

race. The first cases of hyponatremia appeared in the cluster of participants who finished in the 9th hour of the race; cases of critical hyponatremia occurred in the clusters of participants who finished in the 12th and 14th hours of the race.

A previous study involving marathon runners showed that 12 to 13% of participants had hyponatremia and that the incidence of critical hyponatremia was 0.5 to 1%.¹ In contrast, the observed incidence of hyponatremia in long-distance triathlons was 10.6%. The incidence of critical hyponatremia was 0.3% (approximately half the incidence seen among marathoners). Our data show that exercise-associated hyponatremia occurs in a considerable percentage of long-distance triathletes. Female triathletes with a racing time of 9 hours or more appear to be the most susceptible to hyponatremia.

Matthias Danz, M.D.

St. Martinus Hospital
Olpe, Germany

Jochen Hinkelbein, M.D.

Stefan Braunecker, M.D.

University Hospital of Cologne
Cologne, Germany
stefan.braunecker@uk-koeln.de

and Others

A complete list of authors is available with the full text of this letter at NEJM.org.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

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CORRECTIONS

Subclinical Atrial Fibrillation and the Risk of Stroke (January 12, 2012;366:120-9). In the Stroke or Systemic Embolism subsection of Results (page 123), the first two sentences of the second paragraph included inaccurate hazard ratios, 95% confidence intervals, and P values. In the first sentence, the parenthetical should have read, "(hazard ratio, 1.77; 95% CI, 1.01 to 3.10; P=0.047)," rather than "(hazard ratio, 1.76; 95% CI, 0.99 to 3.11; P=0.05)." In the second sentence, the parentheticals should have read, "(hazard ratio, 2.99; 95% CI, 1.55 to 5.77; P=0.001)," rather than

"(hazard ratio, 2.00; 95% CI, 1.13 to 3.55; P=0.02)," and "(hazard ratio, 4.96; 95% CI, 2.39 to 10.3; P<0.001)," rather than "(hazard ratio, 1.98; 95% CI, 1.11 to 3.51; P=0.02)." The article is correct at NEJM.org.

Chimeric Antigen Receptor–Modified T Cells in Chronic Lymphoid Leukemia (August 25, 2011;365:725-33), Chimeric Antigen Receptor–Modified T Cells for Acute Lymphoid Leukemia (April 18, 2013;368:1509-18), Chimeric Antigen Receptor T Cells for Sustained Remissions in Leukemia (October 16, 2014;371:1507-17). Three articles omitted an acknowledgment of work associated with the chimeric antigen receptor that was used in the studies. The acknowledgments at the end of each article should have included the following sentence: "Drs. Dario Campana and Chihaya Imai and others at St. Jude Children's Research Hospital designed, developed, and provided under material transfer agreements the chimeric antigen receptor (CAR) that was used in this study." The articles are correct at NEJM.org.

NOTICES

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Contact MCA Scientific Events, Via Binda 34, 20143 Milan, Italy; or call (39) 2 34934404; or fax (39) 2 34934397; or e-mail luerti@mcascientificevents.eu or direnzo@mcascientificevents.eu; or see <http://www.ecpm2016.eu>.

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