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CORRIGENDUM

The author noticed some errors in Douros et al.[1]

Specifically, sex was incorrectly assigned in the analysis dataset of the InGef database male patients were labelled as female patients and female patients were labelled as male patients. To fix the error the following changes are required in the article.

In the Results section, page 7, the text is corrected from "Concomitant use of DOACs and antiplatelet agents was associated with a decreased risk of major bleeding among male patients (weighted HR, 0.54; 95% CI, 0.30–0.96; I^2, 0.00) but not among female patients (weighted HR, 1.05; 95% CI, 0.62–1.77; I^2, 0.00). Moreover, while there was no association between concomitant use of DOACs and antiplatelet agents and the risk of all-cause mortality among male patients (weighted HR, 0.95; 95% CI, 0.56–1.60; I^2, 0.00), there was a nonsignificant trend toward an increased risk among female patients (weighted HR, 1.64; 95% CI, 0.98–2.72; I^2, 0.00). However, secondary analyses were based on few events and should be interpreted with caution (results presented in Tables S5 and S6 in Appendix S1)." to "Secondary analyses for the primary outcomes major bleeding and all-cause mortality (not feasible for recurrent VTE) did not suggest an effect modification by age or sex. However, they were based on few events and should be interpreted with caution (results presented in eTables 5 and 6 in Appendix S1)."

Also, in the Discussion section (page 8, paragraph 1), the text is corrected from "Finally, our secondary analyses suggested more favorable effects for male patients." to "Finally, our secondary analyses suggested no effect modification by sex, which is congruent with the results in the RCTs."

Importantly, the programming error did not affect any of the results of the primary analyses. Therefore, the main conclusions of the study remain unchanged.

The corrected Tables are given below.

The authors apologise for the error.

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TABLE 2 Baseline characteristics of patients with VTE initiating concomitant use of oral anticoagulants and antiplatelet agents before and after propensity score weighting (InGef database)

	Before weighting					After weighting				
Characteristic[a]	DOACs + APs (n = 1234)		VKAs + APs (n = 493)		SMD	DOACs + APs (n = 1235)		VKAs + APs (n = 489)		SMD
Age, in years (mean, SD)	74.8	11.8	72.7	11.1	0.181	74.2	11.6	74.0	11.5	0.016
Female sex	549	44.5	201	40.8	0.075	535	43.3	209	42.6	0.014
Comorbidities										
Obesity	<5	–	0	0.0	NA	–	–	–	–	NA
Varicose veins/PTS	36	2.9	12	2.4	0.029	35	2.9	15	3.1	−0.016
Arterial hypertension	1,140	92.4	449	91.1	0.048	1,135	91.9	448	91.6	0.011
Congestive heart failure	479	38.8	189	38.3	0.010	477	38.6	182	37.3	0.028
Myocardial infarction	174	14.1	63	12.8	0.038	170	13.8	65	13.3	0.013
Stroke	293	23.7	91	18.5	0.127	275	22.3	112	22.8	−0.013
Diabetes mellitus	513	41.6	210	42.6	−0.021	519	42.1	210	43.0	−0.018
Chronic kidney disease	320	25.9	179	36.3	−0.230	357	28.9	141	28.9	0.000
Moderate to severe liver disease	11	0.9	5	1.0	NA	–	–	–	–	NA
Inflammatory bowel disease	20	1.6	16	3.3	−0.114	26	2.1	10	2.1	0.002
Cancer	298	24.2	109	22.1	0.048	291	23.6	113	23.1	0.011
Bleeding	234	19.0	91	18.5	0.013	233	18.9	90	18.4	0.012
Fracture	81	6.6	18	3.7	0.126	71	5.7	27	5.4	0.013
Major surgery	472	38.3	209	42.4	−0.085	486	39.4	189	38.6	0.017
Comedications										
APs, duration in days (mean, SD)	195.8	125.7	179.6	127.0	0.128	190.6	126.3	188.6	126.5	0.015
Oral contraceptives	9	0.7	6	1.2	NA	–	–	–	–	NA
Hormone replacement therapy	0	0.0	0	0.0	NA	–	–	–	–	NA
Tamoxifen	7	0.6	7	1.4	NA	–	–	–	–	NA
Systemic corticosteroids	248	20.1	96	19.5	0.016	244	19.8	95	19.4	0.010
SSRIs	133	10.8	45	9.1	0.054	127	10.3	49	10.1	0.007
Proton pump inhibitors	756	61.3	277	56.2	0.104	739	59.8	293	59.9	−0.002
NSAIDs	470	38.1	191	38.7	−0.013	474	38.4	193	39.5	−0.021
Proxies of overall health										
Number of hospitalizations										
0	417.00	33.79	158.00	32.05	0.037	411.31	33.32	164.10	33.53	−0.005
1	356.00	28.85	146.00	29.61	−0.017	359.76	29.14	142.18	29.05	0.002
2	195.00	15.80	96.00	19.47	−0.098	208.73	16.91	82.40	16.84	0.002
>2	266.00	21.56	93.00	18.86	0.066	254.71	20.63	100.69	20.58	0.001
Number of non-antithrombotic drugs										
0–10	561.00	45.46	235.00	47.67	−0.044	568.90	46.08	225.64	46.11	−0.001
11–15	386.00	31.28	129.00	26.17	0.112	366.87	29.72	142.12	29.04	0.015
≥16	287.00	23.26	129.00	26.17	−0.068	298.73	24.20	121.60	24.85	−0.015

Note: S Suppressed due to small numbers (<5) as per confidentiality agreement with the data custodians contributing data to the InGef database.

