Correction: *Role of cardiovascular imaging for the diagnosis and prognosis of cardiac amyloidosis*

Agha AM, Parwani P, Guha A, *et al*. Role of cardiovascular imaging for the diagnosis and prognosis of cardiac amyloidosis. *Open Heart* 2018;5:e000881. doi:10.1136/openhrt-2018-000881

This article has been corrected since it first published. The authors want to inform the readers on the following two changes.

The second paragraph under the sub-heading 'Late gadolinium enhancement' of 'Cardiovascular magnetic resonance', should read as:

Although a very useful technique, a challenge with LGE is to choose an appropriate inversion time (TI) value. This TI value is a baseline where the myocardium is black or 'nulled'. Incorrect determination of this null point may mask evidence of amyloidosis.[27] A technique called 'phase-sensitive inversion recovery' allows for the automated determination of an ideal TI time and may prevent user error from incorrectly masking amyloidosis on CMR[27] (see figure 4).

The third paragraph under the sub-heading 'T1 mapping' of 'Cardiovascular magnetic resonance', should read as:

A pre-contrast T1 time of greater than 1044 ms has been associated with a poor prognosis in AL amyloidosis.[31] A similar cut-off of greater than 1077 ms has been associated with worse prognosis for ATTR amyloidosis, but not particularly prognostic when separated by familial and wild-type ATTR.[32]

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