

Erratum**Erratum to ‘Anticholinergic Drug Burden in Noncancer Versus Cancer Patients Near the End of Life’ [Journal of Pain and Symptom Management 52 (2016) 737–743]**

The publisher regrets in the article: Anticholinergic Drug Burden in Noncancer Versus Cancer Patients Near the End of Life, by Hochman MJ, et al, JPSM, 52 (5): 737-43, the authors recently discovered coding error within the primary dataset, which impacted secondary analyses that used the dataset. Repeating their analyses with the corrected summary scores did not yield any changes in the overall results, or in the directionality of findings. The only impact is a slight change in some of the specific numbers in the text and tables, and smaller *P*-values in a few instances. A summary of changes is presented below:

Update to Table 1: Baseline Demographic and Clinical Characteristics of Statin Trial Patients in Secondary Analysis

	Amended Results				Original Analysis			
	Noncancer (<i>N</i> = 118)	Cancer (<i>N</i> = 126)	Total (<i>N</i> = 244)	<i>P</i> Value	Noncancer (<i>N</i> = 118)	Cancer (<i>N</i> = 126)	Total (<i>N</i> = 244)	<i>P</i> Value
McGill quality of life				0.2365				0.9625
Mean (SD)	7.1 (1.4)	6.9 (1.2)	7.0 (1.3)		6.3 (2.5)	6.7 (1.4)	6.5 (1.9)	
(report generated on 05/DEC/2018)								

Summary of amendment

The reported McGill Quality of life increased from 6.3 (SD: 2.5) to 7.1 (SD: 1.4) in the non-cancer group after the fixed coding error. The reported McGill Quality of life increased from 6.7 (SD: 1.4) to 6.9 (SD: 1.2) for the cancer group. Overall this does not change our conclusion since there was still no evidence of a difference in means between groups.

Suggested change to manuscript text (page #740, first paragraph of Results section):

Differences in QOL and average ACL (7.1 vs. 6.9 and 3.2 vs. 2.8, respectively) were not statistically significant.

Update to Table 2: Multivariable Ordinal Logistic Regression Showing Effect of ACL on Several Outcomes

Outcome	Amended Results		Original Analysis	
	OR Per Unit of ACL (95% CI)	<i>P</i> Value	OR Per Unit of ACL (95% CI)	<i>P</i> Value
QOL	0.81 (0.72–0.91)	0.0005	0.89 (0.80–0.98)	0.024

Summary of amendment

The direction and conclusion from the ordinal logistic regression remains unchanged with the amendment.

Suggested change to manuscript text (page #741, multivariable analysis sub-section):

Increased ACL was significantly associated with worse patient fatigue (odds ratio [OR], 1.08; CI, 1.002–1.17; *P* = 0.045) and worse QOL (**OR, 0.81; CI, 0.72–0.91; *P* = 0.0005**) after adjusting for performance status, baseline hospice status, baseline cognitive status, and demographics.

Suggested change to Abstract text

ACL was associated with worse fatigue (odds ratio, 1.08; CI, 1.002–1.17) and worse QOL (odds ratio, **0.81; CI, 0.72–0.91**).

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Update to Table S6: Multivariable Ordinal Logistic Regression Showing Effect of Number of Anticholinergic Drugs (Polypharmacy) on Several Outcomes

Outcome	Amended Results		Original Analysis	
	OR Per Number of Anticholinergic Drugs (95% CI)	PValue	OR Per Number of Anticholinergic Drugs (95% CI)	PValue
QOL	0.76 (0.65–0.90)	0.0017	0.85 (0.74–0.99)	0.033

Summary of amendment

The direction and conclusion from the ordinal logistic regression remains unchanged with the amendment.

Suggested change to manuscript text (page #741, multivariable analysis sub-section):

In a sensitivity analysis examining the relationship between number of anticholinergic drugs and our outcomes of interest, we found that increased anticholinergic drug usage was significantly associated with drowsiness (OR, 1.12; CI, 1.01–1.24; $P = 0.04$) and worse QOL (**OR 0.76; CI, 0.65–0.90**; $P = 0.0017$; Table S6).

The publisher would like to apologise for any inconvenience caused.