Herz 2020 · 45:504

<https://doi.org/10.1007/s00059-020-04968-2>

Published online: 6 July 2020

© Springer Medizin Verlag GmbH, ein Teil von Springer Nature 2020

Júlia Karády^{1,2} · Jana Taron^{1,3} · Andreas Anselm Kammerlander^{1,4} · Udo Hoffmann¹

¹ Cardiovascular Imaging Research Center, Massachusetts General Hospital—Harvard Medical School, Boston, USA

² MTA-SE Cardiovascular Imaging Research Group, Heart and Vascular Center, Semmelweis University, Budapest, Hungary

³ Department of Radiology, Freiburg University Hospital, Freiburg, Germany

⁴ Division of Cardiology, Medical University of Vienna, Vienna, Austria

Erratum to: Outcomes of anatomical vs. functional testing for coronary artery disease

Lessons from the major trials

Erratum to:

Herz 2020

<https://doi.org/10.1007/s00059-020-04950-y>

In the above-mentioned article, in the section “Other randomized controlled studies, meta-analyses, and registry data” two subheadings were swapped by mistake. The sections concerned must instead be headed as follows:

Coronary CTA vs. functional testing for CAD

In total, 180 patients with suspected stable CAD were randomly assigned to undergo coronary CTA vs. myocardial perfusion testing at two sites in the United States in a study by Min et al. [32]. The mean age of the patients was age 57 years and 51% were male. After a mean follow-up of 55 days, similar rates of CAD-related hospitalization, noninvasive and invasive diagnostic testing, but increased revascularization (8% vs. 1%; $p = 0.03$) rates were reported in the CTA arm.

Meta-analyses to compare coronary CTA with functional testing for suspected CAD

Combining the results of PROMISE [9], the 2-year outcomes of the SCOT-HEART [10], CAPP [31], and the study by Min et al. [32], a meta-analysis by Bitencourt et al. [33] demonstrated a 31% relative risk reduction in the annual rate of MI with coronary CTA but no difference in all-cause mortality between anatomical vs. functional testing.

In a recent meta-analysis by Foy et al. [34], the authors combined the results of 13 trials, where the clinical effectiveness of coronary CTA compared with functional stress testing was studied in patients with suspected CAD without consideration of the acute or stable nature of chest pain. The meta-analysis included 10,315 patients studied with coronary CTA and 9777 assessed with functional testing with a mean follow-up of 18 months (mean age was 58 years, and 49.0% were women). No difference between the groups regarding death (1.0% vs. 1.1%) or hospitalization due to a cardiovascular indication (2.7% vs. 2.7%) was reported. However, a decreased MI rate (0.7% vs. 1.1%) and an increased invasive testing rate (11.7% vs. 9.1%) and revascularization (7.2% vs. 4.5%) rate as well as an increase in statin treatment (20.0% vs. 7.3%) were observed for coronary CTA.

The publisher and author apologize for this mistake.

The original version of this article was revised.

Corresponding address

Júlia Karády, MD

Cardiovascular Imaging Research Center,
Massachusetts General Hospital—Harvard
Medical School
165 Cambridge St Suite 400, 02114 Boston, MA,
USA
jkarady@mgh.harvard.edu

The online version of the original article can be found under <https://doi.org/10.1007/s00059-020-04950-y>.