ERRATUM

Erratum to: Prognosis in the era of comparative effectiveness research: Where is nuclear cardiology now and where should it be?

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In our recently published review, we inadvertently omitted references to two studies. The results do not substantially change. By adding these references (128a and 128b), we now have 5 studies instead of 3 which makes up Figure 7. Below are the references as well as a corrected Figure 7.

When pooling the event-free survival from five series including a total of 4,257 patients, the overall survival was 96.5% for a normal MFR as compared to 77.7% for an abnormal MFR (Figure 7) (126-128, 128a, 128b).

References

- 128a. Herzog BA, Husmann L, Valenta I, Gaemperli O, Siegrist PT, Tay FM, Burkhard N, Wyss CA, Kaufmann PA. Long-term prognostic value of 13N-ammonia myocardial perfusion positron emission tomography added value of coronary flow reserve. *J Am Coll Cardiol.* 2009;54(2):150-6.
- 128b. Murthy VL, Naya M, Foster CR, Hainer J, Gaber M, Di Carli G, Blankstein R, Dorbala S, Sitek A, Pencina MJ, Di Carli MF. Improved cardiac risk assessment with noninvasive measures of coronary flow reserve. *Circulation.* 2011;124(20):2215-24.

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Figure 7. Pooled event-free survival for 4,257 patients with normal and abnormal myocardial flow or perfusion reserve. The threshold for abnormality was generally set at a ratio of <1.9-2.0.