



Erratum

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Following the publication of the Review by Nayar V, Pugh PJ: 'Cardiac resynchronization therapy for the treatment of heart failure', published in the February 2010 issue of *Expert Review of Cardiovascular Therapy* (*Expert Rev. Cardiovasc. Ther.* 8[2], 229–239 [2010]), it has been brought to our attention that the following rows in TABLE 1 on page 232–233 were incorrectly printed as (shown below):

Table 1. Inclusion criteria and principal findings of the main clinical trials of cardiac resynchronization therapy.														
Trial	Year	Patients (n)	Treat- ment duration (n)	Design	Treat- ment	Control	Sponsor company	NYHA class (n)	LVEF % entry criterion (mean)	QRS ms entry criterion (mean)	Echo evidence of dys- synchrony	Significant treatment effects	End points un- changed	Ref.
MIRACLE	2002	453	6 months	Randomized, double-blind, parallel	CRT-P	CRT-P, no pacing	Medtronic	III/IV	≤35 (22)	≥1320 (1665)	No	↑ 6MWD 29 m (9%) ↑ LVEF 4.4% ↓ MLHF 9 ↓ Hospitalizations 47%	[19]	
MIRACLE- ICD II	2004	186	6 months	Randomized, double-blind, parallel	CRT-D	CRT-D, no pacing	Medtronic	II	≤35 (25)	≥130 (1665)	No	↑ LVEF 3% ↓ LVESV 28 ml	MVO ₂ , 6MWD [46]	
RETHINQ	2007	172	6 months	Randomized, double-blind, parallel	CRT-D	CRT-D, copacing	St Jude (MN, USA)	III	≤35 (26)	<130 (107)	Yes		MVO ₂ 6MWD LVEF LVESV [27]	
REVERSE	2008, 2009	610	12 months (610) 2 years (262)	Randomized, double-blind, parallel	CRT-P (104), CRT-D (506)	CRT-P, CRT-D, no pacing	NS	I/II	≤40 (27)	≥120 (1545)	No	↑ LVEF ↓ LVESVi 17 ml/m ² ↓ Heart failure hospitalization (HR: 0.47) ↓ Heart failure worsening 15% ↓ Heart failure hospitalization/death (HR: 0.38)	6MWD MLHF [48, 49]	
MADIT- CRT	2009	1820	2.4 years	Randomized, open-label, parallel	CRT-D	ICD	Boston Scientific (MA, USA)	I/II	≤30 (294)	≥1320 (NS)	No	↑ LVEF 8% ↓ Death/health failure events 8% (HR: 0.66) ↓ Heart failure event 9% (HR: 0.59) ↓ LVESV 39 ml	Mortality [50]	
*Median. 6MWD: 6-min walk distance; CARE-HF: Cardiac Resynchronization-Heart Failure; COMPANION: Comparison of Medical Therapy, Pacing and Defibrillation in Heart Failure; CRT-D: Cardiac resynchronization therapy – defibrillator; CRT-P: Cardiac resynchronization therapy – pacemaker; CV: Cardiovascular; HR: Hazard ratio; ICD: Implantable cardioverter defibrillator; LV: Left ventricular; LVEF: Left ventricular ejection fraction; LVESV: Left ventricular end-systolic volume; LVESVi: Left ventricular end-systolic volume index; LVIDS: Left ventricular internal diameter in systole; MADIT-CRT: Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization Therapy; MIRACLE: Multicenter InSync Randomised Clinical Evaluation; MLHF: Minnesota Living with Heart Failure symptom score; MUSTIC: Multisite Stimulation in Cardiomyopathies; MVO ₂ : Peak oxygen uptake; NS: Not specified; NYHA: New York Heart Association; OPT: Optimal pharmacological therapy; PATH-CHF: Pacing Therapies for Congestive Heart Failure Study; RETHINQ: Resynchronization Therapy in Heart Failure with Narrow QRS Complexes; REVERSE: Resynchronization Reverses Remodeling in Systolic Left Ventricular Dysfunction.														

