Appendix 3. Results discrepancies [posted as supplied by author]

Discrepancy ID	Discrepancy summary	Paper 1	Detail from Paper 1	Paper 2	Detail from Paper 2	Paper 3	Detail from Paper 3	Paper 4	Detail from Paper 4
t01/301	Percentage incompatible with ratio, for adverse events in recipients	t01r1 Table 3	81.30%	t01r1 Table 3	13/15=86.7%				
t01/302	Subgroups incompatible with size of whole group of recipients	t01r1 Table 3	n=5, n=5, n=6	t01r1 Table 3	n=15				
t02/301	Percentage incompatible with ratio, for recipients reaching AT at 2 to 3 weeks	t02r1 Results (Functional capacity) (page 710.e5)	91%	t02r1 Results (Functional capacity) (page 710.e5)	42/47=89%				
t02/302	Percentage incompatible with ratio, for controls reaching AT at 6 months	t02r1 Results (Functional capacity) (page 710.e5)	96%	t02r1 Results (Functional capacity) (page 710.e5)	46/50=92%				
t02/303	Percentage incompatible with ratio, for recipients reaching AT at 6 months	t02r1 Results (Functional capacity) (page 710.e5)	98%	t02r1 Results (Functional capacity) (page 710.e5)	49/49=100%				

t02/304	Discrepant change in control EF measured by SPECT	t02r6 Table 2	Change listed as 7.0	t02r6 Table 2	Baseline EF 42.6 and follow-up EF 49.3
t03/301	Discrepant LVEF by angiography change in recipients	t03r1 Table 3	Change listed as -4.1	t03r1 Table 3	41.5 at baseline to 36.6 at 6 months (36.6-41.5=-4.9)
t03/302	Discrepant LVEDV change in recipients	t03r1 Table 3	Change listed as 8.3	t03r1 Table 3	154.0 at baseline to 162.0 at 6 months (162-154=8)
t03/303	Discrepant LVESV change in recipients	t03r1 Table 3	Change listed as 5.9	t03r1 Table 3	103.0 at baseline to 108.0 at 6 months (108-103=5)
t03/304	Discrepant scar to LV volume change in recipients	t03r1 Table 3	Change listed as -4.0	t03r1 Table 3	44.3 at baseline to 34.7 at 6 months (34.7-44.3=-9.6)
t03/305	Discrepant LVESV change in controls	t03r1 Table 3	Change listed as -19.8	t03r1 Table 3	138.0 at baseline to 113.0 at 6 months (113-138=-25)
t05/301	Discrepancy in post 18 month change in LVEF% in the recipient group	t05r1 Table 3	5.90%	t05r2	6.10%

t05/302	Discrepancy in post 18 month change in LVEF% in the control group	t05r1 Table 3	3.10%	t05r2	3.40%
t05/303	Discrepancy in baseline LVEDV index, mL/m2 BSA in the control group	t05r1 Table 3	81.4±16.9 ml/m2	t05r2	79.3±12.5 ml/m2
t05/304	Discrepancy at 18 month LVEDV index, mL/m2 BSA in the control group	t05r1 Table 3	85.0±24.2 ml/m2	t05r2	82±19 ml/m2
t07/301	Contradictory mortality in recipients	t07r1	1 death	t07r10	7 deaths, despite fewer patients with same follow-up; results otherwise identical
t07/302	VO2 level of patients studied	t07r10	The 191 stem cell patients have a starting VO2 of 1515±506, and final VO2 of 1681±527	t07r2	Appears to have 40 patients added. Added patients must have a VO2 that is an average of 38% higher than the other first 191. Not clear whether these 40 were kept out of first publication because of high VO2.

t07/303	40 negative-responder patients omitted from STAR?	t07r10	mean stem cell effect is + 166 ml/min	t07r2	The 40 extra patients have a starting VO2 of (1560×239 - 1515×191)/40 = 2086.9, and a final VO2 of (1740×231 - 1681×191) / 40 = 2021.7, i.e. a mean stem cell effect of minus 65.2 ml/min
t07/305	Contradiction on comparability of EF	t07r1	Baseline EFs described as comparable, when calculation from displayed data shows P<0.0000001.		
t07/308	Survival methodology described in contradictory ways	t07r1 Methods	Started not at time 0 but at an arbitrary time	t07r1 Methods	Reference to SPSS survival analysis, but SPSS not used to produce Figure
t07/309	Kaplan Meier plots are not Kaplan Meier plots	t07r1 Figure 8	Fail to show the event times as discrete downward steps, but rather as diagonal slopes, which appear manually curved		

t07/310	Impossible % of recipients for coronary artery (RCA)	t07r10 (Table 1)	33.4% of 191 is not an integer number of patients. Could be 63 (33.0%) or 64 (33.5%)		
t07/311	Impossible % of recipients for coronary artery (LAD)	t07r10 (Table 1)	49.1% of 191 is not an integer number of patients. Could be 93 (48.7%) or 94 (49.2%)		
t07/312	Impossible % of recipients for coronary artery (RCX)	t07r10 (Table 1)	17.5% of 191 is not an integer number of patients. Could be 33 (17.3%) or 34 (17.8%)		
t07/313	Miscalculation of NYHA (Class) increments in recipients	t07r10 (Table 3, 3 months)	3 month change is quoted as -0.9, miscalculating the actual change of -0.97	t07r10 (Table 3, 12 months)	12 month change is quoted as -0.98, miscalculating the actual change of -1.12
t07/314	Miscalculation of NYHA increments in controls	t07r10 (Table 3, 12 months)	12 month change is quoted as +0.46, miscalculating the actual change of +0.6		
t07/315	Miscalculation of LP in recipients	t07r10 (Table 3, 3 months)	change is quoted as -0.36, miscalculating the actual change of -0.4		

t07/316	Misclaculation of LP in controls	t07r10 (Table 3, 60 months)	change is quoted as +0.87, miscalculating the actual change of +1.07
t07/317	Miscalculation of VO2Peak increments in recipients	t07r10 (Table 2)	change is quoted as +158, miscalculating the actual change of +166
t07/318	Miscalculation of ΔVO2Peak in controls	t07r10 (Table 2)	change is quoted as -29.3, miscalculating the actual change of -7
t07/319	Miscalculation of ΔO2-Pulse in recipients	t07r10 (Table 2)	change is quoted as +0.52, miscalculating the actual change of +0.8
t07/320	Miscalculation of ΔO2-Pulse in controls	t07r10 (Table 2)	change is quoted as -0.9, miscalculating the actual change of -0.1
t07/321	Miscalculation of ΔErgometry (Watt) in recipients	t07r10 (Table 2)	change is quoted as +11.3, miscalculating the actual change of +12
t07/322	Miscalculation of ΔErgometry (Watt) in controls	t07r10 (Table 2)	change is quoted as -15.2, miscalculating the actual change of -17

t07/323	Miscalculation of ΔEDV in controls	t07r10 (Table 4, after 3 months)	change is quoted as +2.9 miscalculating the actual change of +1		
t07/324	Miscalculation of ΔESV in recipients	t07r10 (Table 4, after 3 months)	change is quoted as -15.9 miscalculating the actual change of -18	t07r10 (Table 4, after 12 months)	change is quoted as -14.9 miscalculating the actual change of -16
t07/325	Miscalculation of ΔSVI in recipients	t07r10 (Table 4, after 3 months)	change is quoted as +4.45 miscalculating the actual change of +4.2		
t07/326	Miscalculation of ΔP(systolic)/ESV in recipients	t07r10 (Table 4, after 3 months)	change is quoted as +0.29 miscalculating the actual change of +0.27		
t07/327	Miscalculation of ΔP(systolic)/ESV in recipients	t07r10 (Table 5)	change is quoted as +0.29 miscalculating the actual change of +0.27		
t07/328	Miscalculation of ΔGlobal T(systolic) in controls	t07r10 (Table 5)	change is quoted as +0.3 miscalculating the actual change of +0.1		

t07/329	Miscalculation of ΔInfarct Size in recipients	t07r10 (Table 5)	change is quoted as -4.5 miscalculating the actual change of -3.2
t07/330	Miscalculation of ΔInfarct Size in controls	t07r10 (Table 5)	change is quoted as +1.8 miscalculating the actual change of +0.5
t07/331	Miscalculation of ΔLown Classification in recipients	t07r10 (Table 6)	change is quoted as -0.46 miscalculating the actual change of -0.53
t07/332	Miscalculation of ΔHeart Rate Variability in recipients	t07r10 (Table 6)	change is quoted as +5.7 miscalculating the actual change of +5.5
t07/333	Miscalculation of ΔHeart Rate Variability in controls	t07r10 (Table 6)	change is quoted as -2.67 miscalculating the actual change of -1.4

