

## ERRATUM TO: Cardiac Troponins in Low-Risk Pulmonary Embolism Patients: A Systematic Review and Meta-Analysis

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The authors would like to make the following corrections to their manuscript, Cardiac Troponins in Low-Risk Pulmonary Embolism Patients: A Systematic Review and Meta-Analysis (doi: 10.12788/jhm.2961), published online first April 25, 2018 (all corrections in bold):

- The last sentence of the results section in the abstract should read: The pooled likelihood ratios (LRs) for all-cause mortality were positive LR 2.04 [95% CI, 1.53 to 2.72] and negative LR **0.72** [95% CI, 0.37 to 1.40].
- In the "All studies pooled" of the last row of Table 2, Tn+ is corrected to **463**. See revised table below.
- On page E5, the first paragraph in the "Outcomes of Studies with Corresponding Troponin+ and Troponin−" section beginning with the fifth sentence should read as follows):

"In the pooled data, **463 (67%)** patients tested negative for troponin and 228 (**33%**) tested positive. The overall mortality (from sensitivity analysis) including in-hospital, 30-day, and 90-day mortalities was 1.2%. The NPVs for all individual studies and the overall NPV are 1 or approximately 1. The overall PPVs and by study were low, ranging from 0 to 0.60. The PLRs and NLRs were not estimated for an outcome within an individual study if none of the patients experienced the outcome. When outcomes were only observed among troponin-negative patients, such as in the study of Moore (2009) who used 30-day all-cause mortality, the PLR had a value of zero. When outcomes were only observed among troponin-positive patients, as for 30-day all-cause mortality in the Hakemi<sup>9</sup>(2015), Lauque<sup>10</sup> (2014), and Lankeit<sup>16</sup> (2011) studies, the NLR had a value of zero. For zero cells, a continuity correction of 0.5 was applied. The pooled likelihood ratios (LRs) for all-cause mortality were positive LR 2.04 [95% CI, 1.53 to 2.72] and negative LR **0.72** [95% CI, 0.37 to 1.40]. The OR for all-cause mortality was 4.79 [95% CI 1.11 to 20.68,  $P = .0357$ ].

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TABLE 2. Summary Measures of the Association between Troponin Classification and Overall 30-day All-cause Mortality and Stratified by Study

Source	Low-risk PE Patients	Tn+	Tn-	PPV	NPV	PLR (95% CI)	NLR (95% CI) OR		Odds Ratio			
							OR	(95% CI)	P Value			
Ozsu et al. <sup>8</sup>	57	5	52									
90-day mortality	4	3	1	0.60	0.98	19.88 (4.56–86.66)	0.26	(0.05–1.42)	76.50	(5.31–1102.4)	.0014	
Hakemi et al. <sup>9</sup>	173	84	89									
In-hospital mortality	4	4	0	0.05	1.00	1.90 (1.36–2.65)	0.19	(0.01–2.64)	10.01	(0.53–188.75)	.1243	
Lauque et al. <sup>10</sup>	84	17	67									
30-day mortality	1	1	0	0.06	1.00	3.82 (1.54–9.48)	0.31	(0.03–3.44)	12.27	(0.48–315.11)	.1300	
Ozsu et al. <sup>13</sup>	45	14	31									
30-day mortality	0	0	0	0.00	1.00	1.59 (0.21–11.79)	0.73	(0.10–5.23)	2.17	(0.04–114.99)	.7016	
Sanchez et al. <sup>14</sup>	329	44	278									
30-day mortality	2	NS	NS	NS	NS	NS	—	NS	—	NS	—	—
Lankeit et al. <sup>16</sup>	198	71	127									
30-day mortality	1	1	0	0.01	1.00	2.11 (0.93–4.79)	0.39	(0.04–4.29)	5.43	(0.22–134.95)	.3024	
Moore et al. <sup>22</sup>	191	42	149									
30-day mortality	1	0	1	0.00	0.99	1.12 (0.10–12.57)	0.97	(0.43–2.16)	1.16	(0.05–29.11)	.9260	
All studies pooled <sup>a</sup>	691	228	<b>463</b>									
30-day mortality <sup>b</sup>	7	6	1	0.03	1.00	2.04 (1.53–2.72)	0.72	(0.37–1.40)	4.79	(1.11–20.68)	.0357	
Sensitivity Analysis <sup>c</sup>						3.40 (1.81–6.37)	0.59	(0.33–1.08)	11.01	(3.38–35.92)	<.0001	

<sup>a</sup>Total number of low risk PE patients, Tn+, Tn-

<sup>b</sup>Pooled estimates of PPV, NPV, PLR, NLR, and OR for 30-day all-cause mortality do not include data from the Ozsu<sup>8</sup> and Sanchez<sup>14</sup> studies.

<sup>c</sup>Includes the Ozsu 2015 study and assumes the 2 PE patients with mortalities in the Sanchez 2013 were from troponin positive

NOTE: Abbreviations: CI, confidence interval; NLR, negative likelihood ratio; NPV, negative predictive value; NS, data not supplied; PLR, positive likelihood ratio, PPV, positive predictive value.