

What are reasonable conclusions that can be drawn from currently available data regarding FOS and the risk of AF, and how should the data guide everyday practice? First, it is clear that FOS do not reduce AF, as had been postulated from epidemiologic data.⁶ Secondly, the statistically significant, dose-dependent association of AF with FOS revealed in Gencer's meta-analysis is cause for significant concern, as prescription of high-dose EPA is increasing based on results of the REDUCE-IT trial.⁷ Third, when discussing initiation of FOS with patients, clinicians should make them aware of the possible connection between high-dose FOS and AF (particularly patients with risk factors for developing AF), and clinicians should be on the lookout for AF in patients taking FOS. Nevertheless, clinicians can also inform patients that, when using primary endpoints from clinical trials as the main guide, as should be the case, there are currently no definitive data implicating FOS as facilitators of AF, nor are there data suggesting that FOS increase the risk of stroke, the most significant complication of AF. Lastly, clinical trials involving high-dose FOS and AF as a primary endpoint are needed to shed more light on this important issue.

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Retraction

The authors of the following article: Chockalingam, A., et al., "Home-Based Arm Cardiac Rehabilitation in Disabled Veterans." *Mo Med.* 2021 Jul-Aug;118(4):387-392, PMID: 3437376 wish to retract this from *Missouri Medicine*.

Data utilized in the publication was associated with IRB#1155797 which was approved by the MU IRB serving as the IRB of Record for the Harry S. Truman Memorial Veteran's Hospital, Columbia, Mo. On October 15, 2012, the IRB notified Dr. Chockalingam that no data related to IRB#1155797 could be used or published. The publication of the data in this article has been determined to be serious and continuing noncompliance. This noncompliance has been reported to both the Office for Human Research Protections (OHRP) as well as VHA Office of Research Oversight (ORO).

On behalf of the authors, I respectfully request a retraction of this article from *Missouri Medicine*.

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Errata

In the July/August 2022, 119:4, *Missouri Medicine*, the conclusion of the article by Kate Lichtenberg, DO, "Reversing the Decreasing Life Expectancy, A National Health Priority" can be found on page 333.

In the July/August 2022, 119:4, *Missouri Medicine*, in the article by Maulik, Devitka, MD, et al., "Preexisting Thyroid Disease in Pregnancy: A Brief Overview" on page 361, the article's authors should have stated: "If data regarding a specific practice location or similar patient population is not available, both ACOG and the ATA recommends the following adjustments: 1) subtracting 0.4 mU/I from the lower threshold for nonpregnant range for TSH; 2) subtracting 0.5mU/I from the upper threshold for nonpregnant TSH range; and 3) upper range of T3 and T4 increased by 50% after 16 weeks gestation. Regarding the upper range of TSH, the target range with the subtraction of 0.5 mU/I is equivalent to around 4 mU/I for most centers and above original recommendations of 2.5 mU/I or 3.0 mU/I.^{1,4}

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