

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 Thompson¹, Rafael Perera-Salazar¹, Jane Wolstenholme³, Peter Bower⁴, Thomas Blakeman⁴, David Fitzmaurice⁵, Paul Little⁶, Gene Feder⁷, Nadeem Qureshi⁸, Maarten Taal⁹, Jonathan Townend¹⁰, Charles Ferro¹⁰, Richard McManus¹ and F. D. Richard Hobbs^{1,2*}

Correction: *Trials* 15, 160 (2014)
<https://doi.org/10.1186/1745-6215-15-160>

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

The original article can be found online at <https://doi.org/10.1186/1745-6215-15-160>.

*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

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



© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

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

¹Nuffield Department of Primary Care Health Sciences, University of Oxford, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK.

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

Published online: 12 December 2022

Reference

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>.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