t07/334	Negative NYHA class in the control group post 12 months	t07r1 t07r10	NYHA rose from 3.06 by 0.46 to reach 3.66 at 12 months. The reason for the discrepancy can only be the death of one patient. We can calculate the patient's starting NYHA. The 199 twelve-month survivors must have had a starting NYHA of 3.66-0.46=3.20. Allowing for rounding error this must be at least 3.655-0.465 = 3.19, and at most 3.665-0.455 = 3.21. For the baseline NYHA of all to average 3.06, the patient that died must have had a value “y” which fulfills 199*3.20+1*y=200*
t07/336	Missed significant change in CL-Rest for controls	t07r1 t07r10	-0.45 (SD 0.8), p<0.01

t07/337	Missed significant change in VO2 for controls	t07r1 t07r10	-29.3 (SD 120), p<0.01
t07/338	Missed significant change in O2-Pulse	t07r1 t07r10	-0.9 (SD 1.2), p<0.01
t07/339	Missed significant change in Ergometry	t07r1 t07r10	-15.2 (SD 8.7), p<0.01
t07/340	Missed significant change in NYHA 3mo	t07r10 (Table 3)	+0.3 (SD 0.4), p<0.01
t07/341	Missed significant change in NYHA 12 mo	t07r10 (Table 3)	+0.46 (SD 0.7), p<0.01
t07/342	Missed significant change in NYHA 60 mo	t07r10 (Table 3)	+0.6 (SD 0.87), p<0.01
t07/344	Missed significant change in LP 60 mo	t07r10 (Table 3)	+0.87 (SD 0.56), p<0.01
t07/345	Missed significant change in ESV 3mo	t07r1 t07r10	+4.3 (SD 29.8), p<0.05

t07/346	Missed significant change in ESV 12mo	t07r1 t07r10	+4.6 (SD 31.2), p<0.05
t07/347	Missed significant change in ESV 60mo	t07r1 t07r10	+9.9 (SD 35.7), p<0.01
t07/348	Missed significant change in EF 60mo	t07r1 t07r10	-3.5 (SD 8.9), p<0.01
t07/349	Missed significant change in SVI 12mo	t07r1 t07r10	-1.8 (SD 8.1), p<0.01
t07/350	Missed significant change in SVI 60mo	t07r1 t07r10	-3.9 (SD 7.5), p<0.01
t07/351	Missed significant change in Psyst/ESV 12 mo	t07r1 t07r10	-0.1 (SD 0.38), p<0.01
t07/352	Missed significant change in Psyst/ESV 60 mo	t07r1 t07r10	-1.7 (SD 0.4), p<0.01
t07/353	Missed significant change in MNSER	t07r1 t07r10	-0.09 (SD 0.3), p<0.01

t07/354	Missed significant change in Infarct Size	t07r1 t07r10	+1.8 (SD 11.1), p<0.05
t07/355	Missed significant change in HRV	t07r1 t07r10	-2.67 (SD 9.8), p<0.01
t07/356	Missed significant change in Lown Classification	t07r1 t07r10	+0.2 (SD 1.1), p<0.05
t07/357	Conducting LV-gram without noticing whether patient is alive or dead (recipient)	t07r10	Median survival followup was 4.6 years, i.e. for half the 191 patients, there was no knowledge of survival after 4.6 years. Yet the number of patients attending at 5 years for invasive assessment of EF, EDV etc, was >95. In fact it was 184. Therefore at least 89 patients underwent invasive LV-gram without the staff noticing whether they were alive or dead

t07/358	Conducting LV-gram without noticing whether patient is alive or dead (control)	t07r10	Median survival followup was 4.87 years, i.e. for half the 200 controls there was no knowledge of survival after 4.87 years. Yet the number of patients attending at 5 years for invasive assessment of EF etc was >100. In fact it was 168. Therefore at least 68 patients underwent invasive LV-gram without the staff noticing whether they were alive or dead

t07/359	Questioning a patient without noticing whether patient is alive or dead (recipient)	t07r10	Median survival followup was 4.6 years, i.e. for half the 191 patients, there was no knowledge of survival after 4.6 years. Yet the number of patients attending at 5 years to be questioned on symptom statue was >95. In fact it was 184. Therefore at least 89 patients underwent questioning to asssess NYHA class without the staff noticing whether they were alive or dead

t07/360	Questioning a patient without noticing whether patient is alive or dead (control)	t07r10	Median survival followup was 4.87 years, i.e. for half the 200 controls there was no knowledge of survival after 4.87 years. Yet the number of patients attending at 5 years to be questioned on symptom statue was >100. In fact it was 168. Therefore at least 68 patients described their symptom level without the staff noticing whether they were alive or dead
t07/361	Impossible % of controls for coronary artery (RCA)	t07r10 (Table 1)	31.2% of 200 is not an integer number of patients. Could be 62 (31.0%) or 63 (31.5%)

t07/362	Impossible % for coronary artery (LAD)	t07r10 (Table 1)	50.7% of 200 is not an integer number of patients. Could be 100 (50.0%) or 101 (50.5%)		
t07/363	Impossible % for coronary artery (RCX)	t07r10 (Table 1)	18.1% of 200 is not an integer number of patients. Could be 36 (18.0%) or 37 (18.5%)		
t08/301	Failure of blinding (or inclusion of undisclosed methods)	t08r2	Values incompatible with blinding: EF SD of sample narrower (2-5%), than the SD of replicate measurements in same patient.		
t08/302	Oxygen consumption BMC group	t08r2	19% increase	t08r5	Increase by 10-15%
t08/302 continued		t08r2	19% increase	t08r1	Recipients increase by 24% and controls decrease by 12%
t08/303	Ejection Fraction in the recipients	t08r2	From 17±1 to 26±3 (+9%)	t08r6	Ejection fraction improved ... by 44% in the [t08r2] trial.
t08/303 continued		t08r2	From 17±1 to 26±3 (+9%)	t08r8 p757	Ejection fraction improved ... by 8% in the [t08r2] trial.

t09/301	Discrepancy in timepoint of BMC transplantation after PCI	t09r3 p172 Abstract - Methods and results section	4±1 days	t09r6	5±1 days	t09r5	4±1 days
t09/302	Discrepancy in reported increase of HRV after 12 months in recipients	t09r3 p172 Abstract - Methods and results section	62.4±8.3	t09r6	52±26		
t09/303	Discrepancy in reported increase of HRV after 12 months in controls	t09r3 p172 Abstract - Methods and results section	19.0±7.5	t09r6	26±2		
t09/304	Discrepancy in reported increase of BRS after 12 months in recipients	t09r3 p172 Abstract - Methods and results section	8.0±1.8	t09r6	6.8±8.8	t09r5	8.7±6.3

t09/305	Discrepancy in reported increase of BRS after 12 months in controls	t09r3 p172 Abstract - Methods and results section	-1.9±1.7	t09r6	-2.4±7		t09r5	3.4±11.7		
t09/306	Percentage incompatible with ratio, for deaths in controls at 12 month follow-up	t09r2	4/19=21%	t09r2 stated percentage		24%	t09r5 stated percentage		24%	t09r5	4/19=21%
t09/306 continued		t09r3 p.175	4/19=21%	t09r3 p.175 stated percentage		24%	t09r6 stated percentage		24%	t09r6	4/19=21%
t09/307	Inconsistency in the percentage and number of deaths in recipients at 12 month follow-up	t09r2	2/19=10.5%	t09r2 stated percentage		12%	t09r5 stated percentage		6%	t09r5	1/19=5%
t09/307 continued		t09r3 p.175	2/19=10.5%	t09r3 p.175 stated percentage		12%	t09r6 stated percentage		12%	t09r6	2/19=10.5%

t09/308	Discrepancy in reported mean LVEF at baseline of the 19 recipients	t09r5		35.1	t09r3 (Table 3) SPECT Rest (also does not match baseline echo data either)		36.6		
t09/309	Discrepancy in reported mean LVEF at baseline of the 19 controls	t09r5		36.2	t09r3 (Table 3) SPECT Rest (also does not match baseline echo data either)		37.5		
t09/310	Discrepancy in reported SE or SD of LVEF at baseline of recipients - Paper 1 does is discrepant with either echo or SPECT data from paper 2, even allowing for SD to SE conversion.	t09r5	SD: 9.8		t09r3 (Table 2) obtained by transthoracic echocardiography	SE: 1.3 (smaller deviation than controls)	t09r3 (Table 3) SPECT Rest	SE: 2.0 (smaller deviation than controls)	

t09/311	Discrepancy in reported SE or SD of LVEF at baseline of recipients - Paper 1 does is discrepant with either echo or SPECT data from paper 2, even allowing for SD to SE conversion.	t09r5	SD: 9.4		t09r3 (Table 2) obtained by transthoracic echocardiography	SE: 1.5 (bigger deviation than recipients)	t09r3 (Table 3) SPECT Rest	SE: 2.3 (bigger deviation than recipients)
t09/312	Percentage incompatiable with ratio, for deaths in controls at 37 month follow-up	t09r4		24%	t09r4 stated percentage	4/20=20%		
t09/313	Percentage incompatiable with ratio, for deaths in recipients at 37 month follow-up	t09r4		12%	t09r4 stated percentage	2/21=9.5%		

