

SCIENTIFIC REPORTS



OPEN

Author Correction: The prognostic significance of heart-type fatty acid binding protein in patients with stable coronary heart disease

Sing-Kong Ho^{1,2}, Yen-Wen Wu^{1,3}, Wei-Kung Tseng^{4,5}, Hsin-Bang Leu^{6,7}, Wei-Hsian Yin⁸,
Tsung-Hsien Lin⁹, Kuan-Cheng Chang^{10,11}, Ji-Hung Wang¹², Hung-IYeh¹³, Chau-Chung Wu^{14,15},
Jaw-Wen Chen^{6,7}  & National Taiwan Biosignature Research Investigators*

Correction to: *Scientific Reports* <https://doi.org/10.1038/s41598-018-32210-x>, published online 26 September 2018

The original version of this Article contained typographical errors, where the unit ‘ng/ml’ was incorrectly given as ‘pg/ml’. As a result, in the Abstract,

“The cut-off value of H-FABP, 4.143 pg/mL, was determined using receiver operating characteristic curves.”

now reads:

“The cut-off value of H-FABP, 4.143 ng/mL, was determined using receiver operating characteristic curves.”

In the Results section under subheading ‘Patients’,

“The cut-off value of H-FABP (4.143 pg/mL) was determined by receiver operating characteristic curves (ROC) curve analysis (Fig. 1) between the patients with and without CV events from the blood sample obtained at enrollment.”

now reads:

¹Cardiology Division of Cardiovascular Medical Center, Far Eastern Memorial Hospital, New Taipei City, Taiwan.

²Cardiology Division, Department of Internal Medicine, Miaoli General Hospital, Ministry of Health and Welfare, Miaoli, Taiwan. ³National Yang-Ming University School of Medicine, Taipei, Taiwan. ⁴Department of Medical Imaging and Radiological Sciences, I-Shou University, Kaohsiung, Taiwan. ⁵Division of Cardiology, Department of Internal Medicine, E-Da Hospital, Kaohsiung, Taiwan. ⁶Institute of Clinical Medicine and Cardiovascular Research Center, National Yang-Ming University, Taipei, Taiwan. ⁷Division of Cardiology, Department of Medicine, Taipei Veterans General Hospital, Taipei, Taiwan. ⁸Division of Cardiology, Heart Center, Cheng-Hsin General Hospital, and School of Medicine, National Yang-Ming University, Taipei, Taiwan. ⁹Division of Cardiology, Department of Internal Medicine, Kaohsiung Medical University Hospital and Kaohsiung Medical University, Kaohsiung, Taiwan. ¹⁰Division of Cardiovascular Medicine, China Medical University Hospital, Taichung, Taiwan. ¹¹Graduate Institute of Biomedical Sciences, China Medical University, Taichung, Taiwan. ¹²Department of Cardiology, Buddhist Tzu-Chi General Hospital, Tzu-Chi University, Hualien, Taiwan. ¹³Cardiovascular Division, Department of Internal Medicine, Mackay Memorial Hospital, Mackay Medical College, New Taipei City, Taiwan. ¹⁴Division of Cardiology, Department of Internal Medicine, National Taiwan University Hospital and National Taiwan University College of Medicine, Taipei, Taiwan. ¹⁵Graduate Institute of Medical Education & Bioethics, College of Medicine, National Taiwan University, Taipei, Taiwan. Yen-Wen Wu and Chau-Chung Wu contributed equally. *A full list of consortium members appears in the Supplementary Information. Correspondence and requests for materials should be addressed to Y.-W.W. (email: wuyw0502@gmail.com) or C.-C.W. (email: chauchungwu@ntu.edu.tw)

¹⁵Graduate Institute of Medical Education & Bioethics, College of Medicine, National Taiwan University, Taipei, Taiwan. Yen-Wen Wu and Chau-Chung Wu contributed equally. *A full list of consortium members appears in the Supplementary Information. Correspondence and requests for materials should be addressed to Y.-W.W. (email: wuyw0502@gmail.com) or C.-C.W. (email: chauchungwu@ntu.edu.tw)

“The cut-off value of H-FABP (4.143 ng/mL) was determined by receiver operating characteristic curves (ROC) curve analysis (Fig. 1) between the patients with and without CV events from the blood sample obtained at enrollment.”

In the Discussion section,

“This study is the first prospective cohort study to demonstrate that a higher serum H-FABP level (≥ 4.143 pg/mL) is an independent predictor for CV events, particularly for cardio- and cerebrovascular death and acute heart failure-related hospitalizations in patients with SCHD.”

now reads:

“This study is the first prospective cohort study to demonstrate that a higher serum H-FABP level (≥ 4.143 ng/mL) is an independent predictor for CV events, particularly for cardio- and cerebrovascular death and acute heart failure-related hospitalizations in patients with SCHD.”

In Table 2, the column headings ‘H-FABP < 4.143 pg/mL’ and ‘H-FABP ≥ 4.143 pg/mL’ have been corrected to ‘H-FABP < 4.143 ng/mL’ and ‘H-FABP ≥ 4.143 ng/mL’, respectively.

In Table 3, the column headings ‘H-FABP < 4.143 pg/mL, (n=843)’ and ‘H-FABP ≥ 4.143 pg/mL, (n=228)’ have been corrected to ‘H-FABP < 4.143 ng/mL, (n=843)’ and ‘H-FABP ≥ 4.143 ng/mL, (n=228)’, respectively.

In the legend of Figure 2,

“Kaplan–Meier survival curves analysis showing total cardiovascular (CV) event-free rate (a), CV or cerebrovascular death-free rate (b), acute heart failure hospitalization-free rate (c), and total CV event-free rate except for angina-related hospitalization (d) in patients with serum H-FABP ≥ 4.143 pg/mL and H-FABP < 4.143 pg/mL (all $p < 0.001$).”

now reads:

“Kaplan–Meier survival curves analysis showing total cardiovascular (CV) event-free rate (a), CV or cerebrovascular death-free rate (b), acute heart failure hospitalization-free rate (c), and total CV event-free rate except for angina-related hospitalization (d) in patients with serum H-FABP ≥ 4.143 ng/mL and H-FABP < 4.143 ng/mL (all $p < 0.001$).”

In addition, the original version of this Article contained typographical errors, where the unit ‘g/dL’ was incorrectly given as ‘mg/dL’. As a result, in Table 2, the row heading ‘Hemoglobin, mg/dL’ has been corrected to ‘Hemoglobin, g/dL’.

These errors have now been corrected in the HTML and PDF versions of the Article.



Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article’s Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article’s Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

© The Author(s) 2019