CORRIGENDUM

Clinical Efficacy and Safety of Leflunomide in Egyptian Patients with Active Rheumatoid Arthritis: CLEAR Interim Results


1Department of Rheumatology, Faculty of Medicine, Ain Shams University, Cairo, Egypt
2Rheumatology Department, Faculty of Medicine, Alexandria University, Alexandria, Egypt
3Rheumatology Department, Faculty of Medicine, Al-Azhar University, Cairo, Egypt
4Rheumatology, Physical Medicine and Rehabilitation Department, Menoufia University, Al Minufiyah, Egypt
5Rheumatology & Rehabilitation Department, Minia University, Minia, Egypt
6Rheumatology, Physical Medicine & Rehabilitation Department, Faculty of Medicine, Suez Canal University, Ismailia, Egypt
7Rheumatology & Internal Medicine Department, Ain Shams University, Cairo, Egypt
8Department of Rheumatology and Rehabilitation, Assuit University, Assiut, Egypt
9Rheumatology Department, Benha Teaching Hospital, Benha, Egypt
10Rheumatology & Internal Medicine Department, Alexandria University, Alexandria, Egypt
11Rheumatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt
12Rheumatology and Rehabilitation Department, Faculty of Medicine, Zagazig University, Zagazig, Egypt
13Rheumatology Department, Faculty of Medicine, Mansoura University, Mansoura, Egypt

The Open Rheumatology Journal, 2018, 12: 323-331

Clinical Efficacy and Safety of Leflunomide in Egyptian Patients with Active Rheumatoid Arthritis: CLEAR Interim Results

The Open Rheumatology Journal, 2018, 12: 323-331

The last paragraph on page 327 is revised as follows:

In regards to patients receiving leflunomide as a first-line therapy, the mean ±SD CDAI total score was significantly decreased (p<0.001) from 35.40 ±16.49 at baseline visit to reach 15.04 ±9.63 after 6 weeks from treatment initiation. After additional 6 weeks, further significant decrease (p=0.028) was observed in the mean ±SD CDAI total score to reach 11.83 ±5.88.

The original paragraph provided is mentioned below:

In regards to patients receiving leflunomide as a first-line therapy, the mean ±SD CDAI total score was significantly decreased (p<0.001) from 35.40 ±16.49 at baseline visit to reach 15.04 ±9.63 after 6 weeks from treatment initiation. After additional 6 weeks, the mean ±SD CDAI total score was insignificantly decreased (p=0.028) to be 11.83 ±5.88.

The first paragraph on page 328 is revised as follows:

In a similar pattern, in patients receiving leflunomide as add-on therapy to other DMARDs with or without steroids, the mean ±SD CDAI total score was significantly decreased (p<0.001) from 37.09 ±14.12 at baseline visit to reach 20.42 ±9.36 after 6 weeks from treatment initiation. Unlike patients receiving leflunomide as a first line therapy, in this group, the mean ±SD CDAI total score was significantly further decreased to reach 15.98 ±10.32 after additional 6 weeks.

The original paragraph provided is mentioned below:

In patients receiving leflunomide as add-on therapy to other DMARDs with or without steroids, the mean ±SD CDAI total score was significantly decreased from 37.09 ±14.12 at baseline visit to reach 20.42 ±9.36 after 6 weeks from treatment initiation. Unlike patients receiving leflunomide as a first line therapy, in this group, the mean ±SD CDAI total score was significantly further decreased to reach 15.98 ±10.32 after an additional 6 weeks.

© 2019 El Sayed et al.

This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International Public License (CC-BY 4.0), a copy of which is available at: (https://creativecommons.org/licenses/by/4.0/legalcode). This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

DOI: 10.2174/1874312901913010085, 2019, JJ, 85-85