
**Edoxaban Versus Warfarin in Atrial Fibrillation Patients at Risk of Falling: ENGAGE AF–TIMI 48 Analysis**

*J Am Coll Cardiol 2016;68:1169–78.*

Page 1170, final paragraph:

The following adjustments were made to fit the CCI to the data available from the ENGAGE-AF TIMI 48 database: a Rankin score 3 to 5 was used instead of “hemiplegia”; rheumatoid arthritis was used for “rheumatic disease”; and patients with severe renal and severe hepatic disease, and patients with active cancer were excluded from ENGAGE AF–TIMI 48.

should have read:

The following adjustments were made to fit the CCI to the data available from the ENGAGE-AF TIMI 48 database: a Rankin score 4 to 6 was used instead of “hemiplegia”; rheumatoid arthritis was used for “rheumatic disease”; and patients with severe renal and severe hepatic disease, and patients with active cancer were excluded from ENGAGE AF–TIMI 48.

Page 1171, Table 1:

Weight ≤50 kg should have read Weight ≤60 kg

Second sentence in table legend should have read: “In ENGAGE AF–TIMI 48, the dose of edoxaban was halved in patients with body weight ≤60 kg, a calculated creatinine clearance of 30 to 50 ml/min using the Cockcroft-Gault equation, or who required concomitant use of verapamil, quinidine, or dronedarone.”

Page 1171, right column, first paragraph (below Table 1):

Adjusted HRs (adj HRs) and 95% CI comparing the relative efficacy and safety of edoxaban versus warfarin were calculated with the addition of adjustment for differences in baseline characteristics across randomized treatment groups in patients at increased risk of falling (Table 2: diastolic blood pressure, diabetes, and weight).

should have read:

Adjusted HRs (adj HRs) and 95% CI comparing the relative efficacy and safety of edoxaban versus warfarin were calculated with the addition of adjustment for differences in baseline characteristics across randomized treatment groups in patients at increased risk of falling (Online Table 1: diastolic blood pressure, diabetes, and weight).

Page 1172, right column, first paragraph:

Patient characteristics were similar among the 3 treatment groups, except for lower diastolic pressure and higher prevalence of patients with weight <50 kg in the warfarin arm, and higher prevalence of diabetes in the HDER arm.

should have read:

Patient characteristics were similar among the 3 treatment groups, except for lower diastolic pressure and higher prevalence of patients with weight ≤50 kg in the warfarin arm, and higher prevalence of diabetes in the HDER arm.

Page 1175, first line:

(ARR, −106 events/10,000 patient-years [95% CI: −230 to +18] vs. −31 events/10,000 patient-years [95% CI: −47 to −15])

should have read:

(ARR, −141 events/10,000 patient-years [95% CI: −272 to −10] vs. −33 events/10,000 patient-years [95% CI: −50 to −16])
Central Illustration: The orange bar under Life-threatening bleeding should have read −141, NNT=71 and the blue bar should have read: −33, NNT=302. The revised Central illustration is printed below.

CENTRAL ILLUSSION Absolute Risk Reduction of Higher Dose Edoxaban Regimen Compared With Warfarin in Patients at Increased Fall Risk Versus Not at Increased Fall Risk

EP = endpoint; ICH = intracranial hemorrhage; life-threatening bleeding = ICH or bleeding associated with hemodynamic compromise requiring intervention; NNT = number needed to treat; SEE = systemic embolic event; 1st net clinical EP = death/stroke/SEE/major bleed; 2nd net EP 2 = death or disabling stroke or life-threatening bleed; 3rd net EP = death or stroke or SEE or life-threatening bleed.

The authors apologize for these errors.
The online version of the article has been corrected to reflect these changes.

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Stone NJ

Statins in Secondary Prevention: Intensity Matters


The following sentence read: “Moreover, a recent retrospective analysis from the VA of 509,766 eligible adults with ASCVD at baseline showed over 1 year a graded association between intensity of statin therapy and mortality (8).”, but should have read “Moreover, a recent retrospective analysis from the VA of 509,766 eligible adults with ASCVD at baseline showed over 1 year a graded association between intensity of statin therapy and mortality (9).”
The following reference (9) has been added and all references have been subsequently renumbered.
The author apologizes for this error.
The online version of the article has been corrected to reflect this change.

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