The use of “big data” in dermatology is nascent and has the potential to transform our understanding of disease epidemiology, outcomes, and costs. While insidious errors in big data require us to validate results in multiple data sets before accepting new results, one easy first step is to make sure our baseline assumptions are correct. We therefore recommend that future publications based on administrative and/or survey data in dermatology require methods or citations that validate the search criteria of cases and covariates. No amount of analysis or data can overcome the “garbage in, garbage out” phenomenon introduced by incorrect assumptions around potentially biased data collected by surveys or for billing purposes.

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In Reply We appreciate the interest in our analysis1 by Xia and colleagues and their discussion of our use of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) for code validation. As they have indicated, the positive predictive values of ICD-9-CM codes 692.71 (first-degree sunburn) and 692.76 (second-degree sunburn) support our search criteria. The remaining code used in our search criteria, ICD-9-CM code 692.77, is for third-degree sunburn. This event is highly unusual, so it is not a surprise that they found no cases with this code in their data set. Although we did not analyze our data by specific codes, we did note that there were only 11 (0.15%) visits in our data set with a code of 692.77.

We acknowledge the potential pitfalls with the validity of hospital administrative data. Since the data used were deidentified and not linked to medical records, we were unable to validate the billing codes for this particular analysis. National data on sunburn are generally collected through self-report and are therefore also subject to validity concerns, albeit of a different sort (eg, we know that peoples’ perception of sunburn varies and is subjective).

Despite these limitations, we found that nearly 34 000 visits were made to an emergency department in 2013 to seek treatment for sunburn, at a cost of over $11 million. These findings highlight the importance of reducing overexposure to UV radiation in an effort to prevent sunburns and future cases of skin cancer.

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CORRECTION

Incorrect Figure: In the Original Investigation titled “Comparison of Posttransplant Dermatologic Diseases by Race,”1 published online March 8, 2017, some of the bar heights in Figure 1 were incorrect. Figure 1 has been replaced. This article has been corrected online.


Typographical Errors and Missing Table Footnote: In the article titled “Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis Standard Reporting and Evaluation Guidelines: Results of a National Institutes of Health Working Group,”1 published online March 15, 2017, there were typographical errors in both the Figure and the Table, and there was a missing footnote in the Table. This article has been corrected online.


Errors in Figure Panel Labels: In the case report titled “BRAF V600E mutation in involuting nevus in a patient treated with vemurafenib,”1 published online March 1, 2017, the Figure panel labels for panels C and D were incorrect. Each should read “Nevus specimen after complete excision.” This article was corrected online.