

# Coagulation markers and echocardiography predict atrial fibrillation, malignancy or recurrent stroke after cryptogenic stroke: Erratum

In the article, “Coagulation markers and echocardiography predict atrial fibrillation, malignancy or recurrent stroke after cryptogenic stroke”,<sup>[1]</sup> which appears in Volume 97, Issue 51 of *Medicine*, there were edits missed in the article.

The caption for Figure 1 should be “Emory Clinic recommended diagnostic testing for cryptogenic stroke.”

The section starting with “Baseline characteristics of ESUS patients who underwent MOCHA testing . . .” should be “Baseline characteristics of ESUS patients who underwent MOCHA testing (n=42) were similar to patients who did not undergo MOCHA testing earlier in our study except that those tested were younger (60 vs 67 years, p=0.04), less likely to have coronary artery disease (7 vs 27%, p=0.01) and previous ischemic stroke (10 vs 27%, p=0.01) and shorter duration of follow-up [median 400 (IQR 151–553) vs 538 (IQR 397–730) days, non-parametric test p=0.001] (Table 1).”

“ROC analysis showed that abnormal MOCHA markers (AUC=0.72) and elevated LAVI (AUC=0.69) had higher discriminative power for the detection of AF than left atrial diameter (AUC=0.50) (Fig. 3)” should reference Fig. 2 instead.

“We measured levels of each marker comparing patients with AF or malignancy to those with none of the composite outcome (Fig. 2)” should refer to Fig. 3 instead.

The p-values should be = instead of < throughout the article.

Below are Figures 2 and 3 with their corrected captions.

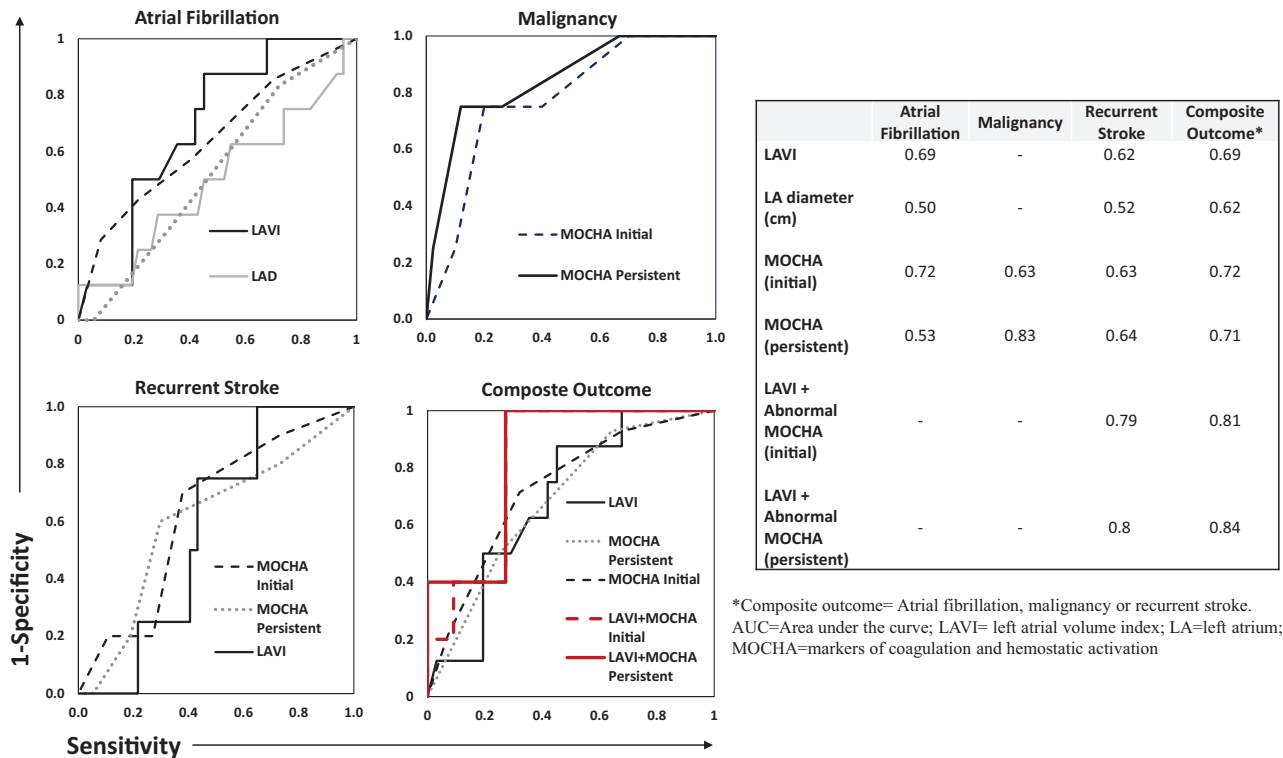


Figure 2. Receiver operator curve analysis of left atrial structural measures, MOCHA levels and endpoints. MOCHA= markers of coagulation and hemostatic activation.