t09/314	Identical results (mean and SD) despite different numbers of recipients	t09r5	n=19 LVEF = 35.1±9.8 LVEF increased after 12 months by 41% LVEDV increased after 12 months by 2% HRV after 12 months = 644ms HF after 12 months = 289.3±366 ms BRS after 12 months = 8.7±6.3 ms/mmHg	t09r1	n=16 LVEF = 35.1±9.8 LVEF increased after 12 months by 41% LVEDV increased after 12 months by 2% HRV after 12 months = 644ms HF after 12 months = 289.3±366 ms BRS after 12 months = 8.7±6.3 ms/mmHg
t09/315	Identical results (mean and SD) despite different numbers of controls	t09r5	n=19 LVEF = 36.2±9.4 LVEF increased after 12 months by 25% LVEDV increased after 12 months by 12% HRV after 12 months = -20ms HF after 12 months = 85.7±216 ms BRS after 12 months = 3.4±11.7 ms/mmHg	t09r1	n=17 LVEF = 36.2±9.4 LVEF increased after 12 months by 25% LVEDV increased after 12 months by 12% HRV after 12 months = -20ms HF after 12 months = 85.7±216 ms BRS after 12 months = 3.4±11.7 ms/mmHg

t09/316	Percentage incompatible with ratio for cardiac deaths in controls	t09r3 Table 4		15%	t09r3 Table 4 stated percentage	3/19=16%
t09/317	Discrepancy between number of deaths and percentage of cardiac deaths in recipients	t09r3 Table 4		10%	t09r3 Table 4 stated percentage	2/19=11%
t10/301	Mathematically impossible claim of baseline NYHA for recipients	t10r1 p1533 NYHA Functional Classification	No combination of integer values can produce a mean that can be rounded to 2.6 whilst having a standard deviation that can be rounded to 0.3			
t10/302	Mathematically impossible claim of baseline NYHA for controls	t10r1 p1534 NYHA Functional Classification	No combination of integer values can produce a mean that can be rounded to 2.5 whilst having a standard deviation that can be rounded to 0.2			
t11/301	Discrepancy between Tables in baseline ACS in BM recipients	t11r1 Table 1 p 360	ACS group 1: 32±12		t11r1 Table 3 p 361	ACS group 1: 33±12

t11/302	Discrepancy between Tables in baseline ACS in GCSF recipients	t11r1 Table 1 p 360	ACS group 2: 36±11	t11r1 Table 3 p 361	ACS group 2: 39±7
t11/303	Discrepancy between Tables in baseline ACS in controls	t11r1 Table 1 p 360	ACS group 3:28±14	t11r1 Table 3 p 361	ACS group 3:27±13
t11/304	Discrepancy between Tables in baseline % of affected radii in BM recipients	t11r1 Table 1 p 360	Affected radii group 1: 40±16	t11r1 Table 3 p 361	Affected radii group 1: 47±6
t11/305	Discrepancy between Tables in baseline % of affected radii in GCSF recipients	t11r1 Table 1 p 360	Affected radii group 2: 47±14	t11r1 Table 3 p 361	Affected radii group 2: 52±6
t11/306	Discrepancy between Tables in baseline % of affected radii in controls	t11r1 Table 1 p 360	Affected radii group 3: 36±11	t11r1 Table 3 p 361	Affected radii group 3: 46±11
t11/307	Discrepancy between Tables in Ejection Fraction in GCSF recipients	t11r1 Table 1 p 360	EF group 2: 39±5	t11r1 Table 3 p 361	EF group 2: 37±5
t11/308	Discrepancy between Tables in Ejection Fraction in controls	t11r1 Table 1 p 360	EF group 3: 38±6	t11r1 Table 3 p 361	EF group 3: 39±6

t11/309	Discrepancy in net gain in ACS in BM recipients	t11r1 Table 4 p 361	Change given as -20	t11r1 Table 3 p 361	ACS 33 at baseline and 8 at follow-up
t11/310	Discrepancy in net gain in ACS in GCSF recipients	t11r1 Table 4 p 361	Change given as -12	t11r1 Table 3 p 361	ACS 39 at baseline and 25 at follow-up
t11/311	Discrepancy in net gain in ACS in controls	t11r1 Table 4 p 361	Change given as -6	t11r1 Table 3 p 361	ACS 27 at baseline and 16 at follow-up
t11/312	Discrepancy in net gain in affected radii in BM recipients	t11r1 Table 4 p 361	Change given as -26	t11r1 Table 3 p 361	Affected radii 47 at baseline and 24 at follow-up
t11/313	Discrepancy in net gain in affected radii in controls	t11r1 Table 4 p 361	Change given as -12	t11r1 Table 3 p 361	Affected radii 46 at baseline and 36 at follow-up

t12/301	Trial reported as positive(p=0.05), but revised data later indicate EF increment is substantially smaller, which implies that it should now be considered neutral	t12r2 Figure 2	Original presentation is that EF increment is +7.1 in 39 recipients		t12r1 page 66	Subsequent revised data shows EF increment is 12.7 in 21 recipients and -0.8 in 18 recipients, so that group mean effect is +((12.7x21)+(-0.8x18))/39 = +6.5. On this basis the recipient versus control comparison gives p>0.05. With best-case rounding, using 12.75 and -0.75 then then mean is still 6.5.			
t12/302	Conflict on how many stem cell patients underwent 6 month LV angio	t12r2 Figure 2		39	t12r2 Table 2		36	t12r2 Results	"Adequate contrast opacification of left ventricular angiograms both at baseline and at 6 months were available for 36 patients in each group."

t12/303	Conflict on how many controls underwent 6 month LV angio	t12r2 Figure 2		38	t12r2 Table 2	36	t12r2 Results	"Adequate contrast opacification of left ventricular angiograms both at baseline and at 6 months were available for 36 patients in each group."
t12/304	Erroneous confidence interval of change in VPDs per h in recipients (median and presumably interquartile range)	t12r2 Table 3	0.4 (-0.6 to -0.4), ditto					
t12/305	Erroneous confidence interval of change in VPDs per h in control (median and presumably interquartile range)	t12r2 Table 3	0 (-0.9 to -1.4), ditto					

t12/306	Erroneous confidence interval of Treatment effect on QRS duration (median and presumably interquartile range)	t12r2 Table 3	0.37 (-5.4 to - 6.2), ditto
t12/307	Erroneous confidence interval of Treatment effect on duration less than 40uV (median and presumably interquartile range)	t12r2 Table 3	0.49 (-4.1 to -5.1), ditto
t12/308	Erroneous confidence interval of Treatment effect on Maximum heart rate (median and presumably interquartile range)	t12r2 Table 3	0.41 (-1.11 to - 0.32), ditto

t12/309	Erroneous confidence interval of Treatment effect on METs (median and presumably interquartile range)	t12r2 Table 3	0.41 (-1.11 – 0.12), ditto		
t12/310	Discrepancy in increase in METS in stem cell group	t12r2 Table 3	6.1 pre, 6.9 post	t12r2 Table 3	Increase stated to be 0.5
t12/311	Continuous-variable treatment effect given for a dichotomous variable	t12r2 Table 3	T-wave alternans at baseline: -6.0 (-13.8 to -1.90)		
t12/312	Two different confidence intervals with the same point estimate, given the same P value	t12r2 Paper Table 3 Maximum Heart Rate	0.41 (-1.11 to -0.32), p=0.26	t12r2 Paper Table 3 METs	0.41 (-1.11 to -0.12), p=0.26
t12/313	Erroneous calculated change in EDV	t12r2 Table 2	Change in EDV from 148 to 152 is change of +4 not +5.4		

t14/301	Contradictory mean for baseline wall motion scores in recipients	t14r1 Table 1		1.8	t14r1 Table 2	1.7
t14/302	Mathematically impossible claim of baseline NYHA in controls	t14r1 Table 2	No combination of integer values can produce a mean that can be rounded to 2.6 whilst having a standard deviation that can be rounded to 0.3			
t14/303	Mathematically impossible claim of 6 months NYHA in controls	t14r1 Table 2	No combination of integer values can produce a mean that can be rounded to 2.4 whilst having a standard deviation that can be rounded to 0.3			
t14/304	Mathematically impossible claim of baseline NYHA in recipients	t14r1 Table 2	No combination of integer values can produce a mean that can be rounded to 2.3 whilst having a standard deviation that can be rounded to 0.2			

t14/305	Mathematically impossible claim of 6 months CCS in controls	t14r1 Table 2	No combination of integer values can produce a mean that can be rounded to 2.6 whilst having a standard deviation that can be rounded to 0.3		
t16/301	Absolute change of LVEF in high-dose shock wave recepients incompatible with values for baseline and 4 months	t16r5 Table 2	Absolute change annotated as 3.5	t16r5 Table 2	Increase from 32.4 to 35.5 is at most a change of 3.2 in mean allowing rounding
t16/302	Absolute change of LVEF in high-dose shock wave controls incompatible with values for baseline and 4 months	t16r5 Table 2	Absolute change annotated as 1.5	t16r5 Table 2	Increase from 32.3 to 34.0 is at least a change of 1.6 in mean allowing rounding
t16/303	Absolute change of LVEF in placebo shock wave recipients incompatible with values for baseline and 4 months	t16r5 Table 2	Absolute change annotated as 0.8	t16r5 Table 2	Increase from 33.4 to 34.4 is at least a change of 0.9 in mean allowing rounding

