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Correction

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CORRECTION

Bavaria JE, Tommaso CL, Brindis RG, Carroll JD, Deeb GM, Feldman TE, Gleason TG, Horlick EM, Kavinsky CJ, Kumbhani DJ, Miller DC, Seals AA, Shahian DM, Shemin RJ, Sundt TM, Thourani VH. 2018 AATS/ACC/SCAI/STS Expert Consensus Systems of Care Document: operator and institutional requirements for transcatheter aortic valve replacement. *J Am Coll Cardiol* 2018; XX:XXX-XX.

1. Title page, document approval information. The phrase “Executive Committee” has been inserted after “The Society of Thoracic Surgeons (STS)”. The approval line now reads, “This document was approved by the American Association for Thoracic Surgery (AATS) Council, American College of Cardiology (ACC) Clinical Policy Approval Committee, the Society for Cardiovascular Angiography and Interventions (SCAI) Board of Trustees, and The Society of Thoracic Surgeons (STS) Executive Committee in June 2018.”
2. Page 24, Section 3.4. Facilities and Institutional Resources. In point 2. a., under the heading “Noninvasive Imaging”, the number 3 has been inserted after the word “Level”. The sentence now refers to “An Intersocietal Accreditation Commission-accredited echocardiography laboratory and preferably Level 3 trained and National Board of Echocardiography-certified echocardiographers...”
3. Page 47, Table 1, for the primary outcome metric of “In-hospital risk-adjusted all-cause mortality”, the entry in the “Performance Requirement” column previously read, “Based on 95% confidence intervals and national benchmark data, the program’s performance is “as expected,” “worse than expected,” or “better than expected.”” The phrase “worse than expected” has been deleted. The entry now reads, “Based on 95% confidence intervals and national benchmark data, the program’s performance is “as expected” or “better than expected.”” The same edit has been made to the Performance Requirement entry for the 30-day risk-adjusted all-cause mortality primary outcome.