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**Correction to  
Lancet Respir Med 2021;  
published online Jan 8.  
[https://doi.org/10.1016/S2213-2600\(20\)30552-X](https://doi.org/10.1016/S2213-2600(20)30552-X)**

Pun BT, Badenes R, Heras La Calle, et al. *Prevalence and risk factors for delirium in critically ill patients with COVID-19 (COVID-D): a multicentre cohort study.* Lancet Respir Med 2021; published online Jan 8. [https://doi.org/10.1016/S2213-2600\(20\)30552-X](https://doi.org/10.1016/S2213-2600(20)30552-X)—In the list of COVID-19 Intensive Care International Study Group members and appendix 3 of this Article, the names of Isabel Torres and Viviane Hidalgo-Cabalin were spelled incorrectly. These corrections have been made to the online version as of Jan 27 2021, and will be made to the printed version.

**Correction to  
Lancet Respir Med 2020;  
8: 873–84**

Maron BA, Brittain EL, Hess, E, et al. *Pulmonary vascular resistance and clinical outcomes in patients with pulmonary hypertension: a retrospective cohort study.* Lancet Respir Med 2020; 8: 873–84—In this Article, the spelling of author Evan L Brittain's name was incorrect. This correction has been made to the online version as of Feb 8, 2021.

**Correction to  
Lancet Respir Med 2020;  
published online  
October 20. [https://doi.org/10.1016/S2213-2600\(20\)30391-X](https://doi.org/10.1016/S2213-2600(20)30391-X)**

Theelen WSME, Chen D, Verma V, et al. *Pembrolizumab with or without radiotherapy for metastatic non-small-cell lung cancer: a pooled analysis of two randomised trials.* Lancet Respir Med 2020; published online Oct 20. [https://doi.org/10.1016/S2213-2600\(20\)30391-X](https://doi.org/10.1016/S2213-2600(20)30391-X)—In Table 1 of this Article, PD-L1 status Unknown should be 11 for each group. In figure 3B, for patients with >median sum of baseline RECIST measurements, the 95% CI for the hazard ratio is 0.26–1.00. For patients with No previous radiotherapy, n/N should be 33/36 and 30/37 and, for patients with PD-L1 status 1–49%, n/N should be 16/19 and 8/14. These corrections have been made to the online version as of Jan 14, 2021, and will be made to the printed version.

**Correction to  
Lancet Respir Med 2020;  
8: 963–74**

Khanna D, Lin CJF, Furst DE, et al. *Tocilizumab in systemic sclerosis: a randomised, double-blind, placebo-controlled, phase 3 trial.* Lancet Respir Med 2020; 8: 963–74—In table 3 of this Article, the least squares mean for the percentage of predicted forced vital capacity (FVC% predicted) change from baseline in participants with SSc-ILD in the tocilizumab group should have been 0.1. This correction has been made as of March 2, 2021.

**Correction to  
Lancet Respir Med 2020;  
published online Dec 22.  
[https://doi.org/10.1016/S2213-2600\(20\)30414-8](https://doi.org/10.1016/S2213-2600(20)30414-8)**

Harrison TW, Chanez P, Menzella F, et al. *Onset of effect and impact on health-related quality of life, exacerbation rate, lung function, and nasal polyposis symptoms for patients with severe eosinophilic asthma treated with benralizumab (ANDHI): a randomised, controlled, phase 3b trial.* Lancet Respir Med 2020; published online Dec 22. [https://doi.org/10.1016/S2213-2600\(20\)30414-8](https://doi.org/10.1016/S2213-2600(20)30414-8)—In this Article, the p values in the third sentence of the Findings, and in the first line of the seventh paragraph of the Results should have read  $p < 0.0001$ . The first line of the sixth paragraph of the Results should have read, "For the primary efficacy variable, benralizumab significantly reduced annualised AER over the 24-week period, compared with placebo, by 49% (from 1.86 in the placebo group to 0.94 in the benralizumab group) in the overall population (RR estimate 0.51 [95% CI 0.39–0.65]; appendix p 12)." Additionally, the appendix has been corrected. These corrections have been made to the online version as of Jan 25, 2021, and will be made to the printed version.



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