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References

1. Loughlin L, Hellyer TP, White PL, McAuley DF, Conway Morris A, Posso RB, *et al*. Pulmonary aspergillosis in patients with suspected ventilator-associated pneumonia in UK ICUs. *Am J Respir Crit Care Med* 2020;202:1125–1132.
2. Zhou W, Li H, Zhang Y, Huang M, He Q, Li P, *et al*. Diagnostic value of galactomannan antigen test in serum and bronchoalveolar lavage fluid samples from patients with nonneutropenic invasive pulmonary aspergillosis. *J Clin Microbiol* 2017;55: 2153–2161.

Retraction: Isoniazid and Rifapentine Treatment Eradicates Persistent *Mycobacterium tuberculosis* in Macaques

The authors of the article (1), published in the February 15, 2020, issue of the *Journal*, have discovered that infection and 3HP treatment of a cohort of the animals did not conform to the stated experimental protocol. Since analysis of the other cohort of animals that did not experience protocol deviation generated similar results, the conclusions of the article may be correct. However, the authors believe that retraction is appropriate because of the differences in performance of the study, and because the published article does not accurately reflect how all of the animals were infected and treated with 3HP. ■

Reference

1. Foreman TW, Bucşan AN, Mehra S, Peloquin C, Doyle LA, Russell-Lodrigue K, Gandhi NR, Altman J, Day CL, Ernst JD, Blumberg HM, Rengarajan J, Kaushal D. Isoniazid and rifapentine treatment eradicates persistent *Mycobacterium tuberculosis* in macaques. *Am J Respir Crit Care Med* 2020;201:469–477.

Erratum: Home Oxygen Therapy for Adults with Chronic Lung Disease. An Official American Thoracic Society Clinical Practice Guideline

There are typographical errors in the quality of evidence for Question 3 (Should ambulatory oxygen be prescribed for adults with COPD who have severe exertional room air hypoxemia?) in the ATS clinical practice guideline published in the November 15, 2020, issue of the *Journal* (1). The guideline panel's recommendation for Question 3 is, however, unchanged: "*In adults with COPD who have severe exertional room air hypoxemia, we suggest prescribing ambulatory oxygen.*" For the Question 3 recommendation, the panel made the suggestion that ambulatory oxygen be prescribed for adults with COPD who have severe exertional room air hypoxemia as a conditional recommendation based on low-quality evidence. The panel had downgraded the evidence to "low" on the basis of both imprecision and indirectness. However, the quality of evidence for this recommendation was inadvertently misstated as "moderate" instead of "low" in certain places in both the main document and the Executive Summary.

In the main document, the third recommendation in the abstract on page e121 should be corrected to read "conditional recommendations for ambulatory oxygen use in patients with COPD (**low**-quality evidence)." The third bullet point of the Summary of Recommendations on page e122, as well as the third column in Question 3 in Table 4, page e126, should be corrected to "**low**-quality evidence." In addition, on page e130, Panel judgments, the wording should be corrected to "**low** GRADE evidence."

In the Executive Summary, the third recommendation in the abstract on page 1345, the third bullet point of the Summary of Recommendations on page 1346, and the third column in Question 3 in Table 4, page 1350, should be corrected as indicated above. In the Question 3 Conclusions, page 1351, the wording should be corrected to read "(**low** Grading of Recommendations Assessment, Development and Evaluation evidence)."

These changes are reflected in detail in the various GRADE domains in the online supplement that have now been updated to reflect serious concerns regarding imprecision and indirectness (almost all studies are crossover trials, and most report effects of oxygen during laboratory tests, not daily life). As such, on page E59, the Certainty of Evidence should be downgraded from "moderate" to "low" for the St. George's Respiratory Questionnaire (SGRQ) and the Short-Form

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Health Survey (SF-36). The final recommendation should read, "In adults with COPD who have severe exertional room air hypoxemia, we suggest prescribing ambulatory oxygen (*conditional recommendation,* ***low****-quality evidence*)."

The authors of the document apologize for these oversights. For the convenience of our readers, the *Journal* is replacing the online version of the article with a corrected version. ■

Reference

1. Jacobs SS, Krishnan JA, Lederer DJ, Ghazipura M, Hossain T, Tan AM, Carlin B, Drummond MB, Ekström M, Garvey C, Graney BA, Jackson B, Kallstrom T, Knight SL, Lindell K, Prieto-Centurion V, Renzoni EA, Ryerson CJ, Schneidman A, Swigris J, Upson D, Holland AE; American Thoracic Society Assembly on Nursing. Home oxygen therapy for adults with chronic lung disease. An official American Thoracic Society clinical practice guideline. *Am J Respir Crit Care Med* 2020;202:e121–e141.