



Errata

Erratum. Intensive Versus Standard Blood Pressure Control in SPRINT-Eligible Participants of ACCORD-BP. Diabetes Care 2017;40:1733–1738

<https://doi.org/10.2337/dc18-er09>

*Leo F. Buckley, Dave L. Dixon,
George F. Wohlford IV,
Dayanjan S. Wijesinghe, William L. Baker,
and Benjamin W. Van Tassel*

In the article cited above, the values in two sentences on page 1735 were corrected to read “Intensive BP control significantly reduced the risk of the composite of CVD death, nonfatal MI, nonfatal stroke, any revascularization, or heart failure by 21% in SPRINT-eligible ACCORD-BP participants (3.48 →6.75% per year vs. 4.22 →8.71% per year; hazard ratio 0.79; 95% CI 0.65–0.96; $P = 0.02$) (Fig. 2A and Table 2). Intensive BP control also significantly reduced the risk of the ACCORD-BP primary end point of CVD death, nonfatal MI, or nonfatal stroke (1.26 →2.47% per year vs. 1.79 →3.65% per year; hazard ratio 0.69; 95% CI 0.51–0.93; $P = 0.01$) (Fig. 2B and Table 2).”

The online version (<https://doi.org/10.2337/dc17-1366>) has been corrected to reflect these changes.

Erratum. Why Are We Failing to Address the Issue of Access to Insulin? A National and Global Perspective. Diabetes Care 2018;41:1125–1131

<https://doi.org/10.2337/dc18-er09a>

David Beran, Irl B. Hirsch, and John S. Yudkin

In the Duality of Interest section of the article cited above, the presentation of Stichting ICF incorrectly read Stichting International Christian Fellowship.

The online version (<https://doi.org/10.2337/dc17-2123>) has been corrected to reflect this change.