t16/304	Absolute change of EDVI in high-dose shock wave recipients incompatible with values for baseline and 4 months	t16r5 Table 2	Absolute change annotated as -1	t16r5 Table 2	Increase from 105 to 102 is at most a change of -2 in mean allowing rounding
t16/305	Absolute change of EDVI in high-dose shock wave controls incompatible with values for baseline and 4 months	t16r5 Table 2	Absolute change annotated as 6	t16r5 Table 2	Increase from 111 to 114 is at most a change of 4 in mean allowing rounding
t16/306	Absolute change of ESVI in high-dose shock wave controls incompatible with values for baseline and 4 months	t16r5 Table 2	Absolute change annotated as 2	t16r5 Table 2	Increase from 79 to 79 is at most a change of 1 in mean allowing rounding
t17/301	Discrepant change in contractility in the infarcted zone of the control group at 4 month followup	t17r4 Table 2	-1.54 at baseline to 1.27 at 4 months is a minimum difference of 2.8 (as explained in appendix)	t17r4 Table 2	Change given as 0.28

t17/302	Discrepancy in the number of beta blocker receivers at discharge in the control subgroup relative to the overall number of control patients	t17r3 Table 1	The overall control group consisted only of 92 patients	t17r3 Table 1	95 patients received beta blockers, i.e. 103%	t17r3 Table 1	Stated percentage 100%
t17/303	Contradiction between curve and annotation below Figure, in numbers of recipients at 360 days free of death, myocardial infarction, revascularisation	t17r2 p2777	At 12 months, there is complete followup of recipients: "data could be completely acquired in the BMC group", which means the Kaplan-Meier plots curve should show exactly the raw event rate. If there are n patients exposed to risk, there have been exactly 101-n events, and the cumulative event rate is exactly (101-n)/101*100%	t17r2 Figure 3A graph itself	At 360 days, Kaplan-Meier curve shows event-free survival is 77%, i.e. 78 event-free survivors out of 101	t17r2 Figure 3A annotation under x-axis	At 360 days, annotation under x-axis shows number of event-free survivors to be only 66, i.e. a discrepancy of 12 events between annotation and curve

t17/304	Contradiction between curve and annotation below Figure, in numbers of recipients at 360 days free of death, myocardial infarction, rehospitalisation for heart failure	t17r2 p2777	At 12 months, there is complete followup of recipients: "data could be completely acquired in the BMC group", which means the Kaplan-Meier plots curve should show exactly the raw event rate. If there are n patients exposed to risk, there have been exactly 101-n events, and the cumulative event rate is exactly (101-n)/101*100%	t17r2 Figure 3B graph itself	At 360 days, Kaplan Meier curve shows event-free survival is 98%, i.e. 99 event-free survivors out of 101	t17r2 Figure 3B annotation under x-axis	At 360 days, annotation under x-axis shows number of event-free survivors to be only 85, i.e. a discrepancy of 14 events between annotation and curve
t17/305	Patient disappeared from analysis of death, myocardial infarction and revascularisation without having event and without being lost to followup	t17r2 p2777	No recipients lost to follow up before 12 months	t17r2 Figure 3A Axis labelling	Number of event-free recipients falls by 3	t17r2 Figure 3A	Kaplan-Meier curve shows exactly 2 recipients having events a between 200 and 300 days

t17/306	Patient disappeared from analysis of death, myocardial infarction and rehospitalisation for heart failure without having event and without being lost to followup	t17r2 p2777	No recipients lost to follow up before 12 months	t17r2 Figure 3B Axis labelling	Number of event-free recipients falls by 1	t17r2 Figure 3B	Kaplan-Meier curve shows no recipients having events a between 200 and 300 days
t17/307	Contradiction on whether the stroke volume is significantly different at 4 months in the control subgroup with EF> median	t17r3 Table 2	Change is given as 6.3±14.4 (n=40), for which calculated P value should be 0.009	t17r3 Table 2	Stated P value is 0.29		

t17/308	At least one control who had had an event at 200 days, by 400 days no longer had had that event.	t17r2 Fig 3A	55 controls event-free at 360 days	t17r2 p2777	3 controls had been lost to followup by 12 months	t17r1 Fig 3A	60 controls event-free at 400 days. Not possible even if all 55 event-free patients at 360 days remained event-free, and even if all 4 controls previously lost to followup were found and were event free, 55+3=58 so there are 2 "new" controls introduced
t17/309	At least 10 recipients who had had an event at 200 days, by 400 days no longer had had that event.	t17r2 Fig 3A	66 recipients event-free at 360 days	t17r2 p2777	At 12 months, no recipients had been lost to followup "data could be completely acquired in the BMC group"	t17r1 Fig 3A	76 recipients event-free at 400 days
t17/310	At least seven controls who had had an event at 200 days, by 400 days no longer had had that event.	t17r2 Fig 3B	79 controls event-free at 360 days	t17r2 p2777	At 12 months, 4 controls had been lost to followup	t17r1 Fig 3B	90 controls event-free at 400 days

t17/311	At least 13 recipients who had had an event at 200 days, by 400 days no longer had had that event.	t17r2 Fig 3B	85 recipients event-free at 360 days	t17r2 p2777	At 12 months, no recipients had been lost to followup	t17r1 Fig 3B	98 recipients event-free at 400 days
t18/301	Inconsistent p value for EF between groups at baseline between abstract and Table	t18r1 Abstract	0.38	t18r1 Table 3	0.19		
t18/302	Inconsistent p value for EF between groups at 4 months between abstract and Table	t18r1 Table 3	0.23	t18r1 Table 3	0.25		
t21/301	Identical results, possible duplication (although contradictory sample sizes)	t21r11 (150 + 45 patients)	PET glucose uptake 42±8 pre, 50±12 after. EFs: 52±10 and 49±8 pre, 51±9 and 48±11 post, 53±10 and 55±10 three months post. Vo2 1465±533 pre and 1630±523 post	t21r2 (25 + 25 patients)	PET glucose uptake 42±8 pre, 50±12 after. EFs: 52±10 and 49±8 pre, 51±9 and 48±11 post, 53±10 and 55±10 three months post. Vo2 1465±533 pre and 1630±523 post		
t21/302	Reduction in infarct size	t21r3	25%	t21r5	30%		

t21/303	Ejection Fraction	t21r5	Distant previous EFs only done in 16 of 18 patients	t21r7	All 18 distant previous EFs had been performed, identical mean and standard deviation as the 16 IACT
t21/304	Number of patients that did not respond	t21r5 (Text)	An unchanged or even impaired LV function was not observed in any patient.	t21r5 (Table 2)	Patient 14: Ejection fraction 62% at the distant pre-test; 62% at stem cell injection; 61% at 3 months after
t21/305	Nuclear assessment (PET)	t21r3	Performed in only 12 patients. 43.8±8 pre, 50.5±11.6 post	t21r5	Performed in all 18 patients. 43.8±8 pre, 50.5±11.6 post
t21/306	FDG Uptake %	t21r5 t21r7 t21r3	15%	t21r11	13%
t22/301	Reporting of non-significant difference in functional class index as significant	t22r1 Results, p164	"FCI was 2.38 ± 0.26 and 2.2 ± 0.20 in the recipient and control groups before treatment. There was a significant difference between these values."		T-test gives p=0.59

t22/302	Reporting of non-significant difference in functional class index as significant	t22r1 Results and Table 2, p164	"The difference in FCI between the bone marrow and control groups was significant after 6 months." 1.13 ± 0.12 and 1.06 ± 0.24		T-test gives p=0.80
t22/303	The Table indicates that control arm indicated to have a significant rise in EF, and recipient arm non-significant; this is opposite to conclusion of paper.	t22r1 Table 2 LVEF, p164	"p ≤ 0.05" for control arm	t22r1 Table 2 LVEF, p164	p=0.069 for recipients
t22/304	Contradiction in p-values for LVEF increase in control arm	t22r1 p.162	p=0.1	t22r1 Table 2 LVEF, p164	p<0.05
t22/305	Describing of non-significant difference in LVEF as significant	t22r1 Results, p164	"In the bone marrow group, the LVEF increased to 39.37 ± 2.47% in 6 months which was significantly different (P = 0.069)"	t22r1 Methods, p163	"Statistical significance was assumed at a level of P<0.05."

