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Corrigendum to “Fluticasone furoate/vilanterol (100/25; 200/25 µg) improves lung function in COPD: A randomised trial” [Respir Med 107 (2013) 550–559]



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The authors regret there were errors in the Abstract, ‘Safety evaluation’, Table 1, Table 2 and Figure 1 sections of the above paper.

The errors are shown below.

The authors apologise for any inconvenience caused.

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[Location]: current incorrect text printed in article	Text should correctly read
[p. 551, Abstract]: VI 25 µg significantly improved wmax and trough FEV ₁ vs. placebo (209 ml and 131 ml, respectively).	VI 25 µg significantly improved wmax and trough FEV ₁ vs. placebo (185 ml and 100 ml, respectively).
[p. 552, Safety evaluation]: (n = 406; UC population)	(n = 407; UC population)
[p. 553, Figure 1]: FF/VI 200/25 vs. FF 200	FF/VI 200/25 vs. FF 200
[p. 554, Table 1. SD value for age in FF/VI 200/25 group]: [8.58]	[8.67]
[p. 555, Table 2. Footnote]: CRQ-SAS dyspnoea domain is scaled from 0 to 7, with 0 indicating no impairment	CRQ-SAS dyspnoea domain is scaled from 1 to 7, with 1 indicating no impairment