

CORRECTION

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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

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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>.

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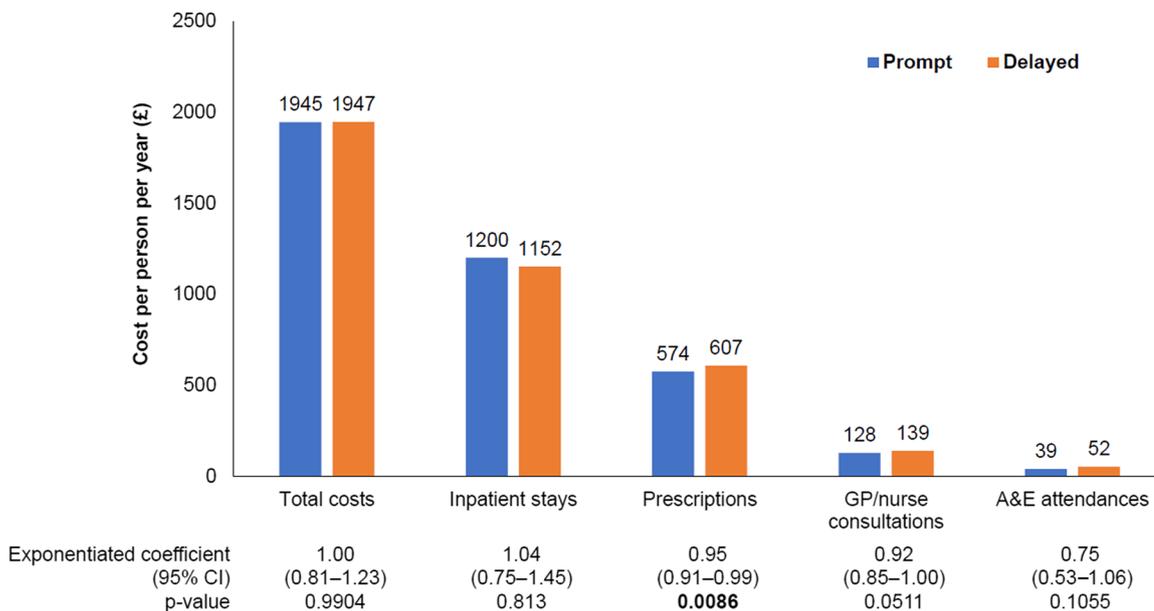
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b COPD-related



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.

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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>.

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