AUTHOR CORRECTION

"LONG-TERM EFFICACY OF TIOTROPIUM IN RELATION TO SMOKING STATUS IN THE UPLIFT TRIAL". D.P. TASHKIN, B. CELLI, S. KESTEN, T. LYSTIG, S. MEHRA AND M. DECRAMER. *EUR RESPIR J* 2010; 35: 287–294.

The authors have noticed some minor discrepancies in the above manuscript about which they wish to notify readers. As part of a sensitivity analysis during the review process, the efficacy end-points were re-analysed, adjusting for baseline maintenance respiratory medication use. The re-analysis led to extremely minor difference in numbers, without in any way altering whether the results were nominally statistically significant or the interpretations of the findings. All relevant areas were updated accordingly prior to publication. However, parts of the abstract and of table 3 were not adjusted.

In the abstract, the third paragraph should have appeared as follows:

''60%, 14% and 26% of patients were CE, CS and IS, respectively. The rate of forced expiratory volume in 1 s (FEV_1) decline for placebo patients was most rapid in CS (-52±4, -37±2 and -23±2 $mL \cdot yr^{-1}$ in CS, IS, and CE, respectively). Tiotropium did not alter FEV_1 decline, but was associated with significant improvements in pre- and post-bronchodilator FEV_1 over placebo that persisted throughout the 4-yr trial for each smoking status (pre-bronchodilator: 127, 55 and 97 mL at 48 months in CS, IS and CE, respectively; $p \leqslant 0.0003$). Tiotropium reduced the exacerbation risk in CS (HR (95% CI) 0.80 (0.67–0.95)), in CE (0.85 (0.79–0.92)) and trended towards significance in IS (0.89 (0.79–1.00)). At 4 yrs, St George's Respiratory Questionnaire for tiotropium patients improved the most in CS (-4.63 units, $p=0.0006$) and the least in IS (-0.60 units, $p=0.51$), compared with control.''

The treatment differences in table 3 were rounded to the nearest mL. The table should have appeared as below, with appropriate adjustments to the last column of data.

The authors apologise for these errors and wish to emphasise that the changes are minor and do not alter the interpretation of the observations.

TABLE 3 Pre- and post-bronchodilator of forced expiratory volume in 1 s (FEV_1) according to smoking status in the tiotropium and control groups

Patient characteristic	Tiotropium		Control		Difference***
	Subjects n	FEV_1 mL	Subjects n	FEV_1 mL	
Pre-bronchodilator FEV_1					
Day 1					
Continuing smokers	308	1220±20	301	1220±20	
Intermittent smokers	738	1130±10	655	1160±20	
Continuing ex-smokers	1448	1090±10	1407	1080±10	
Month 1					
Continuing smokers	305	1340±10	298	1240±10	103
Intermittent smokers	735	1240±10	649	1170±10	68
Continuing ex-smokers	1433	1190±00	1390	1100±00	93
Month 48					
Continuing smokers	199	1160±20	192	1040±20	127
Intermittent smokers	542	1110±10	473	1050±10	55
Continuing ex-smokers	1036	1110±10	915	1010±10	97
Post-bronchodilator FEV_1					
Day 1					
Continuing smokers	312	1460±20	303	1460±30	
Intermittent smokers	741	1360±20	662	1390±20	
Continuing ex-smokers	1463	1310±10	1409	1300±10	
Month 1					
Continuing smokers	309	1560±10	302	1470±10	85
Intermittent smokers	733	1440±10	653	1400±10	36
Continuing ex-smokers	1457	1380±10	1400	1340±10	44
Month 48					
Continuing smokers	205	1330±20	190	1240±20	90
Intermittent smokers	540	1270±10	473	1240±10	30#
Continuing ex-smokers	1042	1260±10	914	1210±10	50

Data are presented as mean±SEM, unless otherwise indicated. #: $p=0.053$. ***: $p<0.001$ for all differences (tiotropium–control), unless otherwise indicated.