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ERRATUM

Effect of tiotropium/olodaterol on sedentary and active time in patients with COPD: post hoc analysis of the VESUTO® study [Erratum]

Minakata Y, Motegi T, Ueki J, et al. *Int J Chron Obstruct Pulmon Dis.* 2019;14:1789–1801.

pages 1790 and 1793, were omitted from the manuscript. The supplementary materials are listed below:

During the publication process there was an operator error where the supplementary materials, mentioned on We apologize for this oversight.

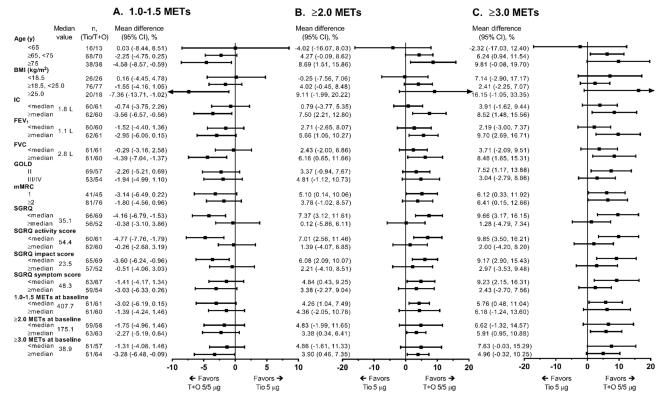


Figure S1 The effect of tiotropium/olodaterol combination therapy versus tiotropium monotherapy on time spent in 1.0–1.5 METs (\mathbf{A}), \geq 2.0 METs (\mathbf{B}), and \geq 3.0 METs (\mathbf{C}) activity levels (percent change from baseline) by subgroup.

Abbreviations: BMI, body mass index; CI, confidence interval; FEVI, forced expiratory volume in I s; FVC, forced vital capacity; GOLD, global initiative for chronic obstructive pulmonary disease; IC, inspiratory capacity; METs, metabolic equivalents; mMRC, modified Medical Research Council; SGRQ, St George's Respiratory Questionnaire; Tio, tiotropium; T+O, tiotropium/olodaterol.

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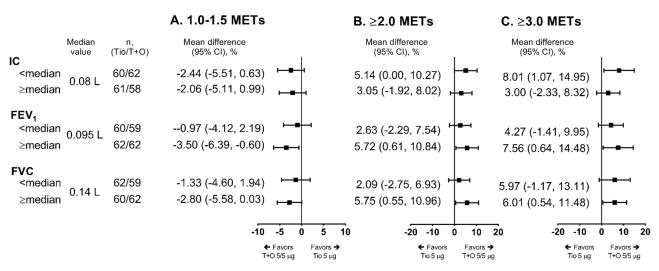


Figure S2 The relationship between improvements in lung function and duration of 1.0–1.5 METs ($\bf A$), \geq 2.0 METs ($\bf B$), and \geq 3.0 METs ($\bf C$) activity levels (percent change from baseline).

Abbreviations: CI, confidence interval; FEVI, forced expiratory volume in I s; FVC, forced vital capacity; IC, inspiratory capacity; METs, metabolic equivalents; Tio, tiotropium; T+O, tiotropium/olodaterol.

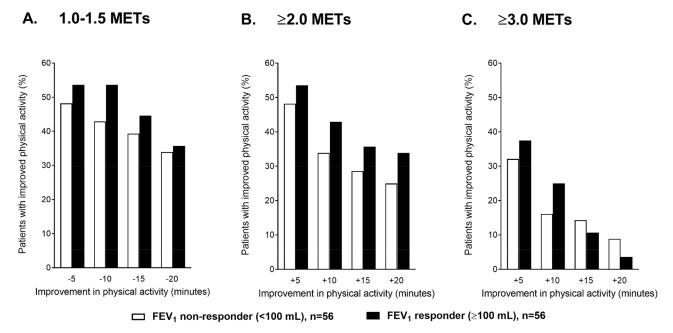


Figure S3 Improvement in physical activity in patients with and without FEV1 response. FEV1 ≥100 mL was defined as the minimal clinically important difference (between tiotropium/olodaterol combination therapy and tiotropium monotherapy).

Abbreviations: FEV1, forced expiratory volume in 1 s; METs, metabolic equivalents.

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Table SI Institutional review board list

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