










CORRECTION

Open Access



Correction: Benefit of prompt initiation of single-inhaler fluticasone furoate, umecclidinium, and vilanterol (FF/UMEC/VI) in patients with COPD in England following an exacerbation: a retrospective cohort study

Afisi S. Ismaila^{1,2*} , Kieran J. Rothnie³ , Robert P. Wood⁴ , Victoria L. Banks^{4,5†} , Lucinda J. Camidge⁴ , Alexandrosz Czira³ , Chris Compton⁶ , Raj Sharma⁶, Shannon N. Millard^{4,7†} , Olivia Massey⁴ and David M. G. Halpin⁸ 

Correction: Respiratory Research (2023) 24: 229
<https://doi.org/10.1186/s12931-023-02523-1>

Following publication of the original article [1], the Authors identified errors in the COPD-related total costs

for prompt and delayed initiators and the associated exponentiated coefficient (95% confidence interval) and p-value in Fig. 8b.

The corrected Fig. 8b is given below:

[†]Victoria L. Banks and Shannon N. Millard were affiliated with Adelphi Real World at the time of the study.

The original article can be found online at <https://doi.org/10.1186/s12931-023-02523-1>.

*Correspondence:

Afisi S. Ismaila
afisi.s.ismaila@gsk.com

¹ Value Evidence and Outcomes, R&D Global Medical, GSK, 1250 South Collegeville Road, Collegeville, PA, USA

² Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, ON, Canada

³ Value Evidence and Outcomes, R&D Global Medical, GSK, London, UK

⁴ Real-World Evidence, Adelphi Real World, Bollington, Cheshire, UK

⁵ Integrated Evidence Generation (Women's Health Care), Bayer PLC, Reading, UK

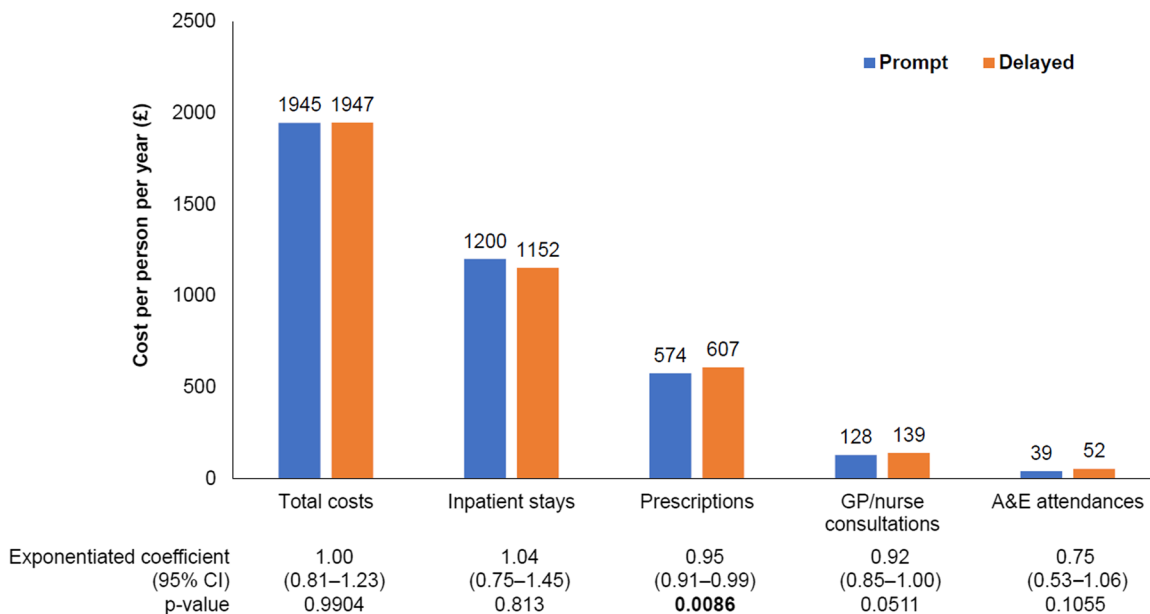
⁶ Global Medical, GSK, London, UK

⁷ P1vital Limited, Wallingford, Oxfordshire, UK

⁸ College of Medicine and Health, University of Exeter Medical School, University of Exeter, Exeter, UK



b COPD-related



These errors also impacted some statements under the “Results” and “Discussion” sections and “Conclusions”. This text has now been amended in this Correction.

Results

HCRU and costs following FF/UMEC/VI initiation.

The text in the penultimate sentence under the heading “HCRU and costs following FF/UMEC/VI initiation” in the “Results” section originally read: Prompt initiators had numerically lower all-cause total costs and **significantly lower** COPD-related costs per-person-per-year compared with delayed initiators (Fig. 8; COPD-related costs: prompt £742, delayed £801, p=0.0016).

Corrected sentence: Prompt initiators had numerically lower all-cause total costs and **similar** COPD-related costs per-person-per-year compared with delayed initiators (Fig. 8).

Discussion

The first sentence of the second “Discussion” paragraph originally read: Prompt initiation of FF/UMEC/VI following the index exacerbation was also associated with fewer all-cause and COPD-related hospital readmissions at all time points assessed, **as well as lower COPD-related total costs and COPD-related prescription costs** compared with delayed initiation.

Corrected sentence: Prompt initiation of FF/UMEC/VI following the index exacerbation was also associated with fewer all-cause and COPD-related hospital readmissions at all time points assessed, **as well as lower COPD-related prescription costs** compared with delayed initiation.

Conclusions

Finally, an additional discrepancy in the “Conclusions” section is noted.

The first sentence originally read: Compared with delayed initiation, prompt initiation of FF/UMEC/VI following a moderate/severe exacerbation was associated with fewer subsequent exacerbations, fewer hospital readmissions, and lower COPD-related **medical** costs.

Corrected sentence: Compared with delayed initiation, prompt initiation of FF/UMEC/VI following a moderate/severe exacerbation was associated with fewer subsequent exacerbations, fewer hospital readmissions, and lower COPD-related **prescription** costs.

The Authors apologise for these discrepancies and for any inconvenience to the journal and to the readers.

The original article has been corrected.

Published online: 01 April 2024

Reference

1. Ismaila AS, Rothnie KJ, Wood RP, Banks VL, Camidge LJ, Czira A, Compton C, Sharma R, Millard SN, Massey O, Halpin DMG. Benefit of prompt initiation of single-inhaler fluticasone furoate, umeclidinium, and vilanterol (FF/UMEC/VI) in patients with COPD in England following an exacerbation: a retrospective cohort study. *Respir Res.* 2023;24:229. <https://doi.org/10.1186/s12931-023-02523-1>.

Publisher’s Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.