

Correction

Safety of the Methotrexate–leflunomide Combination in Rheumatoid Arthritis: Results of a Multicentric, Registry-based, Cohort Study (BiobadaBrasil)

Markus Bredemeier, Roberto Ranza, Adriana M. Kakchasi, Aline Ranzolin, Inês G. da Silveira, Ana C.M. Ribeiro, David C. Titton, André L.S. Hayata, Hellen M.S. Carvalho, Bárbara S. Kahlow, Vander Fernandes, Paulo Louzada Jr., Manoel B. Bértolo, Ângela L.B.P. Duarte, José C. Macieira, José R.S. Miranda, Geraldo R.C. Pinheiro, Reginaldo B. Teodoro, Marcelo M. Pinheiro, Valéria Valim, Ivânio A. Pereira, Maria F.L.C. Sauma, Gláucio R.W. de Castro, Laurindo F. da Rocha Jr., Sâmia A.S. Studart, Morgana O. Gazzeta, Leticia G. da Silveira, Cristiano M. Lupo, and Ieda M.M. Laurindo

J Rheumatol 2021; doi: 10.3899/jrheum.201248

In the Results section, under the subheading, “Comparison of MTX + LEF with MTX/LEF” the first sentence in the third paragraph should not include adjusted HRs (aHRs) as the values refer to crude incidence: “Considering the risk of laboratory abnormalities comparing MTX + LEF with the MTX or LEF group, there were numerically higher incidence of anemia (0.7, 95% CI 0.4–1.2 per 100 PY vs 0.4, 95% CI 0.2–0.6 per 100 PY, respectively), and elevation of hepatic transaminases (0.6, 95% CI 0.3–1.1 per 100 PY vs 0.3, 95% CI 0.1–0.5 per 100 PY, respectively) in the former group.” In the Table 3 footnotes, biologic DMARDs/tofacitinib should not be included in the legend “b”. The correct legend is, “^b Adjusted for age, baseline DAS28, disease duration, sex, current smoking, seropositivity for rheumatoid factor or anti-CCP, history of malignancy, diabetes, hypertension, hypercholesterolemia, renal failure, ischemic cardiomyopathy, COPD, heart failure, use of sulfasalazine, antimalarials, corticosteroids, starting year, osteoporosis, and hepatitis B and C.” The errors do not affect the results or conclusions of the study.

doi: 10.3899/jrheum.201248.C1