

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.

<https://doi.org/10.1016/j.jcin.2018.04.021>

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.

It should have read as follows:

Two hierarchical logistic regression models were fit to 30-day and 1-year all-cause mortality using generalized estimating equations adjusting for age (dichotomized as <90 and ≥ 90 years) and NCDR CathPCI risk score. The 1-year analysis excluded patients who died within the first 30 days post-index procedure. Outcomes were clustered by catheterization lab to account for significant correlation between patients within the same catheterization laboratory.

Next, a frailty model was fit to 30-day all-cause mortality adjusted for NCDR CathPCI risk score among the nonagenarian patient subgroup. A frailty model was also fit for 1-year mortality among nonagenarian patients adjusted for NCDR CathPCI risk score. Similar to the hierarchical logistic regression models, nonagenarian patients who died within the first 30 days after the initial procedure were omitted from the 1-year analysis. The random frailty terms are shared between patients at the same catheterization laboratory to account for significant variation in the rate of death between sites.

The online version has been corrected.

The authors apologize for the error.

<https://doi.org/10.1016/j.jcin.2018.04.020>

Shishehbor MH, Jaff MR, Beckman JA, Misra S, Schneider PA, Lookstein R, Kashyap VS, Aronow HD, Jones WS, White CJ

Public Health Impact of the Centers for Medicare and Medicaid Services Decision on Pass-Through Add-On Payments for Drug-Coated Balloons: A Call to Action

J Am Coll Cardiol Intv 2018;11:496-9.



In the author group, one of the author's first names was listed incorrectly and the first and surnames were coded incorrectly as well.

The author was listed as:

William Schuyler Jones

The author should be listed as:

W. Schuyler Jones

The online version has been corrected.

We apologize for the error.

<https://doi.org/10.1016/j.jcin.2018.04.019>