



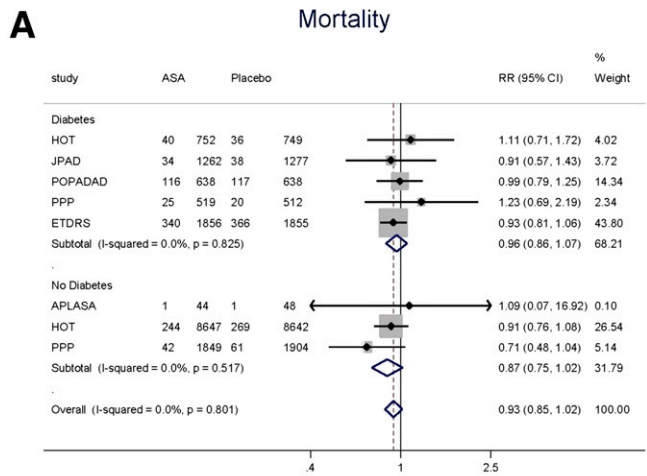
Erratum

Erratum. Aspirin for the Primary Prevention of Cardiovascular Events. A Systematic Review and Meta-Analysis Comparing Patients With and Without Diabetes. *Diabetes Care* 2009;32:2300–2306

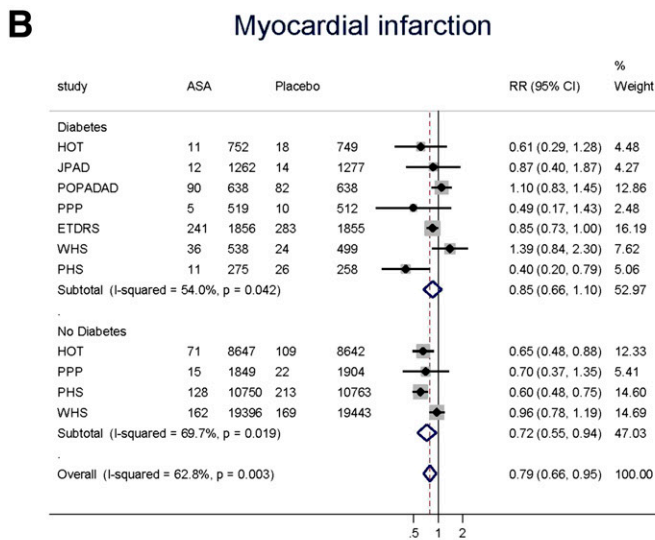
<https://doi.org/10.2337/dc18-er06a>

In the article cited above, Fig. 2 should have shown the pooled relative risks and 95% CI for the effect of aspirin versus control on death, myocardial infarction, and ischemic stroke, respectively, stratified by diabetes status of the trial participants. The published version of the manuscript incorrectly labeled the plots. In verifying every data point on the figure, the authors found discrepancies on the values reported for the Early Treatment Diabetic Retinopathy Study (ETDRS), particularly in the denominators used, which should have reported 1,856 patients with diabetes allocated to aspirin and 1,855 participants without diabetes allocated to placebo. The authors are grateful to the colleagues who noted this discrepancy and brought it to their attention and for the opportunity, almost a decade later, to correct the published record. The corrected Fig. 2 (3 panels) and the corrected legend are published below.

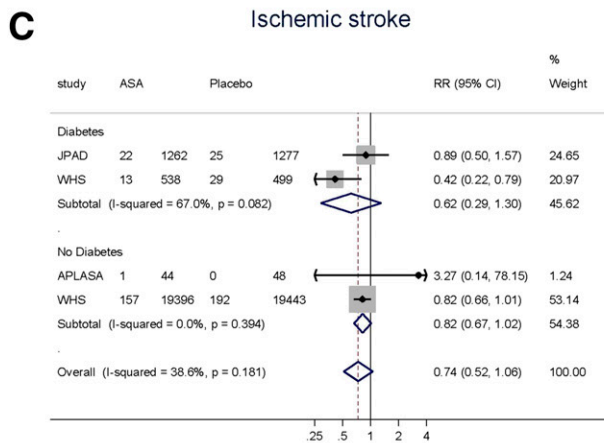
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Subgroup interaction: $p=0.31$



Subgroup interaction: $p=0.38$



Subgroup interaction: $p=0.48$

Figure 2—Forest plots of random effects meta-analyses for pooled relative risks (RR) of mortality (A), myocardial infarction (B), and ischemic stroke (C). Results are presented for patients with and without diabetes and for all patients combined. Squares and horizontal lines represent the point estimates and associated 95% CI. The diamonds represent the pooled RR, with the center representing the point estimate and the width representing the associated 95% CI.