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CORRECTION

Correction to: Expert Consensus on the Use of the PRESERFLO™ MicroShunt Device in the Treatment of Glaucoma: A Modified Delphi Panel

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For the statement in Table 1, "In addition to patients with primary open-angle glaucoma, the PRESERFLO™ MicroShunt device may also be used in patients with pseudoexfoliation (off-label), in line with conventional filtering surgery" it should be "Agree (82) Disagree (0)" and NOT "Disagree (82) Agree (9)". The corrected Table 1 is given below.

The original article has been corrected.

The original article can be found online at https://doi.org/10.1007/s40123-022-00529-4.

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Table 1 Responses to statements on patient selection and preoperative considerations

Likert scale	Consensus agreement/ disagreement	Percentage agreement/disagreement (%)[a]	Delphi questionnaire round
The PRESERFLO™ MicroShunt can be used in patients with primary open-angle glaucoma to reduce or manage IOP levels	Agreement	100	Round 1
The PRESERFLO™ MicroShunt is effective at reducing IOP in patients with high-tension primary open-angle glaucoma (IOP > 21 mmHg)	Agreement	100	Round 1
The PRESERFLO™ MicroShunt is beneficial for patients with primary open-angle glaucoma:			
Receiving the maximum tolerated dose of glaucoma medication(s) with insufficient IOP control	Agreement	100	Round 1
With progressive visual field loss	Agreement	91	Round 1
Demonstrating poor adherence or intolerance to topical medications with topical or systemic side effects	Agreement	100	Round 1
The PRESERFLO™ MicroShunt is particularly valuable for those patients who would benefit from fewer follow-up appointments and monitoring[b]	No consensus reached	Agree (27) Disagree (9)	Round 1
Although the target patient population for the PRESERFLO™ MicroShunt are patients with primary open-angle glaucoma, with no other underlying eye disorders, the device can also be used in patients with the following:			
Pigment dispersion (off-label)	Agreement	82	Round 1
Neovascular glaucoma (off-label)	Disagreement	82	Round 1
Well-controlled uveitis without active inflammation (off-label)[c]	No consensus reached	Agree (36) Disagree (9)	Round 2

Table 1 continued

Likert scale	Consensus agreement/ disagreement	Percentage agreement/disagreement (%)[a]	Delphi questionnaire round
Congenital glaucoma (off-label)	No consensus reached	Agree (18) Disagree (18)	Round 1
High myopia (following satisfactory assessment of the conjunctiva)[c]	Agreement	73	Round 2
High hyperopia (providing there is sufficient anterior chamber depth)[c]	No consensus reached	Agree (27) Disagree (9)	Round 2
Normal-tension glaucoma with baseline IOP in the upper normal range[c]	No consensus reached	Agree (0) Disagree (18)	Round 2
The PRESERFLO™ MicroShunt implantation procedure may be suitable for other forms of open-angle glaucoma, but further data are required to examine this	Agreement	73	Round 2
In addition to patients with primary open-angle glaucoma, the PRESERFLO™ MicroShunt device may also be used in patients with pseudoexfoliation (off-label), in line with conventional filtering surgery	Agreement	Agree (82) Disagree (0)	Round 2
To determine the suitability of patients for the PRESERFLO™ MicroShunt, previous aqueous production limiting factors (e.g. cyclodestructive procedures) should be considered, if known	Agreement	73	Round 2

Table 1 continued

Likert scale	Consensus agreement/ disagreement	Percentage agreement/disagreement (%)[a]	Delphi questionnaire round
The PRESERFLO™ MicroShunt implantation procedure may be performed on patients that have had previous glaucoma surgery with sub-conjunctival drainage, provided there is a quadrant with the intact conjunctiva amenable to PRESERFLO™ MicroShunt implantation	No consensus reached	Agree (55) Disagree (18)	Round 2
The PRESERFLO™ MicroShunt implantation procedure may be performed on patients that have had previous glaucoma surgery with sub-conjunctival drainage, provided there is a quadrant with the intact conjunctiva amenable to PRESERFLO™ MicroShunt implantation. Although the outcome is expected to be less favourable than a primary surgery, it may be considered in certain cases	Agreement	82	Round 3
To optimise surgical outcomes, eligible patients for the PRESERFLO™ MicroShunt should not have had incisional glaucoma surgery on the affected eye ideally within the last 12 months. Although a shorter interval is possible and sometimes necessary due to clinical need, this may be associated with less chance of success	Agreement	100	Round 3