t22/306	Impossible mean and SEM of final NYHA in Controls	t22r1 Table 2 NYHA	For 16 patients, Mean NYHA can only be 1.06 if 1 is in NYHA II and 15 in NYHA I.	t22r1 Table 2 NYHA	But in that case SEM is 0.06, rather than the 0.24 described	t22r1 Table 2 NYHA	For 10 patients, Mean NYHA cannot be 1.06
t22/307	Impossible mean and SEM of final NYHA in Recipients	t22r1 Table 2 NYHA	For 16 patients, Mean NYHA can only be 1.13 if 2 are in NYHA II and 14 in NYHA I.	t22r1 Table 2 NYHA	But in that case SEM is 0.09, rather than the 0.12 described	t22r1 Table 2 NYHA	For 10 patients, Mean NYHA cannot be 2.38 or 1.13
t22/308	Contradictory p values for perfusion defect score and ambiguity about which group had a significant difference	t22r1 Results, p164	"PDSs decreased to 21.88 ± 4.27 and 31.00 ± 4.50 in the bone marrow treated and control groups, respectively, the difference was only significant in the [treated] group (P ≤0.05)"	t22r1 Table 2 defect score, p164	Neither group has a change meeting criteria for statistical significance. In fact the control group is closer to the boundary of statistical significance than the recipient group.		
t24/301	Percentage incompatible with ratio, for controls with CCS angina class > 2 before surgery	t24r1 Table 2	35%	t24r1 Table 2	7/19=37%		
t24/302	Percentage incompatible with ratio, for controls with NYHA 3-4 before surgery	t24r1 Table 2	15%	t24r1 Table 2	3/19=16%		

t26/301	Discrepancy in change in Duration PV R in controls	t26r1 Table 2	Change listed as 12	t26r1 Table 2	132 at baseline to 142 at 4 months
t26/302	Discrepancy in change in Duration PV R in recipients	t26r1 Table 2	Change listed as 9	t26r1 Table 2	127 at baseline to 138 at 4 months
t26/303	Discrepancy in change in E/E' in recipients	t26r1 Table 2	Change listed as -0.3	t26r1 Table 2	11.1 at baseline to 11.0 at 4 months
t26/304	Discrepancy in change in PV R in controls	t26r1 Table 2	Change listed as 0.00	t26r1 Table 2	0.28 at baseline to 0.30 at 4 months
t26/305	Discrepancy in change in late contrast enhancement in controls	t26r2 Table 2	Change listed as -7.9	t26r2 Table 2	22.3 at baseline to 14.7 at 4 months
t26/306	Discrepancy in change in global LVEF in controls	t26r1 Table 2	Change listed as 5.0	t26r1 Table 2	53.0 at baseline to 57.8 at 4 months
t27/301	Impossible % patients with target vessel LAD	t27r1 Table 3	44% of 22 is not an integer number of patients. Possible integer numbers of patients would be 9 (41%) and 10 (45%).		

t27/302	Impossible % patients with target vessel RCA	t27r1 Table 3	30% of 22 is not an integer number of patients. Possible integer numbers of patients would be 6 (27%) and 7 (32%).
t27/303	Impossible % patients with target vessel LCX	t27r1 Table 3	26% of 22 is not an integer number of patients. Possible integer numbers of patients would be 5 (23%) and 6 27(%).
t27/304	Impossible % patients with target vessel LAD	t27r1 Table 3	46% of 21 is not an integer number of patients. Possible integer numbers of patients would be 9 (43%) and 10 (48%).
t27/305	Impossible % patients with target vessel RCA	t27r1 Table 3	36% of 21 is not an integer number of patients. Possible integer numbers of patients would be 7 (33%) and 8 (38%).

t27/306	Impossible % patients with target vessel LCX	t27r1 Table 3	18% of 21 is not an integer number of patients. Possible integer numbers of patients would be 3 (14%) and 4 (19%).		
t27/307	Discrepancy in baseline reported SD between Tables	t27r2 Table 1	Control group baseline IL-6 SD: 1.86	t27r2 Table 2	Control group baseline IL-6 SD: 3.11
t27/308	Discrepancy in baseline values between Tables	t27r2 Table 1	Control group baseline TNF-alpha mean ± SD: 4.02 ± 3.11	t27r2 Table 2	Control group baseline TNF-alpha mean ± SD: 4.22 ± 3.14
t27/309	Discrepancy in baseline values between Tables	t27r2 Table 1	Control group baseline QTc mean ± SD: 481 ± 55	t27r2 Table 2	Control group baseline QTc mean ± SD: 482 ± 26
t27/310	Discrepancy in baseline reported SD between Tables	t27r2 Table 1	Control group baseline QTVI SD: 0.54	t27r2 Table 2	Control group baseline QTVI SD: 0.18
t28/301	Contradicting numbers of patients with nsVT in active group on follow-up	t28r2 Table 4	3 (13)	t28r2 Table 3	9 (25)

t28/302	Fractional patients (impossible %)	t28r1	12.5% of any possible n: 25, 26, 34, 35 or 36 (not clear which group is being referred to) does not give an integer number of patients		
t29/301	Discrepant mean for infarct size at 3 months in Group C	t29r1 Table 1	Individual patient values 0.41, 0.16, 0.37, 0.49, 0.76, whose mean is 0.438 (or at most 0.443 with rounding)	t29r1 Table 1	Mean is given as 0.46
t29/302	Discrepant standard deviation for 3 month infarct size in Group C	t29r1 Table 1	Individual patient values 0.41, 0.16, 0.37, 0.49, 0.76, whose SD is 0.217 (or at most 0.222 with rounding)	t29r1 Table 1	SD is given as 0.25
t29/303	Discrepant mean for 6 month viable area in Group C	t29r1 Table 1	Individual patient values of 0.08, 0.25 and 0.16 whose mean is 0.163. If the cells marked "-" are taken as zero, the mean is 0.098 (or at least 0.095 if the nonzero values have been rounded)	t29r1 Table 1	Mean is given as 0.09

t29/304	Discrepant mean for 12 month viable area in Group C	t29r1 Table 1	Individual patient values of 0.08 and 0.15 whose mean is 0.115. If the cells marked "-" are taken as zero, the mean is 0.0575 (or at least 0.055 if the nonzero values have been rounded)	t29r1 Table 1	Mean is given as 0.05		
t29/305	Discrepancy in MBF in noninfarct area in group B between table and figure	t29r1 Table 2	Mean % decrease from baseline to 3 months is >15%	t29r1 Figure 4 righthand panel	Figure shows the decrease to be much less than 15% (appears to be 11%). Not explainable by rounding.		
t29/306	Discrepancy in MBF in noninfarct area in group B between table and figure	t29r1 Table 2	Mean % decrease from baseline to 12 months is <20%	t29r1 Figure 4 righthand panel	Figure shows a clearly >50% (appears to be 59%) decrease from baseline to 12 months		
t30/301	The stated change in the variable contradicts the stated baseline and followup values	t30r1 Table 1	Baseline percentage of transmural MI extent in recipients = 59	t30r1 Table 2	6 month percentage of transmural MI extent in recipients = 62	t30r1 Table 2	Difference listed as 1, but should be 3 (even with rounding, cannot be less than 2)

t30/302	The stated change in the variable contradicts the stated baseline and followup values	t30r1 Table 1	Baseline percentage of transmural MI extent in controls = 63	t30r1 Table 2	6 month percentage of transmural MI extent in controls = 59	t30r1 Table 2	Difference listed as 9, but should be -4 (even with rounding, change cannot be further than -5)
t32/301	Discrepant change in LVEF from baseline to 6 months in controls	t32r1 Table 3	9.40%	t32r1 Abstract	Change from 48.6% to 57%, so an increase of 8.4%		
t32/302	Discrepant mean LVEF at 6 months in recipients	t32r1 Abstract	55.20%	t32r1 Results p 431	55.10%		
t32/303	Discrepant SD of LVEF at 6 months in recipients	t32r1 Abstract	9.80%	t32r1 Results p 431	9.60%		
t32/304	Discrepant mean LVEF at 6 months in controls	t32r1 Abstract	57.00%	t32r1 Results p 431	56.70%		
t32/305	Discrepant SD of LVEF at 6 months in controls	t32r1 Abstract	13.40%	t32r1 Results p 431	13.90%		
t33/301	Unexplained P value	t33r1 p94 Table 2	Extra p value of 0.20 at top of Table				
t33/302	Unexplained P value	t33r1 p94 Table 3	Extra p value of 0.20 at top of Table				

t33/303	Unexplained P value	t33r1 p94 Table 4	Extra p value of 0.20 at top of Table				
t34/301	Mathematically impossible claim of 3 month NYHA in recipients	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 2.4 whilst having a standard deviation that can be rounded to 0.2 (as explained in appendix)				
t34/302	Mathematically impossible claim of 6 month NYHA in recipients	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 2.3 whilst having a standard deviation that can be rounded to 0.2	t34r2	No combination of integer values can produce a mean that can be rounded to 2.3 whilst having a standard deviation that can be rounded to 0.2	t34r1	No combination of integer values can produce a mean that can be rounded to 2.3 whilst having a standard deviation that can be rounded to 0.2
t34/303	Mathematically impossible claim of 6 month NYHA in controls	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 3.8 whilst having a standard deviation that can be rounded to 0.1				

