**Profile of glycopyrronium for once-daily treatment of moderate-to-severe COPD [Corrigendum]**

Buhl R, Banerji D. *Int J Chron Obstruct Pulmon Dis.* 2012;7:729–741.

On page 737 in the second paragraph of the “Safety” section, the first sentence “Discontinuations due to adverse events were 10% in the placebo group and 8% in the glycopyrronium and tiotropium groups.” should read “Discontinuations due to adverse events were 9% in the placebo group and 7% in the glycopyrronium and tiotropium groups.”

On page 737, Table 3 contains incorrect information. The corrected Table is set out below.

**Table 3** Most frequent adverse events (≥5% in any treatment group): SAEs occurring in ≥5 patients in any treatment group, deaths, discontinuations due to adverse events and electrocardiographic abnormalities; pooled data from GLOW1 and GLOW2. Adapted from D’Urzo A, Ferguson GT, van Noord JA, et al. Efficacy and safety of once-daily NVA237 in patients with moderate-to-severe COPD: the GLOW1 trial. Respir Res. 2011;12:156.32,33 and Kerwin E, Hébert J, Korenblat P, et al. Efficacy and safety of NVA237 versus placebo and tiotropium in patients with moderate-to-severe COPD over 52 weeks: The GLOW2 study. *Eur Respir J.* July 26, 2012.31

|                              | Glycopyrronium 50 µg od (n=1075) | Placebo (n=535) | Tiotropium 18 µg od (n=267) |
|------------------------------|----------------------------------|-----------------|-----------------------------|
| Patients with adverse events, n (%) | 719 (66.9)                      | 379 (70.8)      | 198 (74.2)                  |
| COPD worsening                | 302 (28.1)                      | 189 (35.3)      | 90 (33.7)                   |
| Upper respiratory tract infection | 80 (7.4)                        | 53 (9.9)        | 30 (11.2)                   |
| Nasopharyngitis               | 75 (7.0)                        | 36 (6.7)        | 21 (7.9)                    |
| Sinusitis                     | 28 (5.3)                        | 14 (5.2)        | 10 (3.7)                    |
| Patients with SAEs, n (%)     | 112 (10.4)*                     | 67 (12.5)       | 41 (15.4)*                  |
| COPD worsening                | 28 (2.6)                        | 27 (5.0)        | 13 (4.9)                    |
| Pneumonia                     | 11 (1.0)                        | 9 (1.7)         | 4 (1.5)                     |
| Atrial fibrillation           | 7 (0.7)                         | 0               | 0                           |
| Upper respiratory tract infection, bacterial | 3 (0.3)                  | 2 (0.4)         | 0                           |
| Deaths, n (%)                 | 6 (0.6)*                        | 5 (0.9)         | 2 (0.7)                     |
| Discontinuation due to adverse events(s) | 74 (6.9)                 | 50 (9.3)        | 20 (7.5)                    |
| Electrocardiographic abnormalities |                                  |                 |                             |
| Total notable                 | 45 (4.2)                        | 19 (3.6)        | 14 (5.3)                    |
| QTcF > 500 msec               | 2 (0.2)                         | 2 (0.4)         | 0                           |
| Increase from baseline 30–60 msec | 142 (13.2)                  | 60 (11.2)       | 43 (16.2)                   |
| Increase from baseline > 60 msec | 7 (0.7)                      | 2 (0.4)         | 0                           |

**Notes:** aIncludes patients that had events that occurred during the 30-day follow-up period; bincludes two patients who died during the 30-day follow-up period.

**Abbreviations:** SAEs, serious adverse events; GLOW, GLycopyrronium bromide in COPD airWays; od, once-daily; COPD, chronic obstructive pulmonary disease; QTcF, QT interval with Fridericia’s correction; msec, milliseconds.