
**Correction**

Error in Figure Reproduction. In the article titled “Number Needed to Treat Estimates Incorporating Effects Over the Entire Range of Clinical Outcomes,” published in the July issue of the *ARCHIVES (2004;61:1066-1070)* **Figure 2** was not printed in color. The figure is reproduced here with its legend.

**Figure 2.** Joint outcome distribution tables for model 100 patient population. Outcome under placebo therapy is indicated in rows, under thrombolytic therapy in columns. A, Distribution at start of expert session, with all patients along diagonal in placebo outcome array. B, Distribution at end of one expert’s session, with individual patients redistributed to yield thrombolytic therapy outcome distribution. Patients shifted left, in cells shaded green, have improved because of therapy; patients shifted right, in cells shaded orange, have worsened because of therapy. For example, values in the modified Rankin Scale (mRS) score row 4 indicate that of 20 patients destined for mRS outcome strata 4 under placebo therapy, 3 attain mRS outcome strata 1 with thrombolysis (cell row mRS 4, column mRS 1), 1 attains mRS outcome stratum 2 (cell row mRS 4, column mRS 2), 4 attain mRS outcome stratum 3 (cell row mRS 4, column mRS 3), 11 attain mRS outcome stratum 4 (cell row mRS 4, column mRS 4) and 1 attains mRS outcome stratum 6 (cell row mRS 4, column mRS 6). Adding all left-shifted (green cell) patients indicates that 35 of 100 patients had better outcome as a result of treatment, yielding individual expert estimate for the number needed to treat (NNT) for benefit of 2.9. Adding all right-shifted (orange cell) patients indicates that 4 per 100 patients have worsened because of therapy, yielding an individual expert estimate for the number needed to harm (NNH) of 25. tPA indicates tissue plasminogen activator.