t34/304	Mathematically impossible claim of 12 month NYHA in recipients	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 2.5 whilst having a standard deviation that can be rounded to 0.1	t34r2	No combination of integer values can produce a mean that can be rounded to 2.5 whilst having a standard deviation that can be rounded to 0.1	t34r1	No combination of integer values can produce a mean that can be rounded to 2.5 whilst having a standard deviation that can be rounded to 0.1
t34/305	Mathematically impossible claim of 12 month NYHA in controls	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 3.9 whilst having a standard deviation that can be rounded to 0.1				
t34/306	Mathematically impossible claim of 12 month CCS in recipients	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 1.6 whilst having a standard deviation that can be rounded to 0.4	t34r2	No combination of integer values can produce a mean that can be rounded to 1.6 whilst having a standard deviation that can be rounded to 0.4	t34r1	No combination of integer values can produce a mean that can be rounded to 1.6 whilst having a standard deviation that can be rounded to 0.4

t34/307	Mathematically impossible claim of 12 month CCS in controls	t34r3 Table 2	No combination of integer values can produce a mean that can be rounded to 3.5 whilst having a standard deviation that can be rounded to 0.4
t34/308	3-month change in NYHA amongst recipients is mathematically impossible	t34r3 Table 2	25 improved by 1 and 7 improved by 2, so those 54 survivors dropped by 39/54 = 0.7222. For the stated drop from 3.3 (in 55) to 2.4, i.e. change of -0.9, would require the extra initial patient to have NYHA of at least 55*3.25-54*2.45 - 39

t34/309	6-month change in NYHA amongst recipients is mathematically impossible	t34r3 Table 2	29 improved by 1 and 7 improved by 2, so those 53 survivors dropped by 43/53 = 0.81. For the stated drop from 3.3 (in 55) to 2.3, i.e. change of -1, would require the both extra initial patients to have NYHA of at least 5.6		
t34/310	3-month change in NYHA standard deviation amongst the control is mathematically impossible	t34r3 Table 2	4 improved by 1, so the SD could not increase by more than 0.2 units, while annotated in the Table rose from 0.1 to 0.8		
t35/301	Contradiction on P value	t35r1 Table 4	1 month: LVEF difference between groups: P<0.001	t35r2 Slide 31	1 month: LVEF difference between groups: P=0.002
t35/302	Medically impossible NYHA class in recipient postoperatively	t35r1 p1634	NYHA 0		
t35/303	Medically impossible NYHA class in recipient postoperatively	t35r1 p1634	NYHA 0		

t35/304	Medically impossible NYHA class in recipient postoperatively	t35r1 p1634	NYHA 0				
t35/305	Medically impossible NYHA class in recipient postoperatively	t35r1 p1634	NYHA 0				
t35/306	Medically impossible NYHA class in recipient postoperatively	t35r1 p1634	NYHA 0				
t35/307	Medically impossible NYHA class in recipient postoperatively	t35r1 p1634	NYHA 0.7				
t36/301	Discrepancy in PI- IRA dip at 3 months in controls	t36r1 Table 3	PI-IRA dip at 3 months for controls: 2.86 ±0.61	t36r1 Figure 3	Mean > 2.9	0	0
t36/302	Discrepancy in PI- IRA dip at 6 months in controls	t36r1 Table 3	PI-IRA dip at 6 months for controls: 3.06 ±0.46	t36r1 Figure 3	Mean > 3.1		
t36/303	Discrepancy in PI- IRA dip at 6 months in recipients	t36r1 Table 3	PI-IRA dip at 6 months for recipients: 2.63 ±0.77	t36r1 Figure 3	Mean < 2.6		

t36/304	Discrepancy in PI- IRA dip at 12 months in recipients	t36r1 Table 3	PI-IRA dip at 12 months for recipients: 2.71 ±0.63	t36r1 Figure 3	Mean < 2.7
t40/301	Impossible SD for baseline NYHA of recipients	t40r3 Table 2	No combination of integer values can produce a mean that can be rounded to 2.4 whilst having a standard deviation that can be rounded to 0.4		
t40/302	Wrong SD shown by error bars in recipient	t40r2 Table 3	baseline NYHA class SD=0.8	t40r2 Figure 3A	Error bar indicates SD of at most 0.4
t40/303	Wrong SD shown by error bars	t40r2 Table 3	3 month NYHA class SD=0.8	t40r2 Figure 3A	Error bar indicates SD of at most 0.6
t40/304	Wrong SD shown by error bars	t40r2 Table 3	6 month NYHA class SD=0.8	t40r2 Figure 3A	Error bar indicates SD of at most 0.5
t40/305	Wrong SD shown by error bars	t40r2 Table 3	12 month NYHA class SD=0.8	t40r2 Figure 3A	Error bar indicates SD of at most 0.6
t41/301	Conflicting number of deaths amongst recipients at 3 years	t41r4 (Table 1)	12 recipients died by 3 years	t41r4 (Text)	10 recipients died by 3 years

t41/302	Conflicting number of deaths amongst controls at 3 years	t41r4 Table 1	14 controls died by 3 years	t41r2	12 controls died by 3 years
t41/303	More NYHA results for recipients at 3 years than there were survivors	t41r4 Table 1	Of 41 recipients, by 3 years 12 (or 10) had died and 4+22+6+9=41 had NYHA Classes; but 10 or 12 were dead		
t41/304	Measurements seemingly made in patients who were dead	t41r4 Text	10 of 45 recipients died before 3 years and 2 were lost to follow up, leaving only 33 recipients who could have had 3-year measurements	t41r2	41 recipients "completed follow-up"
t41/305	Mathematically impossible claim of baseline NYHA for recipients	t41r1 Results	24 patients, 6 with Class IV. Mean±SD is given as 3.3±0.5. Either must be (6 IV + 18 III) or (6 IV + 17 III + 1 II) which gives 3.3±0.4 or 3.2±0.5		
t41/306	Conflicting follow-up	t41r4	28 months Follow-up	t41r2	2.8 years (33.6 months) Follow-up.

t41/307	Confusion over number and proportion of control patients who were dead at 3 years	t41r4 Table 1		30%	t41r4 Table 1	14/40 = 35%. (Even if there were indeed 49 patients, as controls in the final NYHA data, 14/49 is 28.6%)		
t41/308	Discrepant % mortality at 3 years	t41r4 Table 1	Mortality for 12 patients out of 41 = 29.2%; Listed as 24.4% in Table 1					
t41/309	Baseline values of two different parameters quoted as baseline and 3 year follow up in another publication	t41r4 Table 1	Functional status score 51.19 at baseline; Clinical summary score 59.81 at baseline		t41r6	Overall summary 51.19 at baseline changing to 59.81 at 3 years.	t41r5	Clinical summary 51.19 at baseline changing to 67.02 at 3 years
t41/310	Sum of controls in the 4 NYHA classes at study end exceeds those that entered	t41r4 Table 1 p1644	Number of patients at baseline: 40		t41r4 Table 1 p1644	9+10+18+12 = 49		
t41/311	Percentage incompatible with ratio, for beta blockers at 3 years in recipients	t41r4 Table 1		70%	t41r4 Table 1	29/41=71%		

t41/312	3 year EF values of the recipient group contradict the combined values of its two parts	t41r4 bottom of first column and Table 1	At baseline Table 1 shows there were 12 recipients in NYHA IV and 29 in NYHA III. The text reports that 6 of the NYHA IV patients died, and 10 died overall i.e. 4 of the NYHA III died. This means those surviving to 3 years were composed of 12-6=6 who had begun in NYHA IV, and 29-4=25 who had begun in NYHA III.	t41r4 bottom of first column and top of second column	Of the recipients surviving to 3 years, the 25 who had originally been in NYHA III had mean final EF of 30.1% and the 6 who had originally been in NYHA IV had mean final EF of 24%. The overal mean EF for the recipients should therefore be (6/31)*24% + (25/31)*30.1% = 28.9%. [Even if the 24% is a rounding of some value between 23.5% and 24%, the calculation comes to somewhere between 28.8% and 28.9%]	t41r4 Table 1	Mean EF 28.4% at 3 years.	t41r4	The contradiction remains even if the "24%" is a rounded value originating anywhere between 23.5% and 24.499%. It remains even if the number of recipients who died was not 10 (as reported in text) but 12 (as reported in the Table 1).
t42/301	SEMs appear in places to be expressed in different units from the means	t42r1 p1988	EFs in text 0.484±0.5, presumably intended to read 0.484±0.005							

