guideline recommendations would minimally increase from 29.0% (using the study cutoffs) to 29.4% (using the lower threshold). Among adults with treatment-eligible hypertension, the rate of blood pressure control would decrease from 56.5% to 53.4%. Overall, the number of adults reclassified as no longer needing blood pressure medication would decrease from 5.8 million to 5.1 million, and the number of adults reclassified as having above-goal blood pressure to now having blood pressure control would decrease from 13.5 million to 11.2 million.

Margolis identified an error in Table 1. A correction accompanies this letter.

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Disclaimer: Dr Peterson is an associate editor, *JAMA*, but was not involved in the editorial review or decision to publish this letter.

1. James PA, Oparil S, Carter BL, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *JAMA*. 2014;311(5):507-520.

Cost-Related Motivations for Research

To the Editor We agree with the authors of the Viewpoint[1] on cost-related motivations for conducting research that patients should be fully informed of the purposes of a clinical trial. We were surprised, however, that the Comparison of Age-Related Macular Degeneration Treatment Trials (CATT)[2] was selected as an example of a clinical trial for which cost was a primary reason for performing the trial and about which patients did not receive an adequate explanation of the purpose of the study.

There were 2 main scientific objectives in the CATT study. The first was to determine the relative efficacy and safety of 2 drugs for neovascular age-related macular degeneration. The second was to determine if less frequent dosing of either drug could produce visual results comparable with monthly dosing. Cost differences between drugs were one of several secondary outcome variables that were evaluated, as might be expected in any comparative effectiveness research study. But cost was not the primary scientific objective of the study as Mr Nayak and colleagues[1] incorrectly implied.

The objectives of the CATT study were described accurately and completely in the CATT consent form in a series of 6 paragraphs,[3] not just a single sentence as suggested by Nayak and colleagues. In the description of each drug, the approximate cost was provided to the patient as was the mode of action, evidence of efficacy, status of approval by the US Food and Drug Administration, frequency of treatment, and route of administration. In fact, when we compare the content of the language for the consent form suggested by Nayak and colleagues with the content of the CATT consent form, we find all of their points are covered.

In addition, Dr Miller, the senior author of the Viewpoint article, was a member of the CATT data and safety monitoring committee. As an ethicist on the committee, he reviewed and approved the consent form in 2007 and no concerns were raised during the 5-year period when the data and safety monitoring committee was active.

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Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Martin reported being the chair of the CATT study. Dr Fine reported being the vice-chair of the CATT study. Dr Maguire reported being the principal investigator for the coordinating center of the CATT study. All authors reported receiving grant support from the National Eye Institute for their role in the study.

1. Nayak RK, Pearson SD, Miller FG. Cost-related motivations for conducting research: participants should be informed. *JAMA*. 2014;311(15):1491-1492.

2. Martin DF, Maguire MG, Ying GS, Grunwald JE, Fine SL, Jaffe GJ; CATT Research Group. Ranibizumab and bevacizumab for neovascular age-related macular degeneration. *N Engl J Med*. 2011;364(20):1897-1908.

3. Comparison of Age-related Macular Degeneration Treatments Trials. http://www.med.upenn.edu/cpob/studies/documents/CATTManualofProceduresJan2011.pdf. Accessed March 17, 2014.

In Reply We argued in our Viewpoint that when the cost of treatment is a factor motivating the design and conduct of a randomized trial, then this should be disclosed in the section of consent documents devoted to describing the purpose of the research.

We illustrated this point with respect to the CATT study, which evaluated 2 similar drugs for macular degeneration that differed greatly in cost. Whereas the consent document for this study mentioned the difference in the price of the 2 drugs, in describing the purpose of the study the cost difference was not described as one of the motivations for the research. We did not state or imply that cost was the primary scientific objective of the CATT study, and our article was not intended as a criticism of this important study. Dr Martin and colleagues acknowledge that cost differences between the 2 drugs were one of several secondary outcomes collected.

As indicated by Martin and colleagues, one of us (F.G.M.) was a member of the data and safety monitoring committee for the CATT study (see accompanying correction). At that point, he had not appreciated that cost considerations should be disclosed to research participants in informed consent documents as one of the purposes of a randomized trial.

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Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

CORRECTION

Data Error in Table: In the Original Investigation entitled "Proportion of US Adults Potentially Affected by the 2014 Hypertension Guideline" published in the April 9, 2014, issue of *JAMA* (2014;311[14]:1424-1429. doi:10.1001/jama.2014.2531), a typographical error appeared in Table 1. In the bottom half of the table (Age ≥60 y), in the CKD data, the row headed ≥70 y should have reported "SBP ≥150 or DBP ≥90" in the Above 2014 BP Guideline Goal column (instead of DBP twice). This article was corrected online.

Additional Information Omitted: In the Viewpoint entitled "Cost-Related Motivated for Conducting Research: Participation Should Be Informed" published in the April 16, 2014, issue of *JAMA* (2014;311[15]:1491-1492. doi:10.1001/jama.2014.1821), additional information about the author was omitted. The end matter should have included the following: "**Additional Information:** Dr Miller was a member of the data and safety monitoring committee for the CATT study."

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