoint Global, and has received research support from Alkermes Inc, and Orexo. Francis Joseph McClernon owns a company that provided smoking cessation consulting and market research services to GSK Consumer Health in the last 3 years.”

The publisher apologizes for these errors.