

## Erratum to: Bleeding Risk, Management and Outcome in Patients Receiving Non-VKA Oral Anticoagulants (NOACs)

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Author would like to correct Table 1 data under the column headings, ‘Major bleeding: NOAC’ and ‘Major bleeding: VKA’ in the published article.

Page 237, Table 1, Row 5 which previously read:

ROCKET-AF [47]	14,264	5.6/year	5.4/year
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The corrected table should read:

**Table 1** Rates of major bleeding for NOAC and standard of care (warfarin in SPAF trials and LMWH/warfarin in VTE trials) in phase-III trials and meta-analyses

Trial	Included patients (n)	Major bleeding: NOAC	Major bleeding: VKA
RE-LY [44]	18,113	2.71 %/year (110 mg BID) 3.11 %/year (150 mg BID)	3.36 %/year
ARISTOTLE [45]	18,201	2.13 %/year	3.09 %/year
ENGAGE-AF [46]	21,105	2.75 %/year (60 mg) 1.61 %/year (30 mg)	3.43 %/year
ROCKET-AF [47]	14,264	3.6 %/year	3.4 %/year
SPAF meta-analysis [15]	71,683	RR for NOAC 0.86 (95 % CI 0.73–1.00)	
RECOVER 1 + 2 [48]	5107	1.4 %	2.0 %
EINSTEIN DVT + PE [23]	8282	1.0 %	1.7 %
AMPLIFY [49]	5395	0.6 %	1.8 %
HOKUSAI [50]	8240	1.4 %	1.6 %
VTE meta-analysis [14]	24,455	RR for NOAC 0.60 (95 % CI 0.41–0.88)	

*CI* confidence interval, *LMWH* low-molecular weight heparin, *NOAC* non-VKA oral anticoagulant, *RR* risk reduction, *SPAF* stroke prevention in atrial fibrillation, *VKA* vitamin K antagonists, *VTE* venous thromboembolism