

We declare no competing interests.

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Authors' reply

Susanne Koch and Claudia D Spies suggest that there might have been an absence of delirium reduction in the PODCAST trial¹ when patients received ketamine because clinicians might have increased anaesthetic administration in the ketamine groups, thereby neutralising the benefits of ketamine. We agree, some preliminary evidence^{2,3} supports that a relative excess of anaesthetic administration—possibly when associated with suppression of brain electrical activity—could increase the incidence of postoperative delirium.

For this reason, we are conducting a randomised clinical trial to establish whether using electroencephalogram (EEG) guidance to limit anaesthetic exposure will decrease the incidence of postoperative delirium, with the explicit goal of avoiding intraoperative EEG suppression.⁴ However, we think it is unlikely that a single, masked,

subanaesthetic dose of ketamine, administered following induction of anaesthesia and before surgery, would have a clinically meaningful effect on the conduct of a prolonged general anaesthetic. No attempt was made in the PODCAST trial to guide anaesthetic administration according to EEG waveforms or processed EEG indices, like the bispectral index. Indeed, for most patients in the trial, no EEG monitoring was done. Taking together everything we know about ketamine, the most parsimonious explanation for the absence of a reduction in delirium incidence in the ketamine groups in the PODCAST trial is simply that subanaesthetic intraoperative ketamine does not prevent postoperative delirium.

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- 1 Avidan MS, Maybrier HR, Abdallah AB, et al. Intraoperative ketamine for prevention of postoperative delirium or pain after major surgery in older adults: an international, multicentre, double-blind, randomised clinical trial. *Lancet* 2017; **390**: 267–75.
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Ganatra B, Gerdtz C, Rossier C, et al. *Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model*. *Lancet* 2017; **390**: 2372–81—In this Article (published Online First on Sept 27, 2017), the sentence in the Discussion “Although eastern Asia appeared to be similar to developed regions, fewer than one in two abortions elsewhere in Asia, and about one in four abortions in Africa, were safe” should be “Although eastern Asia was similar to developed regions, fewer than one in two abortions in south-central Asia and about one in four abortions in Africa were safe”. Additionally, in the Funding statement “Lucille Packard Foundation” should be “Lucile Packard Foundation” and “UK Government” should be “UK Aid from the UK Government”. These corrections have been made to the online version as of Oct 9, 2017, and the printed Article is correct.

Feig DS, Donovan LE, Corcoy R, et al. *Continuous glucose monitoring in pregnant women with type 1 diabetes (CONCEPTT): a multicentre international randomised controlled trial*. *Lancet* 2017; **390**: 2347–59—This Article (published Online First on Sept 15, 2017) should have been published under a Creative Commons CC BY 4.0 open-access license. In the author list, Elizabeth Asztalos was spelled incorrectly. These corrections have been made to the online version as of Oct 20, 2017, and the printed Article is correct.

Garg SK, Polsky S. *Continuous glucose monitoring in pregnant women with type 1 diabetes*. *Lancet* 2017; **390**: 2327–28—This Comment (published online first on Sept 15, 2017) should have been published under a Creative Commons CC BY 4.0 open-access license. This correction has been made to the online version as of Oct 20, 2017, and the printed Comment is correct.



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