

reported by trialists is of special importance when achievable benefits are low, and that our finding of lower cardiovascular and mortality risk is sensitive to this assumption. We thank Tejani and colleagues for raising this important point.

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References

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2. Tonelli M, Lloyd A, Clement F, et al.; Alberta Kidney Disease Network. Efficacy of statins for primary prevention in people at low cardiovascular risk: a meta-analysis. *CMAJ* 2011;183:E1189-202.
3. Roberts MD. Application number: 21-366/s-016. Medical review(s). CRESTOR® (rosuvastatin calcium). Silver Spring (MD): Center for Drug Evaluation and Research; 2010. Available: www.accessdata.fda.gov/drugsatfda_docs/nda/2010/021366s016MedR.pdf (accessed 2012 Feb. 8).

CMAJ 2012. DOI:10.1503/cmaj.112-2037

CORRECTION

Article link

In the editorial published in the Mar. 6, 2012 issue of *CMAJ*,¹ the incorrect link was provided to the related News article. The correct link is www.cmaj.ca/lookup/doi/10.1503/cmaj.109-4091. *CMAJ* regrets the error.

Reference

1. Kale R. "It's a girl!" — could be a death sentence. *CMAJ* 2012;184:387-8.

CMAJ 2012. DOI:10.1503/cmaj.112-2039

Some letters have been abbreviated for print. See www.cmaj.ca for full versions and competing interests.