CORRECTION

Can an Intervention Be Cost-effective Following a Negative Clinical Trial?

In the Editorial “Can an Intervention Be Cost-effective Following a Negative Clinical Trial?” by Ney et al.¹, the authors have revised the second sentence of the fourth paragraph to read as follows:

In frequentist statistical evaluations, a p-value is the probability of obtaining the observed effect or a more extreme effect given the null hypothesis is true. An a priori set level of significance (alpha or type 1 error rate, i.e., probability of rejecting the null hypothesis when it is true) is used as a threshold to determine if an observed p-value is low enough to reject the null hypothesis; commonly set at 5%. P-values are affected by effect size, sample size, and statistical power, where a type II error (false-negative rate, i.e., probability of failing to reject a null hypothesis that is false) of 10%–20% is usually deemed reasonable.

The authors regret the misleading statement previously published.

REFERENCE

¹Ney J, van der Goes DN. Can an intervention be cost-effective following a negative clinical trial? Neurology. 2023;100(24):1123-1124.

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John Ney

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