t42/302	SEMs appear in places to be expressed in different units from the means	t42r1 p1988	EFs in text 0.457±0.6, presumably intended to read 0.457±0.006		
t42/303	SEMs appear in places to be expressed in different units from the means	t42r1 p1988	EFs in text 0.482±0.7, presumably intended to read 0.482±0.007		
t42/304	SEMs appear in places to be expressed in different units from the means	t42r1 p1988	EFs in text 0.446±0.6, presumably intended to read 0.446±0.006		
t42/305	SEMs appear in places to be expressed in different units from the means	t42r1 p1988	EFs in text 0.505±0.8, presumably intended to read 0.505±0.008		
t42/306	SEMs appear in places to be expressed in different units from the means	t42r1 p1988	EFs in text 0.464±0.8, presumably intended to read 0.464±0.008 etc		
t43/301	Missing raw data nevertheless apparently available for statistical analysis	t43r1 Figure 1, page 1838	Data shown for dead patients at 1 and 3 months for IWT, IWMV, LVESD, LVEDD, EF, LVFS	t43r1 Methods and Table 4, page 1837	n=17/18 and n=16/18 at 1 month and 3 months respectively due to patient deaths

t43/302	More controls in results than were randomized.	t43r1 Methods, page 1833	18 controls	t43r1 Figure 1 LVEF panel, page 1838	More than 18 lines for controls drawn, e.g. in 3-6 month time period
t43/303	More recipients in results than were randomized.	t43r1 Methods, page 1833	18 recipients	t43r1 Figure 1 LVFS panel	More than 18 lines for recipients drawn, e.g. in 3 to 6 month time period
t43/304	More recipients in results than were randomized.	t43r1 Methods, page 1833	18 recipients	t43r1 Figure 1 LVEDD panel	More than 18 lines for recipients drawn, e.g. in 1 to 3 month time period
t43/305	More recipients in results than were randomized.	t43r1 Methods, page 1833	18 recipients	t43r1 Figure 1 LVEDS panel	More than 18 lines for recipients drawn, e.g. in 1 to 3 month time period
t43/306	More operations took place than patients	t43r1 Methods	MN-BMC group has 18 patients	t43r1 Table 2	11 OPCAB and 3 CABG+MVP and 4 CABG+SVR and 1 CABG+MVP+SVR is 19
t43/307	More operations took place than patients	t43r1 Methods	Control group has 18 patients	t43r1 Table 2	11 OPCAB and 2 CABG+MVP and 4 CABG+SVR and 2 CABG+MVP+SVR is 19

t43/308	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline IWT (Table 4) in recipients has SD 0.57.	t43r1 Figure 1	Range of IWT is no wider than 1.7 to 2.7. SD of a distribution of this width cannot be larger than 0.5*sqrt(18/17)=0.51 (as explained in appendix)
t43/309	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline IWT (Table 4) in controls has SD 0.78.	t43r1 Figure 1	Range of IWT is no wider than 1.7 to 2.7. SD of a distribution of this width cannot be larger than 0.5*sqrt(18/17)=0.51 (as explained in appendix)
t43/310	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month IWT (Table 4) in controls has SD 0.75.	t43r1 Figure 1	Range of IWT is no wider than 1.7 to 2.7. SD of a distribution of this width cannot be larger than 0.5*sqrt(17/16)=0.52
t43/310	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 month IWT (Table 4) in recipients has SD 0.81.	t43r1 Figure 1	Range of IWT is no wider than 2.7 to 4.1. Maximum possible SD of a distribution of this width is 0.7*sqrt(16/15)=0.72

t43/311	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 month IWT (Table 4) in controls has SD 0.6.	t43r1 Figure 1	Range of IWT is no wider than 1.9 to 2.8. Maximum possible SD of a distribution of this width is 0.45*sqrt(16/15)=46
t43/312	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 month IWT (Table 4) in controls has SD 0.67.	t43r1 Figure 1	Range of IWT is no wider than 2.2 to 2.8. Maximum possible SD of a distribution of this width is 0.3*sqrt(16/15)=0.31
t43/313	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month IWMV (Table 4) in controls has SD 1.05.	t43r1 Figure 1	Range of IWMV is no wider than 2 to 3.5. Maximum possible SD of a distribution of this width is 0.75*sqrt(17/16)=0.77
t43/314	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 month IWMV (Table 4) in controls has SD 0.95.	t43r1 Figure 1	Range of IWMV is no wider than 2.2 to 3.4. Maximum possible SD of a distribution of this width is 0.6*sqrt(16/15)=0.62

t43/315	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 month IWMV (Table 4) in recipients has SD 1.17.	t43r1 Figure 1	Range of IWMV is no wider than 3.7 to 5. Maximum possible SD of a distribution of this width is 0.65*sqrt(16/15)=0.67
t43/316	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 month IWMV (Table 4) in controls has SD 0.66.	t43r1 Figure 1	Range of IWMV is no wider than 2.3 to 3.3. Maximum possible SD of a distribution of this width is 0.5*sqrt(16/15)=0.52
t43/317	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline LVEDd (Table 4) in recipients has SD 10.17.	t43r1 Figure 1	Range of LVEDd is no wider than 58 to 68. Maximum possible SD of a distribution of this width is 5*sqrt(18/17)=5.14
t43/318	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline LVEDd (Table 4) in controls has SD 9.21.	t43r1 Figure 1	Range of LVEDd is no wider than 58 to 68. Maximum possible SD of a distribution of this width is 5*sqrt(18/17)=5.14

t43/319	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month LVEDd (Table 4) in recipients has SD 6.92.	t43r1 Figure 1	Range of LVEDd is no wider than 57 to 69. Maximum possible SD of a distribution of this width is 6*sqrt(17/16)=6.18
t43/320	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month LVEDd (Table 4) in controls has SD 8.38.	t43r1 Figure 1	Range of LVEDd is no wider than 56 to 69. Maximum possible SD of a distribution of this width is 6.5*sqrt(17/16)=6.70
t43/321	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 month LVEDd (Table 4) in controls has SD 10.35.	t43r1 Figure 1	Range of LVEDd is no wider than 47 to 65. Maximum possible SD of a distribution of this width is 9*sqrt(16/15)=9.30
t43/322	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 month LVEDd (Table 4) in recipients has SD 7.25.	t43r1 Figure 1	Range of LVEDd is no wider than 46 to 57. Maximum possible SD of a distribution of this width is 5.5*sqrt(16/15)=5.68

t43/323	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 month LVEDd (Table 4) in controls has SD 9.53.	t43r1 Figure 1	Range of LVEDd is no wider than 46 to 63. Maximum possible SD of a distribution of this width is 8.5*sqrt(16/15)=8.78
t43/324	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline EF (Table 4) in recipients has SD 7.28.	t43r1 Figure 1	Range of EFs is no wider than 29 to 40. Maximum possible SD of a distribution of this width is 5.5*sqrt(18/17)=5.66
t43/325	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline EF (Table 4) in controls has SD 9.15.	t43r1 Figure 1	Range of EFs is no wider than 28 to 40. Maximum possible SD of a distribution of this width is 6*sqrt(18/17)=6.17
t43/326	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month EF (Table 4) in recipients has SD 10.36.	t43r1 Figure 1	Range of EFs is no wider than 29 to 41. Maximum possible SD of a distribution of this width is 6*sqrt(17/16)=6.18

t43/327	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month EF (Table 4) in controls has SD 7.81.	t43r1 Figure 1	Range of EFs is no wider than 27 to 41. Maximum possible SD of a distribution of this width is 7*sqrt(17/16)=7.22
t43/328	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 month EF (Table 4) in recipients has SD 8.76.	t43r1 Figure 1	Range of EFs is no wider than 36 to 47. Maximum possible SD of a distribution of this width is 5.5*sqrt(16/15)=5.68
t43/329	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 month EF (Table 4) in controls has SD 11.46.	t43r1 Figure 1	Range of EFs is no wider than 30 to 47. Maximum possible SD of a distribution of this width is 8.5*sqrt(16/15)=8.78
t43/330	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 month EF (Table 4) in recipients has SD 9.68.	t43r1 Figure 1	Range of EFs is no wider than 44 to 53. Maximum possible SD of a distribution of this width is 4.5*sqrt(16/15)=4.65

t43/331	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	Baseline LVFS (Table 4) in controls has SD 6.72.	t43r1 Figure 1	Range of baseline LVFS is no wider than 21 to 28. Maximum possible SD of a distribution of this width is 3.5*sqrt(18/17)=3.60
t43/332	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	1 month LVFS (Table 4) in recipients has SD 5.21.	t43r1 Figure 1	Range of baseline LVFS is no wider than 21 to 28. Maximum possible SD of a distribution of this width is 3.5*sqrt(17/16)=3.61
t43/333	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 months LVFS (Table 4) in recipients has SD 6.79.	t43r1 Figure 1	Range of baseline LVFS is no wider than 22 to 30. Maximum possible SD of a distribution of this width is 4*sqrt(16/15)=4.13
t43/334	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	3 months LVFS (Table 4) in controls has SD 5.1.	t43r1 Figure 1	Range of baseline LVFS is no wider than 21 to 30. Maximum possible SD of a distribution of this width is 4.5*sqrt(16/15)=4.65

