

CORRECTIONS

Mojadidi MK, Elgendy AK, Elgendy IY, Mahmoud AN, Elbadawi A, Eshtehardi P, Patel NK, Wayangankar S, Tobis JM, Meier B

Transcatheter Patent Foramen Ovale Closure After Cryptogenic Stroke: An Updated Meta-Analysis of Randomized Trials J Am Coll Cardiol Intv 2017;10:2228-30.



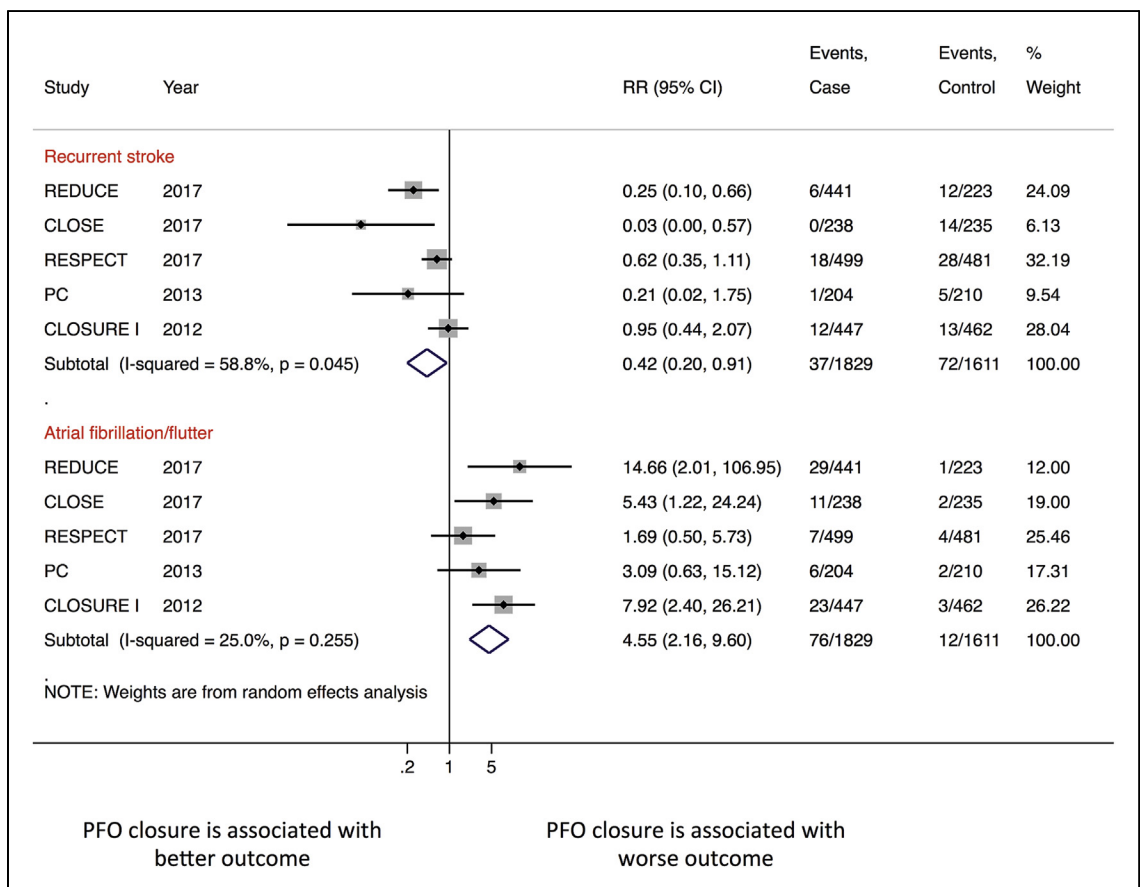
Corrections to the figure were as follows:

The *recurrent stroke* event rates of the CLOSURE 1, PC, and CLOSE trials.

The *atrial fibrillation/flutter* event rates of the RESPECT trial.

The label for RESPECT 2013 was changed to RESPECT 2017.

Replacement Figure 1 as shown below.



Paragraph 3, sentence 1 was incorrect:

Five trials (n = 3,440; mean follow-up 2.9 years) were included.

It should have read:

Five trials (n = 3,440; mean follow-up 4.0 years) were included.

Paragraph 3, sentence 2 was incorrect:

Compared with medical therapy, risk of recurrent stroke was lower with closure (2.2% vs. 4.0%; RR: 0.54; 95% confidence interval [CI]: 0.32 to 0.91; $I^2 = 41\%$; $p = 0.02$).

It should have read:

Compared with medical therapy, risk of recurrent stroke was lower with closure (2.0% vs. 4.5%; RR: 0.42; 95% confidence interval [CI]: 0.20 to 0.91; $I^2 = 59\%$; $p = 0.027$).

Paragraph 3, sentence 3 read:

AF risk was higher with closure (4.0% vs. 0.7%; RR: 4.60; 95% CI: 2.08 to 10.20; $I^2 = 28\%$; $p < 0.01$) (Figure 1).

It should have read:

AF risk was higher with closure (4.0% vs. 0.7%; RR: 4.55; 95% CI: 2.16 to 9.60; $I^2 = 25\%$; $p < 0.01$) (Figure 1).

Paragraph 3, sentence 4 read:

Risk of AF was not different with the Amplatzer PFO occluder (Abbott, Chicago, Illinois) (RR: 2.29; 95% CI: 0.88 to 5.93; $I^2 = 0\%$; $p = 0.64$) but was significant with the STARFlex (NMT Medical, Boston, Massachusetts) (RR: 7.92; 95% CI: 2.40 to 26.21; $p < 0.01$) and Gore (W. L. Gore & Associates, Flagstaff, Arizona) (RR 14.66; 95% CI: 2.01 to 106.95; $p < 0.01$) devices.

It should have read:

Risk of AF was not different with the Amplatzer PFO occluder (Abbott, Chicago, Illinois) (RR: 2.10; 95% CI: 0.80 to 5.56; $I^2 = 0\%$; $p = 0.13$) but was significant with the STARFlex (NMT Medical, Boston, Massachusetts) (RR: 7.92; 95% CI: 2.40 to 26.21; $p < 0.01$) and Gore (W.L. Gore & Associates, Flagstaff, Arizona) (RR: 14.66; 95% CI: 2.01 to 106.95; $p < 0.01$) devices.

The online version has been corrected.

The authors apologize for these errors.

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Sawant AC, Josey K, Plomondon ME, Maddox TM, Bhardwaj A, Singh V, Rajagopalan B, Said Z, Bhatt DL, Corbelli J

Temporal Trends, Complications, and Predictors of Outcomes Among Nonagenarians Undergoing Percutaneous Coronary Intervention: Insights From the Veterans Affairs Clinical Assessment, Reporting, and Tracking Program
J Am Coll Cardiol Interv 2017;10:1295-303.



There is an error on page 1297 (right column, first and second paragraphs under the Methods section).

The text reads as follows:

We opted to use a frailty model to estimate the hazard ratios of mortality to account for significant differences between catheterization laboratory variability. A multivariate frailty model of 30-day mortality post-procedure adjusted for age (dichotomized as <90 and ≥ 90 years) and additional NCDR CathPCI covariates was fit to the cohort.

Next, a multivariate frailty model was fit for 1-year mortality adjusting for NCDR points among patients who survived >30 days. Thus, patients who died within the first 30 days after the initial procedure were omitted from the 1-year analysis. Frailty models were also fit for the nonagenarian subgroup adjusted for NCDR points using the same procedure discussed earlier with respect to 30-day and 1-year mortality.