Correction to: Cost-effectiveness analysis of stand-alone or combined non-invasive imaging tests for the diagnosis of stable coronary artery disease: results from the EVINCI study

Valentina Lorenzoni¹ · Stefania Bellelli¹ · Chiara Caselli² · Juhani Knuuti³ · Stephen Richard Underwood⁴ · Danilo Neglia^{2,5} · Giuseppe Turchetti¹ · For the EVINCI Investigators

Published online: 25 October 2019
© Springer-Verlag GmbH Germany, part of Springer Nature 2019

Correction to: The European Journal of Health Economics
<https://doi.org/10.1007/s10198-019-01096-5>

In the Published article, the value in the abstract has been published incorrectly. The correct abstract section is as follows:

Abstract

Aim This study aimed at evaluating the cost effectiveness of different non-invasive imaging-guided strategies for the diagnosis of obstructive coronary artery disease (CAD) in a European population of patients from the Evaluation of Integrated Cardiac Imaging in Ischemic Heart Disease (EVINCI) study.

Methods and results Cost-effectiveness analysis was performed in 350 patients (209 males, mean age 59 ± 9 years) with symptoms of suspected stable CAD undergoing computed tomography coronary angiography (CTCA) and at least one cardiac imaging stress test prior to invasive

coronary angiography (ICA) and in whom imaging exams were analysed at dedicated core laboratories. Stand-alone stress tests or combined non-invasive strategies, when the first exam was uncertain, were compared. The diagnostic end point was obstructive CAD defined as $> 50\%$ stenosis at quantitative ICA in the left main or at least one major coronary vessel. Effectiveness was defined as the percentage of correct diagnosis (cd) and costs were calculated using country-specific reimbursements. Incremental cost-effectiveness ratios (ICERs) were obtained using per-patient data and considering “no-imaging” as reference. The overall prevalence of obstructive CAD was 28%. Strategies combining CTCA followed by stress ECHO, SPECT, PET, or stress CMR followed by CTCA were all cost effective. ICERs values indicated cost saving from $-969\text{€}/\text{cd}$ for CMR-CTCA to $-1490\text{€}/\text{cd}$ for CTCA-PET, $-3092\text{€}/\text{cd}$ for CTCA-SPECT and $-3776\text{€}/\text{cd}$ for CTCA-ECHO, similarly when considering early revascularization as effectiveness measure.

Conclusion In patients with suspected stable CAD and low prevalence of disease, combined non-invasive strategies with CTCA and stress imaging are cost effective as gatekeepers to ICA and to select candidates for early revascularization.

The original article has been updated.

The original article can be found online at <https://doi.org/10.1007/s10198-019-01096-5>.

✉ Valentina Lorenzoni
v.lorenzoni@sssup.it

¹ Institute of Management, Scuola Superiore Sant’Anna, Piazza Martiri della Libertà n. 33, 56127 Pisa, Italy

² Institute of Clinical Physiology, CNR, Pisa, Italy

³ Turku PET Center, University of Turku and Turku University Hospital, Turku, Finland

⁴ Biomedical Research Unit, Royal Brompton Hospital and National Heart and Lung Institute, Imperial College London, London, UK

⁵ Fondazione CNR Regione Toscana G. Monasterio, Pisa, Italy