Table 1 continued

Likert scale	Consensus agreement/ disagreement	Percentage agreement/disagreement (%)[a]	Delphi questionnaire round
To optimise surgical outcomes, eligible patients for the PRESERFLO™ MicroShunt should not have had cataract surgery on the affected eye ideally within the last 6 months. Although a shorter interval is possible and sometimes necessary due to clinical need, this may be associated with less chance of success	Agreement	100	Round 3

Multiple-choice	Consensus	Percentage (%)[a]		Delphi questionnaire round
To optimise surgical outcomes, eligible patients for the PRESERFLO™ MicroShunt should not have had incisional glaucoma surgery on the affected eye within the past [x] months	Consensus not reached	1 month (0) 3 months (17) 6 months (50)	12 months (25) Ever (8)	Round 2
To optimise surgical outcomes, eligible patients for the PRESERFLO™ MicroShunt should not have had cataract surgery on the affected eye within the past [x] months	Consensus not reached	1 month (0) 3 months (33) 6 months (67)	12 months (0) Ever (0)	Round 2

Single choice—yes or no	Consensus yes/no	Percentage yes/no (%)[a]	Delphi questionnaire round
Should the following ocular anatomy/physiology be considered to determine if patients are suitable for the PRESERFLO™ MicroShunt? Please detail any specific considerations.			
Endothelial cell count	Yes	82	Round 1
Condition of the conjunctiva	Yes	100	Round 1

Table 1 continued

Single choice—yes or no	Consensus yes/no	Percentage yes/no (%)[a]	Delphi questionnaire round
Do you give consideration to the anterior chamber depth (i.e. consider requirement for phacoemulsification) when assessing a patient prior to PRESERFLO™ MicroShunt implantation?	Yes	100	Round 2
Do you prepare a patient for the PRESERFLO™ MicroShunt implantation procedure in the same way as trabeculectomy, with regards to:			
Frequency of preoperative patient visits	Yes	100	Round 1
Preoperative assessments and testing	Yes	91	Round 1
Preoperative steroid use	Yes	100	Round 1
Alteration in systemic anti-coagulant and anti-aggregant therapy	Yes	73	Round 1
IOP-lowering medication drop holiday	Yes	100	Round 1

IOP intraocular pressure. Delphi round questionnaires were developed using the findings from the targeted literature review, input from the steering committee and feedback provided by the panellists during each round

[a]Answers to Likert scale questions were provided on a six-point scale: strongly agree, agree, slightly agree, slightly disagree, disagree, or strongly disagree. For each Likert scale question, 'do not wish to answer' or 'insufficient expertise' options were also included. Consensus was set at a pre-defined threshold of at least 70% of panellists selecting 'Strongly disagree'/'Disagree' or 'Strongly agree'/'Agree' for six-point Likert scale questions, or at least 70% selecting the same option for multiple-choice questions. For Likert scale questions, 'Slightly agree' and 'Slightly disagree' were not included in the calculation of agreement/disagreement and therefore the overall percentage may not equal 100%

[b]Statement was revised for round 2 and included in the postoperative section: 'The PRESERFLO™ MicroShunt implantation procedure has a reasonably predictable postoperative follow-up appointment schedule, with fewer unscheduled visits compared with trabeculectomy'

[c]Revised question for round 2: 'Although the target patient population from the PRESERFLO™ MicroShunt are patients with primary open-angle glaucoma, with no other underlying eye disorders, the device may also be suitable for patients with the following'