The correct rows are shown below:

Table 1. Inclusion criteria and principal findings of the main clinical trials of cardiac resynchronization therapy.														
Trial	Year	Patients (n)	Treatment duration (n)	Design	Treatment	Control	Sponsor company	NYHA class (n)	LVEF % entry criterion (mean)	QRS entry criterion (mean)	Echo evidence of dys-synchrony	Significant treatment effects	End points un-changed	Ref.
MIRACLE	2002	453	6 months	Randomized, double-blind, parallel	CRT-P	CRT-P, no pacing	Medtronic	III/IV	≤35 (22)	≥130 (167)	No	↑ 6MWD 29 m (9%) ↑ LVEF 4.4% ↓ MLHF 9 ↓ Hospitalizations 47%	[19]	
MIRACLE-ICD II	2004	186	6 months	Randomized, double-blind, parallel	CRT-D	CRT-D, no pacing	Medtronic	II	≤35 (25)	≥130 (166)	No	↑ LVEF 3% ↓ LVESV 28 ml	MVO ₂ , 6MWD [46]	
RETHINQ	2007	172	6 months	Randomized, double-blind, parallel	CRT-D	CRT-D, no pacing	St Jude (MN, USA)	III	≤35 (26)	<130 (107)	Yes		MVO ₂ , 6MWD, LVEF, LVESV [27]	
REVERSE	2008, 2009	610	12 months (610)	Randomized, double-blind, parallel	CRT-P (104), CRT-D (506)	CRT-P, CRT-D, no pacing	NS	I/II	≤40 (27)	≥120 (153)	No	↑ LVEF ↓ LVESVi: 17 ml/m ² ↓ Heart failure hospitalization (HR: 0.47) ↓ Heart failure worsening 15% ↓ Heart failure hospitalization/death (HR: 0.38)	[48, 49]	
			2 years (262)										6MWD, MLHF	
MADIT-CRT	2009	1820	2.4 years	Randomized, open-label, parallel	CRT-D	ICD	Boston Scientific (MA, USA)	I/II	≤30 (24)	≥130 (NS)	No	↑ LVEF 8% ↓ Death/health failure events 8% (HR: 0.66) ↓ Heart failure event 9% (HR: 0.59) ↓ LVESV 39 ml	Mortality [50]	
*Median. 6MWD: 6-min walk distance; CARE-HF: Cardiac Resynchronization-Heart Failure; COMPANION: Comparison of Medical Therapy, Pacing and Defibrillation in Heart Failure; CRT-D: Cardiac resynchronization therapy – defibrillator; CRT-P: Cardiac resynchronization therapy – pacemaker; CV: Cardiovascular; HR: Hazard ratio; ICD: Implantable cardioverter defibrillator; LV: Left ventricular; LVEF: Left ventricular ejection fraction; LVESV: Left ventricular end-systolic volume; LVESVi: Left ventricular end-systolic volume index; LVSDs: Left ventricular internal diameter in systole; MADIT-CRT: Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization Therapy; MIRACLE: Multicenter InSync Randomised Clinical Evaluation; MLHF: Minnesota Living with Heart Failure symptom score; MUSTIC: Multisite Stimulation in Cardiomyopathies; MVO ₂ : Peak oxygen uptake; NS: Not specified; NYHA: New York Heart Association; OPT: Optimal pharmacological therapy; PATH-CHF: Pacing Therapies for Congestive Heart Failure Study; RETHINQ: Resynchronization Therapy in Heart Failure with Narrow QRS Complexes; REVERSE: Resynchronization Reverses Remodeling in Systolic Left Ventricular Dysfunction.														

The editors of *Expert Review of Cardiovascular Therapy* would like to sincerely apologize for any inconvenience or confusion this may have caused our readers.