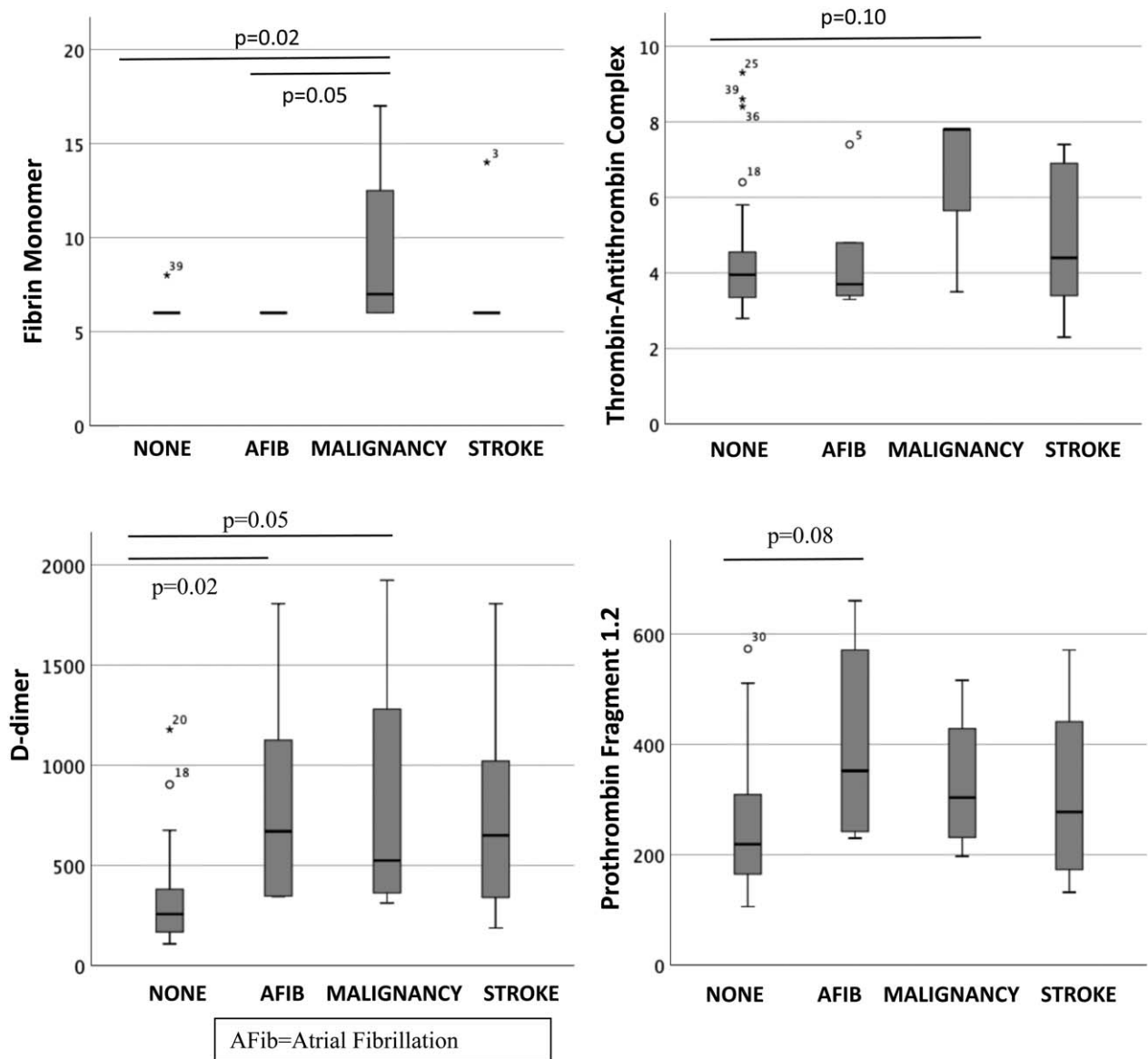


Figure 3. Markers of coagulation and hemostatic activation (MOCHA) levels across the outcome measures.

**Reference**

[1] Ellis D, Rangaraju S, Duncan A. Coagulation markers and echocardiography predict atrial fibrillation, malignancy or recurrent stroke after cryptogenic stroke. *Medicine*. 97;51:e13830.