140. Choi AD, Marques H, Kumar V, Griffin WF, Rahban H, Karlsberg RP, *et al.* CT evaluation by Artificial Intelligence for Atherosclerosis, Stenosis and Vascular Morphology (CLARIFY): a multi-center, international study. *J Cardiovasc Comput Tomogr* 2021;**15**:470–6. https://doi.org/10.1016/j.jcct.2021.05.004
141. Tzimas G, Gulsin GS, Everett RJ, Akodad M, Meier D, Sewnarain K, *et al.* Age- and sex-specific nomographic CT quantitative plaque data from a large international cohort. *JACC Cardiovasc Imaging* 2024;**17**:165–75. https://doi.org/10.1016/j.jcmg.2023.05.011
142. Cury RC, Blankstein R, Leipsic J, Abbara S, Achenbach S, Berman D, *et al.* CAD-RADS^{TM} 2.0–2022 coronary artery disease—reporting and data system an expert consensus document of the Society of Cardiovascular Computed Tomography (SCCT), the American College of Cardiology (ACC), the American College of Radiology (ACR) and the North America Society of Cardiovascular Imaging (NASCI). *J Cardiovasc Comput Tomogr* 2022;**16**:536–57. https://doi.org/10.1016/j.jcct.2022.07.002

Correction

https://doi.org/10.1093/eurheartj/ehae227
Online publish-ahead-of-print 17 April 2024

Correction to: XANTUS: a real-world, prospective, observational study of patients treated with rivaroxaban for stroke prevention in atrial fibrillation

This is a correction to: A. John Camm, Pierre Amarenco, Sylvia Haas, Susanne Hess, Paulus Kirchhof, Silvia Kuhls, Martin van Eickels, Alexander G.G. Turpie, the XANTUS Investigators, XANTUS: a real-world, prospective, observational study of patients treated with rivaroxaban for stroke prevention in atrial fibrillation, *European Heart Journal*, Volume 37, Issue 14, 7 April 2016, Pages 1145–1153, https://doi.org/10.1093/eurheartj/ehv466.

In April 2022, the study sponsor, Bayer AG, received confirmation of a Good Clinical Practice (GCP) violation by one study site including 81 patients (~1% of the study population). As a precaution, a sensitivity analysis was performed excluding patients from this site. The exclusion of this study site had almost no impact on the results. For example:

- The overall number of patients in the study changed from 6784 to 6703, thereby changing the denominator slightly in any proportional calculations
- This resulted in very minor changes in baseline characteristics, limited to the tenths decimal place in most cases
  - The mean $CHADS_2$ score was 2.0 originally and 1.9 in the sensitivity analysis
  - The mean HAS-BLED score remained unchanged
  - The proportion of female patients was 40.8% originally and 40.7% in the sensitivity analysis
  - The proportion of patients receiving prior antithrombotic therapy was 73.1% originally and 73.4% in the sensitivity analysis
- Treatment duration was 329 days originally and 328 days in the sensitivity analysis
- Persistence with rivaroxaban was 79.9% originally and 79.6% in the sensitivity analysis
- The incidence proportion of treatment-emergent adverse events was 39.9% originally and 40.4% in the sensitivity analysis, whereas the incidence proportions of treatment-emergent serious adverse events were 17.7% originally and 17.9% in the sensitivity analysis
- The rates of the main study outcomes including major bleeding, fatal bleeding, intracranial bleeding and stroke or non-central nervous system systemic embolism did not change
  - The rate of all cause death was 1.9 per 100 patient-years originally and 2.0 per 100 patient-years in the sensitivity analysis

The authors and editors reviewed the new results and concluded that the GCP violation did not impact the overall findings of the study.