Abbreviations: APs, antiplatelet agents; DOACs, direct oral anticoagulants; InGef, Institute for Applied Health Research Berlin;NA, not applicable; NSAIDs, non-steroidal anti-inflammatory drugs; PTS, post-thrombotic syndrome; SD, standard deviation; SMD; SSRIs, selective serotonin reuptake inhibitors; standardized mean difference; VKAs, vitamin K antagonists.

[a]Values are numbers (percentages) unless stated otherwise.

TABLE S5 Association between concomitant use of DOACs and antiplatelet agents and the risk of major bleeding compared with concomitant use of VKAs and antiplatelet agents among patients with VTE (secondary analyses)

Stratification factor	Analysis	Weighted[a] HR (95% CI)	I^2
Sex	Male		
	RAMQ	0.50 (0.26 to 0.97)	
	InGef	**1.35 (0.62 to 2.94)**	
	Overall	**0.80 (0.30 to 2.14)**	**0.73**
	Female		
	RAMQ	0.84 (0.41 to 1.72)	
	InGef	**0.70 (0.20 to 2.48)**	
	Overall	**0.80 (0.43 to 1.50)**	**0.00**
Age	≤80 years		
	RAMQ	0.56 (0.30 to 1.06)	
	InGef	1.63 (0.69 to 3.84)	
	Overall	0.92 (0.32 to 2.60)	0.74
	>80 years		
	RAMQ	0.75 (0.35 to 1.60)	
	InGef	0.59 (0.20 to 1.73)	
	Overall	0.69 (0.37 to 1.29)	0.00
Type of bleeding[b]	Gastrointestinal bleeding[b]		
	RAMQ	0.85 (0.45 to 1.63)	
	InGef	1.19 (0.47 to 3.05)	
	Overall	0.95 (0.56 to 1.61)	0.00
	Other major bleeding		
	RAMQ	0.40 (0.18 to 0.88)	
	InGef	1.22 (0.46 to 3.26)	
	Overall	0.67 (0.23 to 2.00)	0.67

Abbreviations: DOACs, direct oral anticoagulants; VKAs, vitamin K antagonists; VTE, venous thromboembolism; HR, hazard ratio; CI, confidence interval; InGef, Institute for Applied Health Research Berlin; RAMQ, Régie de l'assurance maladie du Québec.

[a]After propensity score based inverse probability of treatment weighting.

[b]The low number of exposed events precluded an analysis on the risk of intracranial haemorrhage.

TABLE S6 Association between concomitant use of DOACs and antiplatelet agents and the risk of all-cause mortality compared with concomitant use of VKAs and antiplatelet agents among patients with VTE (secondary analyses)

Stratification factor	Analysis	Weighted[a] HR (95% CI)	I^2
Sex	Male		
	RAMQ	0.94 (0.48 to 1.82)	
	InGef	**1.59 (0.68 to 3.73)**	
	Overall	**1.15 (0.68 to 1.94)**	**0.00**
	Female		
	RAMQ	1.66 (0.88 to 3.13)	
	InGef	**0.96 (0.41 to 2.25)**	
	Overall	**1.36 (0.81 to 2.28)**	**0.03**
Age	≤80 years		
	RAMQ	0.51 (0.20 to 1.27)	
	InGef	1.17 (0.52 to 2.61)	
	Overall	0.80 (0.35 to 1.79)	0.43
	>80 years		
	RAMQ	1.94 (1.11 to 3.38)	
	InGef	1.39 (0.56 to 3.42)	
	Overall	1.77 (1.10 to 2.84)	0.00

Abbreviations: DOACs, direct oral anticoagulants; VKAs, vitamin K antagonists; VTE, venous thromboembolism; HR, hazard ratio; CI, confidence interval; RAMQ, Régie de l'assurance maladie du Québec; InGef, Institute for Applied Health Research Berlin.

[a]After propensity score based inverse probability of treatment weighting.

REFERENCE

1. Douros A, Basedow F, Cui Y, Walker J, Enders D, Tagalakis V. Effectiveness and safety of direct oral anticoagulants with antiplatelet agents in patients with venous thromboembolism: a multi-database cohort study. *Res Pract Thromb Haemost*. 2022;6:e12643. doi:10.1002/rth2.12643

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.