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CORRECTIONS

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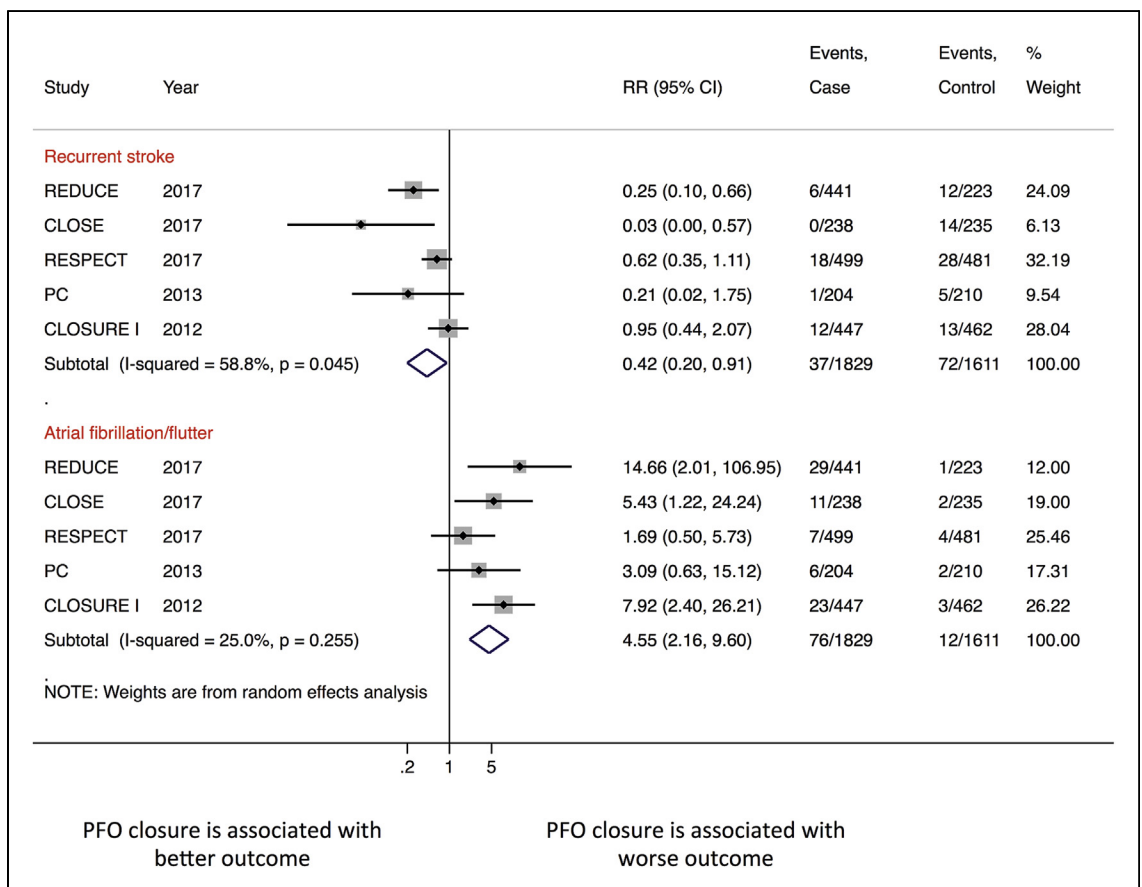### J Am Coll Cardiol Intv 2017;10:2228–30.

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.

Study	Year	RR (95% CI)	Events, Case	Events, Control	% Weight
Recurrent stroke					
REDUCE	2017	0.25 (0.10, 0.66)	6/441	12/223	24.09
CLOSE	2017	0.03 (0.00, 0.57)	0/238	14/235	6.13
RESPECT	2017	0.62 (0.35, 1.11)	18/499	28/481	32.19
PC	2013	0.21 (0.02, 1.75)	1/204	5/210	9.54
CLOSURE I	2012	0.95 (0.44, 2.07)	12/447	13/462	28.04
Subtotal (I-squared = 58.8%, p = 0.045)		0.42 (0.20, 0.91)	37/1829	72/1611	100.00
Atrial fibrillation/flutter					
REDUCE	2017	14.66 (2.01, 106.95)	29/441	1/223	12.00
CLOSE	2017	5.43 (1.22, 24.24)	11/238	2/235	19.00
RESPECT	2017	1.69 (0.50, 5.73)	7/499	4/481	25.46
PC	2013	3.09 (0.63, 15.12)	6/204	2/210	17.31
CLOSURE I	2012	7.92 (2.40, 26.21)	23/447	3/462	26.22
Subtotal (I-squared = 25.0%, p = 0.255)		4.55 (2.16, 9.60)	76/1829	12/1611	100.00

NOTE: Weights are from random effects analysis

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PFO closure is associated with better outcome

PFO closure is associated with worse outcome

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 Intv 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.