

References

1. Kropski JA, Young LR, Cogan JD, Mitchell DB, Lancaster LH, Worrell JA, Markin C, Liu N, Mason WR, Fingerlin TE, *et al.* Genetic evaluation and testing of patients and families with idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med* 2017;195:1423–1428.
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3. Lawson WE, Grant SW, Ambrosini V, Womble KE, Dawson EP, Lane KB, Markin C, Renzoni E, Lympny P, Thomas AQ, *et al.* Genetic mutations in surfactant protein C are a rare cause of sporadic cases of IPF. *Thorax* 2004;59:977–980.
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Erratum: An Official American Thoracic Society/European Society of Intensive Care Medicine/Society of Critical Care Medicine Clinical Practice Guideline: Mechanical Ventilation in Adult Patients with Acute Respiratory Distress Syndrome

The authors of the ATS/ESICM/SCCM guideline on mechanical ventilation in acute respiratory distress syndrome (ARDS) (1) would like to provide two clarifications. First, the recommendation about recruitment maneuvers (RMs) was intended for patients with moderate to severe ARDS; therefore, the first sentence on page 1259 should be corrected to read, “We suggest that adult patients with **moderate or severe** ARDS receive RMs (conditional recommendation, low-moderate confidence in the effect estimates).”

Second, readers may have noticed that the quality-of-evidence ratings are different in the abstract and Overview section than in the body of the manuscript; because of an oversight, the ratings in the abstract and Overview of the published article reflect only the outcome of mortality, whereas the ratings in the body of the manuscript reflect the entire body of evidence. Therefore, in the abstract (Results paragraph) and in the Overview section, the confidence in effect estimates regarding the recommendation for prone positioning should be changed from “moderate” to “moderate-high” (Overview 1.b.); the confidence in effect

estimates regarding the recommendation against routine use of high-frequency oscillatory ventilation should be changed from “high” to “moderate-high” (Overview 2.a); and the confidence in effect estimates regarding the recommendation for recruitment maneuvers for patients with moderate or severe ARDS should be changed from “low” to “low-moderate” (Overview 3.b.). ■

Reference

1. Fan E, Del Sorbo L, Goligher EC, Hodgson CL, Munshi L, Walkey AJ, Adhikari NKJ, Amato MBP, Branson R, Brower RG, *et al.*; American Thoracic Society, European Society of Intensive Care Medicine, and Society of Critical Care Medicine. An Official American Thoracic Society/European Society of Intensive Care Medicine/Society of Critical Care Medicine clinical practice guideline: mechanical ventilation in adult patients with acute respiratory distress syndrome. *Am J Respir Crit Care Med* 2017;195:1253–1263.

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Erratum: New Guidelines for the Treatment of Drug-Susceptible Tuberculosis from the American Thoracic Society, Centers for Disease Control and Prevention, and the Infectious Diseases Society of America: Now Comes the Hard Part

An editorial in the October 1, 2016 issue of the *Journal* (1) is missing a reference and citation. In the ninth paragraph, the sentence, “Lee Reichman nicely documented the U-shaped curve of concern, in which funding in the United States for TB control and treatment declined in parallel with the declining TB rates” incorrectly cites Reference 10; it should cite a new Reference 14. The added reference is:

14. Reichman LB. The U-shaped curve of concern. *Am Rev Respir Dis* 1991;144:741–742.

The existing References 14 and 15 in the article should be renumbered to 15 and 16 to accommodate this correction. The authors apologize for the error. ■

Reference

1. Metersky ML, Schluger NW. New guidelines for the treatment of drug-susceptible tuberculosis from the American Thoracic Society, Centers for Disease Control and Prevention, and the Infectious Diseases Society of America: now comes the hard part. *Am J Respir Crit Care Med* 2016;194:791–793.

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