



Corrigendum: Association Between Prior Aspirin Use and Acute Respiratory Distress Syndrome Incidence in At-Risk Patients: A Systematic Review and Meta-Analysis

OPEN ACCESS

Edited and reviewed by:

Olayinka Olabode Ogunleye,
Lagos State University, Nigeria

*Correspondence:

Tongwen Sun
suntongwen@163.com

[†]These authors have contributed
equally to this work

Specialty section:

This article was submitted to
Pharmaceutical Medicine and
Outcomes Research,
a section of the journal
Frontiers in Pharmacology

Received: 16 July 2020

Accepted: 07 September 2020

Published: 30 September 2020

Citation:

Liang H, Ding X, Li H, Li L and Sun T
(2020) Corrigendum: Association
Between Prior Aspirin Use and Acute
Respiratory Distress Syndrome
Incidence in At-Risk Patients: A
Systematic Review and Meta-Analysis.
Front. Pharmacol. 11:583449.
doi: 10.3389/fphar.2020.583449

Huoyan Liang^{1†}, Xianfei Ding^{1†}, Hongyi Li¹, Lifeng Li² and Tongwen Sun^{1*}

¹ General ICU, First Affiliated Hospital of Zhengzhou University, Henan Key Laboratory of Critical Care Medicine, Zhengzhou, China, ² Cancer Centre, First Affiliated Hospital of Zhengzhou University, Zhengzhou, China

Keywords: aspirin, acute respiratory distress syndrome, at-risk, systematic review, meta-analysis

A Corrigendum on

Association Between Prior Aspirin Use and Acute Respiratory Distress Syndrome Incidence in At-Risk Patients: A Systematic Review and Meta-Analysis

By Liang H, Ding X, Li H, Li L and Sun T (2020). *Front. Pharmacol.* 11:738.
doi: 10.3389/fphar.2020.00738

In the original article, there was a mistake in **Table 1** as published. The studies from Chen et al. and O'Neal et al. were conducted in United States rather than China and UK. The corrected **Table 1** appears below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Copyright © 2020 Liang, Ding, Li, Li and Sun. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

TABLE 1 | Characteristics of the included studies.

Author (year)	Country	S			P		I	C	O	Quality score	
		Study design	MC/SC	Study period	At-risk patients (participants)	ALI/ARDS definition					Dose and duration of aspirin use
Boyle et al. (2015) ^[20]	UK	PS	SC	12/2010-07/2012	ARDS patients	North America/European consensus	75-300 mg/daily	Age, APACHE II score, Coronary artery disease, PaO ₂ /FIO ₂ ratio, Vasopressor use	56/146	ICU mortality; duration of ICU stay; hospital mortality.	7
Chen et al. (2015) ^[19]	US	PS	SC	23/01/2006-18/02/2012	Critically ill patients	Berlin definition	81 mg/d, 325 mg/d	Age, gender, race, sepsis and APACHE II score	287/862	Risk of ARDS; risk of sepsis.	8
Kor et al. (2011) ^[21]	US	PS	MC	03/2009-09/2009	Patients with at least one major risk factor for ALI	Standard American-European consensus	NA	Age, Sex (male), Admission Source, Diabetes Mellitus, Cirrhosis, Chronic Kidney Disease, Stage V, Congestive Heart Failure, Class IV, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disease, Immunosuppression, ACE-I/ARB, Statin, Amiodarone	976/2879	Development of ARDS; ICU and hospital mortality; ICU and hospital length of stay.	7
Mazzeffi et al. (2015) ^[22]	US	RS	SC	01/07/2008-30/06/2013	Patients who had AVRS during a 5-year period	Berlin definition	81 mg/d during the study period	Age, Cerebral vascular disease, Congestive heart failure, Diabetes mellitus, Dyslipidemia, Dialysis dependent, Male sex, Height, Hypertension, Infectious endocarditis, International normalized ratio, Left ventricular ejection fraction, Peripheral vascular disease, Weight	181/194	Occurrence of ARDS; nadir PaO ₂ /FIO ₂ ratio	7
O'Neal et al. (2011) ^[23]	US	PS	SC	23/01/2006-01/04/2008	Critically ill patients	The North American-European consensus	81 mg or 365 mg daily use	Prehospital statin use, Age, Gender, Current Tobacco Use, Race, APACHE II score	149/462	ICU mortality; duration of ICU stay; hospital mortality	7
Kor et al. (2016) ^[25]	US	RCT	MC	02/07/2012-17/11/2014	Patients with LIPS ≥ 4	Berlin definition	325 mg loading dose followed by 81 mg/d for 7 d	NA	195/195	Development of ARDS; ventilator-free days to hospital 28 d; ICU and hospital lengths	7

(Continued)

TABLE 1 | Continued

Author (year)	Country	S			P		I	C	O	Quality score	
		Study design	MC/SC	Study period	At-risk patients (participants)	ALI/ARDS definition					
Tuinman et al (2012) ²⁴	Netherlands	PS	SC	NA	Critically ill patients	2004 consensus definition	80 mg/d or 100 mg/d for 30 d	Amount of RBCs, FFP, PLTs and propensity score	109/109	of stay; 28 d mortality. Incidence of transfusion-related ALI	8