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Dhaliwal, Ruban Hans, Didier Hattersley, Gary et al.

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Erratum for Abaloparatide in Postmenopausal Women With Osteoporosis and Type 2 Diabetes: A Post Hoc Analysis of the ACTIVE Study

Ruban Dhaliwal, Didier Hans, Gary Hattersley, Bruce Mitlak, Lorraine A Fitzpatrick, Yamei Wang, Ann V Schwartz, Paul D Miller, and Robert G Josse

This article corrects the following: Abaloparatide in Postmenopausal Women With Osteoporosis and Type 2 Diabetes: A Post Hoc Analysis of the ACTIVE Study

Ruban Dhaliwal, Didier Hans, Gary Hattersley, Bruce Mitlak, Lorraine A Fitzpatrick, Yamei Wang, Ann V Schwartz, Paul D Miller, Robert G Josse

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JBMR Plus. 2020 Feb 27;4(4):e10346. doi: 10.1002/jbm4.10346. eCollection 2020 Apr.

First published online: https://doi.org/10.1002/jbm4.10346 The authors wish to acknowledge that three corrections have been made. In the Results section, regarding change in trabecular bone score (TBS) during ACTIVE in patients with type 2 diabetes mellitus (T2DM), a negative sign was inadvertently inserted before "1.32" that was incorrect in the following phrase:

"At 6 months, mean percent change from baseline in lumbar spine TBS was 2.63% (95% CI, 1.54% to 3.72%) in the abaloparatide group, 1.32% (95% CI, 0.38% to 2.26%) in the teriparatide group, and -0.10% (95% CI, -1.14% to 0.94%) in the placebo group (P < 0.01 for abaloparatide versus placebo and P < 0.05 for teriparatide versus placebo; difference between abaloparatide and teriparatide was not significant)."⁽¹⁾

In Table 2, a portion of footnote b was not relevant; it has therefore been deleted. Table 2 remains unchanged. The corrected footnote is shown here:

ACTIVE = **A**baloparatide **C**omparator **Tr**ial **In V**ertebral **E**ndpoints; T2DM = type 2 diabetes mellitus.

^aIndicates adverse events that occurred in at least 5% of patients (in any arm) with T2DM in ACTIVE.

^bFour patients with a reported adverse event of T2DM were marked "condition aggravated."

^cHypercalcemia was defined as albumin-corrected serum calcium value ≥10.7 mg/dL (≥2.67 mmol/L) at any time point, which was a prespecified secondary endpoint.

In Fig. 1, the "Ns" were reported incorrectly for the teriparatide (TPTD) and placebo (PBO) treatment groups. This error has now been corrected in the revised Fig. 1 shown here.

The authors regret any confusion and inconvenience this may have caused the readers of *JBMR Plus*. The main conclusion of the study, that abaloparatide treatment resulted in significant improvements in BMD and lumbar spine TBS

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¹Metabolic Bone Disease Center, State University of New York Upstate Medical University, Syracuse, NY

²Center of Bone Disease, Bones & Joints Department, Lausanne University Hospital, Lausanne, Switzerland

³Clinical Development, Radius Health, Inc., Waltham, MA

⁴Biostatistics, Radius Health, Inc., Waltham, MA

⁵Department of Epidemiology and Biostatistics, UCSF School of Medicine, San Francisco, CA

⁶Research, Colorado Center for Bone Research, Lakewood, CO

⁷Research, St. Michael's Hospital, University of Toronto, Toronto, CO, Canada

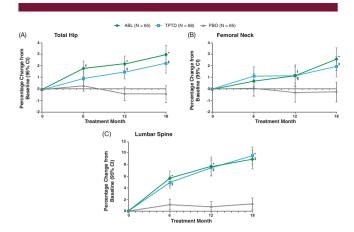


Fig 1. Change in BMD. ABL = abaloparatide; PBO = placebo; TPTD = teriparatide.

 $^{*}\text{P}<0.001$ ABL vs PBO; $^{\dag}\text{P}<0.05$ ABL vs PBO; $^{\dag}\text{P}<0.001$ TPTD vs PBO; $^{\dag}\text{P}<0.05$ TPTD vs PBO.

compared with placebo in the T2DM population, was not affected by the errors.

PEER REVIEW

The peer review history for this article is available at https://publons.com/publon/10.1002/jbm4.10414.

Reference

1. Dhaliwal R, Hans D, Hattersley G, et al. Abaloparatide in postmenopausal women with osteoporosis and type 2 diabetes: a post hoc analysis of the ACTIVE study. JBMR Plus. 2020;4(4):e10346.

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