Correction to: Serial coronary CT angiography–derived fractional flow reserve and plaque progression can predict long-term outcomes of coronary artery disease

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The original version of this article, published on 25 February 2021, unfortunately contained two mistakes. The following corrections have therefore been made in the original:

In the sentence beginning 'Plaque volumes were quantified using a semiautomated plaque analysis software...', 'calcified (> 350 HU), fibrous (30–350 HU)' should have read 'calcified (> 190 HU), fibrous (30–190 HU)'. Reference 25 has been moved from the end of this sentence to the sentence 'All epicardial vessels with plaques were included for analysis in the 17-segment model [21–25]. In the quantitative

analysis of Fig. 2, the threshold of calcified plaques is incorrectly labeled, and a new version of Fig. 2 is also provided.

The original article has been corrected.

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Fig. 2 A representative case of baseline $\text{FFR}_{\text{CT}} \leq 0.80$ with plaque progression on coronary CT angiography and FFR_{CT} . Serial coronary CT angiography images of the left anterior descending artery in a 50-year-old man with known coronary artery disease. Panel **a**, baseline results shown in upper panels; Panel **b**, follow-up results shown in the lower panel. At baseline CTA, only LAD plaque was observed with a volume of 78.9 mm^3 , exhibiting vessel-specific ischemia

($\text{FFR}_{\text{CT2}} = 0.72$). Plaque progression was observed at follow-up (volume increased from 78.9 to 130.7 mm^3), exhibiting both lesion-specific and vessel specific ischemia ($\text{FFR}_{\text{CT1}} = 0.72$, $\text{FFR}_{\text{CT2}} = 0.65$). FFR_{CT1} , lesion specific FFR_{CT} measured at 2 cm away from plaque; FFR_{CT2} , vessel specific FFR_{CT} measured at distal FFR_{CT} in vessels $\geq 2 \text{ mm}$