

NOTICES

Retraction notice to “Does Intracoronary Adenosine Injection During Primary PCI Reduce Microvascular Obstruction in Patients Admitted With STEMI?” [J Am Coll Cardiol 2013;61 Suppl A:A33, E134 in the online version]

Gemina Doolub, Colin Fortar

From Oxford University, Oxford, United Kingdom

This article has been retracted: please see Elsevier Policy on Article Withdrawal (<http://www.elsevier.com/locate/withdrawalpolicy>).

This article has been retracted at the request of the author.

The prevalence of MVO was reduced in the adenosine-treated patients (45%) compared to 85% of control patients ($P=0.0043$). We found that the size of MVO in adenosine-treated patients was significantly reduced (0.35g) compared to 0.91 g in the control group ($P=0.027$). There was no statistically significant difference in TIMI flow and clinical outcomes after primary PCI.

Excel software was used to calculate the p-values. On recalculation using a newer version of the programme, the values are coming back different: Prevalence of MVO comparing adenosine to non-adenosine is now 0.15, therefore non-significant. Also the P-value for the mass of MVO in adenosine versus non-adenosine is 0.34, again non-significant.

<http://dx.doi.org/10.1016/j.jacc.2013.08.001>

Retraction notice to “Worsening of Pre-Existing Valvulopathy With A New Obesity Drug Lorcaserin, A Selective 5-Hydroxytryptamine 2C Receptor Agonist: A Meta-Analysis of Randomized Controlled Trials” [J Am Coll Cardiol 2013;61 Suppl A:A380, E1542 in the online version]

Hemang B. Panchal, Parthav Patel, Brijal Patel, Rakeshkumar Patel, Henry Philip

This article has been retracted: please see Elsevier Policy on Article Withdrawal (<http://www.elsevier.com/locate/withdrawalpolicy>).

In currently published abstract, it was mentioned that the authors measured “change in degree of pre-existing valvulopathy”. Actually, what they measured was “increase in valvular regurgitant grade from baseline” in a normal valve without any evidence of pre-existing FDA-defined valvulopathy. The studies included in their meta-analysis excluded patients with FDA-defined valvulopathy. Therefore, the outcome in their current abstract “increase in pre-existing AR” is actually “increase in aortic regurgitant grade from baseline” in patients without pre-existing FDA-defined aortic regurgitation. Similarly, the outcome in their current abstract “increase in pre-existing MR” is actually “increase in mitral regurgitant grade from baseline” in patients without pre-existing FDA-defined mitral regurgitation. Study data and statistical analysis is correct as it is. The results of their meta-analysis demonstrate that the increase in aortic regurgitant grade from baseline was significantly higher in patients on lorcaserin compared to placebo. The increase in mitral regurgitant grade from baseline was not different between both groups. The interpretation of rest of the outcomes is correct as it is.

<http://dx.doi.org/10.1016/j.jacc.2013.10.003>