

an obvious alternative diagnosis that can be used to confidently explain the totality of the clinical picture, then ADLL is considered to be true, and the points for ADLL are added to the Wells score.

In the current era, the inconvenience of performing a CT angiogram is so small, the financial incentive for performing a CT angiogram is so great, and the liability of missing a pulmonary embolism is so great that every patient who does not have a risk of complications due to receiving intravenous contrast material who has *any* suspicion for pulmonary embolism will undergo CT angiography, irrespective of the Wells score. ADLL and the Wells score become a practical issue only when patients cannot tolerate the intravenous contrast material administration necessary to perform CT angiography. The overzealous interpretation of irregularities on CT angiograms as miniscule as subsegmental pulmonary embolisms is likely becoming a greater problem in current practice than any deficiencies in the ordering of CT angiograms due to overzealous interpretation of ADLL in the computation of the Wells score.

**Author disclosures** are available with the text of this letter at [www.atsjournals.org](http://www.atsjournals.org).

Gilbert Berdine, M.D.\*  
Kenneth Nugent, M.D.  
Texas Tech University  
Lubbock, Texas

\*Corresponding author (e-mail: [gilbert.berdine@ttuhsc.edu](mailto:gilbert.berdine@ttuhsc.edu)).

## References

- 1 Abergg SK, Johnson SA. When alternative diagnoses are more likely than pulmonary embolism: a paradox. *Ann Am Thorac Soc* 2020;17:670–672.
- 2 Wells PS, Ginsberg JS, Anderson DR, Kearon C, Gent M, Turpie AG, *et al*. Use of a clinical model for safe management of patients with suspected pulmonary embolism. *Ann Intern Med* 1998;129:997–1005.
- 3 Bayes' theorem. San Francisco, CA: Wikimedia Foundation; 2020 [accessed 2020 Aug 19]. Available from: [https://en.wikipedia.org/wiki/Bayes%27\\_theorem](https://en.wikipedia.org/wiki/Bayes%27_theorem).
- 4 Occam's razor. San Francisco, CA: Wikimedia Foundation; 2020 [accessed 2020 Aug 19]. Available from: [https://en.wikipedia.org/wiki/Occam%27s\\_razor](https://en.wikipedia.org/wiki/Occam%27s_razor).

Copyright © 2021 by the American Thoracic Society



## Erratum: Triple Therapy versus Dual or Monotherapy with Long-Acting Bronchodilators for Chronic Obstructive Pulmonary Disease. A Systematic Review and Meta-analysis

The authors would like to make a correction to their article, published in the October 2020 issue of *AnnalsATS*. In the ABSTRACT, the line previously reading “increase in risk of pneumonia (relative risk, 1.47; 95% confidence interval [95% CI], 1.20–1.80;  $P < 0.001$ )” is corrected to “increase in risk of pneumonia (relative risk, 1.48; 95% confidence interval [95% CI], 1.23–1.79;  $P < 0.001$ )”. In the “Frequency of pneumonia” paragraph of the RESULTS section, the line previously reading “studies revealed a 47% increased risk of pneumonia with triple therapy when compared with LABA/LAMA or monotherapy with a LAMA (RR, 1.48; 95% CI, 1.23–1.79;  $P < 0.001$ ;  $\chi^2 P = 0.58$ ;  $I^2 = 0\%$ )” is corrected to “studies revealed a 48% increased risk of pneumonia with triple therapy when

compared with LABA/LAMA or monotherapy with a LAMA (RR, 1.48; 95% CI, 1.23–1.79;  $P < 0.001$ ;  $\chi^2 P = 0.58$ ;  $I^2 = 0\%$ )”. These corrections involve the hundredths values, and do not change the magnitude, direction, or significance of the treatment effect of ICS on the pneumonia outcome.

For the convenience of our readers, *AnnalsATS* is replacing the online version of the article with a corrected version.

## Reference

- 1 Mammen MJ, Lloyd DR, Kumar S, Ahmed AS, Pai V, Kunadharaju R, Gupta S, Nici L, Aaron SD, Alexander PE. Triple therapy versus dual or monotherapy with long-acting bronchodilators for chronic obstructive pulmonary disease. A systematic review and meta-analysis. *Ann Am Thorac Soc* 2020;17:1308–1318.

Copyright © 2021 by the American Thoracic Society

This article is open access and distributed under the terms of the Creative Commons Attribution Non-Commercial No Derivatives License 4.0 (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). For commercial usage and reprints please contact Diane Gern ([dgern@thoracic.org](mailto:dgern@thoracic.org)).