

**Errata in the *Clinical Pharmacist's Guide to Biostatistics
and Literature Evaluation, Second Edition*
(Updated September 30, 2015)**

Pages 150–151

17 Answer: C

Reporting continuous BNP values is more powerful than categorizing them, making Answer C correct. Dichotomous or categorical data are always inherently less powerful than continuous data because patients can only be in one state or another (e.g., alive or dead; not in heart failure/possibly in heart failure or in heart failure) and never in between (Answer A is incorrect). In general, even if it makes clinical sense to categorize data, it is a good idea to collect them in continuous form. Moreover, if a new study redefines the cutoff values (e.g., with fasting blood glucose in diabetes), the data can always be re-categorized if they are continuous. Although surrogate outcome measures are usually continuous measures, this is not the reason to report actual BNP values (Answer B is incorrect). Even though it might be unlikely that a therapy would change BNP concentrations by 500 pg/mL, this is not the best reason to report actual BNP concentrations (Answer D is incorrect).

1. Nordness M. *Epidemiology and Biostatistical Secrets*. St. Louis: Mosby, 2005.
2. Norman GR, Streiner DL. *PDQ Statistics*, 3rd ed. Hamilton, Ontario, Canada: B.C. Decker, 2003.