Trials

CORRECTION Open Access

Correction: Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease (BARACK D) trial–a multi-centre, prospective, randomised, open, blinded end-point, 36-month study of 2,616 patients within primary care with stage 3b chronic kidney disease to compare the efficacy of spironolactone 25 mg once daily in addition to routine care on mortality and cardiovascular outcomes versus routine care alone: study protocol for a randomized controlled trial

Nathan R. Hill[1,2], Daniel Lasserson[1,2], Ben Thompson[1], Rafael Perera-Salazar[1], Jane Wolstenholme[3], Peter Bower[4], Thomas Blakeman[4], David Fitzmaurice[5], Paul Little[6], Gene Feder[7], Nadeem Qureshi[8], Maarten Taal[9], Jonathan Townend[10], Charles Ferro[10], Richard McManus[1] and F. D. Richard Hobbs[1,2*]

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Following publication of the original article [1], an error was identified between the primary outcome specified in the original protocol, the detailed SAP, and the endpoint forms and a later version of the protocol that this paper was based upon.

The following paragraph in the "Outcomes" section should be changed as follows:

Outcomes

Primary endpoint

Time from randomisation until the first occurring of death or hospitalisation for heart disease (coronary heart disease, arrhythmia, atrial fibrillation, sudden death, resuscitated sudden death), stroke, transient ischaemic attack, peripheral arterial disease or heart failure or first onset of any condition listed above not present at baseline. Primary endpoints will be

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*Correspondence: richard.hobbs@phc.ox.ac.uk

[1] Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK
Full list of author information is available at the end of the article

adjudicated by an independent endpoints committee blinded to treatment arm.

Existing Text:

Outcomes

Primary endpoint

Time from randomisation until the first occurring death, first onset, or hospitalisation for heart disease (coronary heart disease, arrhythmia, new onset/first recorded atrial fibrillation, sudden death, failed sudden death), stroke, or heart failure. Primary endpoints will be adjudicated by an independent Endpoint Committee blinded to the treatment arm.

Author details

[1]Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK. [2]NIHR Oxford Biomedical Research Centre, Oxford University Hospitals NHS Trust, John Radcliffe Hospital, Headley Way, Oxford OX3 9DU, UK. [3]Department of Public Health, University of Oxford, Old Road Campus, Headington, Oxford OX3 7LF, UK. [4]Centre for Primary Care, Institute of Population Health, University of Manchester, Williamson Building, Oxford Road, Manchester M13 9PL, UK. [5]Primary Care Clinical Sciences, School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK. [6]Primary Medical Care, University of Southampton, Aldermoor Health Centre, Aldermoor Close, Southampton SO16 5ST, UK. [7]School of Social and Community Medicine, University of Bristol, Office Room 1.01c, Canynge Hall, 39 Whatley Road, Bristol BS8 2PS, UK. [8]School of Medicine, Room 1307 Tower Building, University Park, Nottingham NG7 2RD, UK. [9]Department of Renal Medicine, Royal Derby Hospital, Uttoxeter Road, Derby, Derbyshire DE22 3NE, UK. [10]Cardio-Renal Research Group, Departments of Cardiology and Nephrology, Queen Elizabeth Hospital Birmingham and University of Birmingham, Edgbaston, Birmingham B15 2TH, UK.

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1. Hill NR, Lasserson D, Thompson B, et al. Benefits of Aldosterone Receptor Antagonism in Chronic Kidney Disease (BARACK D) trial–a multi-centre, prospective, randomised, open, blinded end-point, 36-month study of 2,616 patients within primary care with stage 3b chronic kidney disease to compare the efficacy of spironolactone 25 mg once daily in addition to routine care on mortality and cardiovascular outcomes versus routine care alone: study protocol for a randomized controlled trial. Trials. 2014;15:160. https://doi.org/10.1186/1745-6215-15-160.