

CORRIGENDUM

The Effects Of Single Inhaler Triple Therapy Vs Single Inhaler Dual Therapy Or Separate Triple Therapy For The Management Of Chronic Obstructive Pulmonary Disease: A Systematic Review And Meta-Analysis Of Randomized Controlled Trials [Corrigendum]

Lai CC, Chen CH, Lin CYH, Wang CY, Wang YH. Int J Chron Obstruct Pulmon Dis. 2019;14:1539-1548.

The authors advised that they have introduced errors while preparing this article which were oversighted by all authors.

On page 1541, in Results section, Risk of moderate or severe COPD exacerbation; (rate ratio, 0.81; 95% CI, 0.73 to 0.89, $I^2=29\%$; Figure 1) should be (rate ratio, 0.80; 95% CI, 0.71 to 0.90, $I^2=37\%$; Figure 1); and in Secondary outcomes, (MD, -153; 95% CI, -2.23 to -0.84, $I^2=21\%$; Figure 3) should be (MD, -1.53; 95% CI, -2.23 to -0.84, $I^2=21\%$; Figure 3).

On page 1543, Figure 2 should be presented as below.

On Page 1544, Discussion section, (vs LABA/LAMA, risk ratio, 0.99; 95% CI, 0.44 to 2.27, $I^2=31\%$; vs ICS/LABA, risk ratio, 1.00; 95% CI, 0.53 to 1.89, $I^2=0\%$; vs separate triple therapy, risk ratio, 0.48; 95% CI, 0.18 to 1.28, I^2 =49%; Figure S6) should be: (vs LABA/LAMA, risk ratio, 0.74; 95% CI, 0.50 to 1.10, I^2 =31%; vs ICS/LABA, risk ratio, 1.00; 95% CI, 0.53 to 1.89, $I^2=0\%$; vs separate triple therapy, risk ratio, 0.48; 95% CI, 0.18 to 1.28, I^2 =49%; Figure S6).

On page 1544, Adverse events section should be as the following:

	Triple therapy			Control			Mean Difference		Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
2.1.1 Single inhaler t	riple the	rapy vs.	LABA/	LAMA			- 200		
Ferguson, 2018	0.147	0.1621	622	0.125	0.1618	601	39.5%	0.02 [0.00, 0.04]	=
Lipson, 2018	0.094	0.2627	3366	0.04	0.2783	1490	40.8%	0.05 [0.04, 0.07]	-
Papi, 2018	-0.029	0.42	764	-0.049	0.46	768	19.7%	0.02 [-0.02, 0.06]	
Subtotal (95% CI)			4752			2859	100.0%	0.03 [0.01, 0.06]	 ◆
Heterogeneity: Tau ² =	0.00; Ch	$i^2 = 7.16$	df = 2	(P = 0.03)	3); $I^2 = 72$	2%			1
Test for overall effect:	Z = 2.69	(P = 0.00)	07)						
2.1.2 Single inhaler t	riple the	rapy vs.	ICS/LA	ВА					
Ferguson, 2018	0.147	0.1621	622	0.073	0.1593	300	25.1%	0.07 [0.05, 0.10]	-
Lipson, 2017	0.142	0.2461	911	-0.029	0.2444	899	25.0%	0.17 [0.15, 0.19]	-
Lipson, 2018	0.094	0.2367	3366	-0.003	0.2539	3060	26.4%	0.10 [0.08, 0.11]	
Singh, 2016	0.071	0.2803	687	0.008	0.2922	680	23.6%	0.06 [0.03, 0.09]	-
Subtotal (95% CI)			5586			4939	100.0%	0.10 [0.06, 0.14]	•
Heterogeneity: Tau ² =	0.00; Ch	$i^2 = 49.00$	0, df = 3	(P < 0.	00001); I	$^{2} = 94\%$	ó		
Test for overall effect:	Z = 4.82	(P < 0.0	0001)						
2.1.3 Single inhaler t	riple the	rapy vs.	Separa	te Triple	e				
Bremner, 2018	0.113	0.2571	527	0.095	0.269	528	46.1%	0.02 [-0.01, 0.05]	+
Vestbo, 2017	0.082	0.2843	1077	0.085	0.2834	538	53.9%	-0.00 [-0.03, 0.03]	
Subtotal (95% CI)			1604			1066	100.0%	0.01 [-0.01, 0.03]	♦
Heterogeneity: Tau ² =	0.00; Ch	$i^2 = 0.91$	df = 1	(P = 0.34)	4); $I^2 = 0^{\circ}$	%			
Test for overall effect:	Z = 0.61	(P = 0.54)	4)						
								_	
									-0.2 -0.1 0 0.1 0.2
Toot for cubaroup diffe	aroncos:	Chi2 - 16	17 df	- 2 /D -	0.00037	12 - 97	69/		Favours [control] Favours [triple therapy]

Test for subgroup differences: Chi² = 16.17, df = 2 (P = 0.0003), I² = 87.6%

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Single inhaler triple therapy was associated with a significantly higher risk of pneumonia compared with LABA/LAMA dual therapy (risk ratio, 1.38, 95% CI, 1.14 to 1.67, I^2 =0%), but no significant differences were found when it was compared with ICS/LABA dual therapy (risk ratio, 1.24, 95% CI, 0.83 to 1.85, I^2 =48%) or separate triple therapy (risk ratio, 0.88, 95% CI, 0.51 to 1.52, I^2 =25%; Figure 4). The risk of lower respiratory tract infection (LRTI) was investigated however, no significant differences were found between sin-

gle inhaler triple therapy and the three alternative treatments (vs LABA/LAMA, risk ratio, 0.90; 95% CI, 0.73 to 1.11, I^2 =0%; vs ICS/LABA, risk ratio, 1.02; 95% CI, 0.85 to 1.23, I^2 =0%; vs separate triple therapy, risk ratio, 0.91; 95% CI, 0.37 to 2.26, I^2 =84%; Figure S9). In addition, there were no significant differences observed between single inhaler triple therapy and the comparative treatments in regard to the risk of treatment emergent adverse events, serious adverse events, and cardiovascular events (Figure S10–S12).

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