Apixaban for the Treatment of Japanese Subjects With Acute Venous Thromboembolism (AMPLIFY-J Study)

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The authors apologize for an error in the median proportion of TTR for INR 1.5–2.5 in the UFH/warfarin group. Corrections are shown below.

1) Page 1230, abstract, lines 10–11
   Incorrect:
   Proportion of major/clinically relevant non-major bleeding was lower in apixaban (7.5%) compared with well-controlled UFH/warfarin (28.2%; median TTR, 70.1%).
   Correct:
   Proportion of major/clinically relevant non-major bleeding was lower in apixaban (7.5%) compared with well-controlled UFH/warfarin (28.2%; median TTR, 70.4%).

2) Page 1232, right column, lines 18–19
   Incorrect:
   In the UFH/warfarin group, the median proportion of TTR for INR 1.5–2.5 was 70.1%.
   Correct:
   In the UFH/warfarin group, the median proportion of TTR for INR 1.5–2.5 was 70.4%.

3) Page 1235, “discussion” section in left column, lines 12–17
   Incorrect:
   Important findings of the study are that apixaban was well-tolerated, had a favorable safety profile, and no clinically important difference in efficacy was observed, compared with well-controlled standard of care; UFH/warfarin had median TTR 70.1% for the recommended INR range in the Japan VTE treatment guideline.
   Correct:
   Important findings of the study are that apixaban was well-tolerated, had a favorable safety profile, and no clinically important difference in efficacy was observed, compared with well-controlled standard of care; UFH/warfarin had median TTR 70.4% for the recommended INR range in the Japan VTE treatment guideline.