t43/335	Impossible summary statistic discrepant with individual patient data provided.	t43r1 Table 4	6 months LVFS (Table 4) in recipients has SD 6.46.	t43r1 Figure 1	Range of baseline LVFS is no wider than 25 to 33. Maximum possible SD of a distribution of this width is 4*sqrt(16/15)=4.13
t43/336	Table indicates measurements made but Figure indicates no measurement made	t43r1 Figure 1	At least one recipient has no EF measurement at 1 month (no black square).	t43r1 Table 4	17/18 had measurements (follow-up was complete, only one dead).
t43/337	Table indicates measurements made but Figure indicates no measurement made	t43r1 Figure 1	At least three recipients without an IWT measurement (no black squares) at 3 months.	t43r1 Table 4	16/18 had measurements (follow-up was complete, two dead).
t43/338	Table indicates measurements made but Figure indicates no measurement made	t43r1 Figure 1	At least one recipient without an IWMW measurement (no black square) at 3 months.	t43r1 Table 4	16/18 had measurements (follow-up was complete, two dead).
t44/301	Discrepant change in Ds in recipients	t44r1 Table 2	Change could be either from 7.28 to 9.94 or 10.12. This is 2.66 or 2.84	t44r1 Results Analysis of segmental LV function	Change given as 3.21

t44/302	Discrepant change in Ds in controls	t44r1 Table 2	Change could be either from 6.7 to 7.77 or 7.86. This is 1.07 or 1.16	t44r1 Results Analysis of segmental LV function	Change given as 0.76
t46/301	Data becomes more widely spread but SD apparently shrinks	t46r1 Figure 1A	The SD has reduced from 1 week to 6 months, whereas the lines plotted show an increase in spread and therefore SD.		
t46/302	Numerical SD gets larger but graphical counterpart gets smaller	t46r1 Figure 1D	SD increases from 2.8 at 1 week to 3.2 at 6 months	t46r1 Figure 1D	Error bar representing SD becomes smaller from 1 week to 6 months
t49/301	Infarct Size	t49r3	8% reduction	t08r5	30% reduction
t49/302	Ejection Fraction	t49r1	4.6% increase	t49r3	5.3% increase (from baseline and final values Table 2)
t49/303	Change in end Systolic Volume ml	t49r1	-3.6ml	t49r3	-9.8ml
t49/304	Cell preparation	t49r3	No overnight cultivation	t49r2	Cells cultivated overnight before administration (explained in the references 6-8 of t49r2 which are t49r6, t49r7, t21r5)

t49/305	8-fold overstatement of increase in "normalised systolic ejection rate" in recipients	t49r3 (Table 3)	from 1.78±0.69 to 1.98±0.77	t49r3 (Table 3)	Change is quoted as +1.6, contradicting actual change of +0.20
t49/306	10-fold overstatement of increase in "normalised systolic ejection rate" in controls	t49r3 (Table 3)	from 1.8±0.71 to 1.83±0.76	t49r3 (Table 3)	Change is quoted as +0.32, contradicting actual change of +0.03
t49/307	2-fold overstatement of increase in stroke volume index in recipients	t49r3 (Table 2)	from 38.9±10 to 43±8	t49r3 (Table 3)	Change is quoted as +6.4, contradicting actual change of +4.1
t49/308	Miscalculation of EF increments in recipients (This, and the ones that follow, is inconsistent by more than rounding error)	t49r3 (Table 2, 12 months)	12 month change is quoted as +6.9, overstating actual change of +6.7	t49r3 (Table 2, 60 months)	60 month change is quoted as +4.6, mis-stating actual change of +5.3
t49/309	Overstatement of EF declines in controls	t49r3 (Table 2, 12 months)	12 month change is quoted as -2.3, overstating actual change of -1.3	t49r3 (Table 2, 60 months)	60 month change is quoted as -5.8, overstating actual change of -3.9

t49/310	Miscalculation of EDV increments in recipients	t49r3 (Table 2, 12 months)	60 month change is quoted as +7.2, overstating actual change of -3		
t49/311	Miscalculation of EDV changes in controls	t49r3 (Table 2, 12 months)	12 month change is quoted as 4.9, overstating actual change of 3	t49r3 (Table 2, 60 months)	60 month change is quoted as 11.6, overstating actual change of 7
t49/312	Miscalculation of ESV increments in recipients	t49r3 (Table 2, 12 months)	60 month change is quoted as -3.6, misstating actual change of -9.8		
t49/313	Miscalculation of ESV declines in controls	t49r3 (Table 2, 3 months)	3 month change is quoted as -3.1, misstating actual change of -4.8	t49r3 (Table 2, 12 months)	12 month change is quoted as 6.2, overstating actual change of 3,5
t49/313 continued		t49r3 (Table 2, 60 months)	60 month change is quoted as 15.9, overstating actual change of 10.2		
t49/314	Survival methodology described in contradictory ways	t49r3 (Methods)	Kaplan-Meier regression: these methods are opposites.	t49r3 (Methods)	Reference to SPSS survival analysis, but SPSS not used to produce Figure
t49/315	Kaplan Meier plots are not Kaplan Meier plots	t49r3 (Figure 4)	Fail to show the event times as discrete downward steps, but rather as diagonal slopes (with one "event" developing gradually over >2 years)		

t49/316	Impossible % of recipients with Infarct Related Coronary Artery - RCA	t49r3 (Table 1)	32.6% of 62 is not an integer number of patients. Could be 20 (32/3%) or 21 (33.9%).
t49/317	Impossible % of recipients with Infarct Related Coronary Artery - LAD	t49r3 (Table 1)	48.8% of 62 is not an integer number of patients. Could be 30 (48.4%) or 31 (50.0%).
t49/318	Impossible % of recipients with Infarct Related Coronary Artery - RCX	t49r3 (Table 1)	18.6% of 62 is not an integer number of patients. Could be 11 (17.7%) or 12 (19.4%).
t49/319	Impossible % of controls on statin	t49r3 (Table 1)	91% of 62 is not an integer number of patients. Could be 56 (90%) or 57 (92%).
t49/320	Impossible % of recipients on beta-blocker	t49r3 (Table 1)	93% of 62 is not an integer number of patients. Could be 57 (92%) or 58 (94%).
t49/321	Impossible % of controls with hyperlipidemia	t49r3 (Table 1)	91% of 62 is not an integer number of patients. Could be 56 (90%) or 57 (92%).

t49/322	Impossible % of controls who are smokers	t49r3 (Table 1)	54% of 62 is not an integer number of patients. Could be 33 (53%) or 34 (55%).
t49/323	Impossible % of controls with obesity	t49r3 (Table 1)	57% of 62 is not an integer number of patients. Could be 35 (56%) or 36 (58%).
t49/324	Missed significant change for recipients in EDV at 60 months	t49r3 (Table 2)	+7.2 (SD 17.7), $p<0.01$
t49/325	Missed significant change for recipients in ESV 60 mo	t49r3 (Table 2)	-3.6 (SD13.5) $p<0.05$
t49/326	Missed significant change for recipients in EF 60 mo	t49r3 (Table 2)	+4.6 (SD 6.6), $p<0.01$
t49/327	Missed significant change for recipients in SVI 12 mo	t49r3 (Table 2)	+4.7 (SD 8.7), $p<0.01$

t49/328	Missed significant change for recipients in SVI 60 mo	t49r3 (Table 2)	+6.4 (SD 6.5), p<0.01
t49/329	Missed significant change for controls in EDV 3 mo	t49r3 (Table 2)	-3 (SD 10), p<0.05
t49/330	Missed significant change for controls in EDV 12 mo	t49r3 (Table 2)	+4.9 (SD 14.5), p<0.01
t49/331	Missed significant change for controls in EDV 60 mo	t49r3 (Table 2)	+11.6 (SD 20.2), p<0.01
t49/332	Missed significant change for controls in ESV 3 mo	t49r3 (Table 2)	-3.1 (SD 7.7), p<0.01
t49/333	Missed significant change for controls in ESV 12 mo	t49r3 (Table 2)	+6.2 (SD 9.7), p<0.01

t49/334	Missed significant change for controls in ESV 60 mo	t49r3 (Table 2)	+15.9 (SD 14.9), p<0.01
t49/335	Missed significant change for controls in EF 3 mo	t49r3 (Table 2)	+1 (SD 1.98), p<0.01
t49/336	Missed significant change for controls in EF 12 mo	t49r3 (Table 2)	-2.3 (SD 2.7), p<0.01
t49/337	Missed significant change for controls in EF 60 mo	t49r3 (Table 2)	-5.8 (SD 4), p<0.01
t49/338	Missed significant change for controls in SVI 12 mo	t49r3 (Table 2)	-1.24 (SD 3.5), p<0.05
t49/339	Missed significant change for controls in SVI 60 mo	t49r3 (Table 2)	-6.7 (SD 13.9), p<0.01

t49/340	Missed significant change for controls in MNSER	t49r3 (Table 3)	+0.32 (SD 0.9), p<0.01
t49/341	Missed significant change for controls in Psyst/ESV	t49r3 (Table 3)	+0.13 (SD 0.33), p<0.05
t49/342	Missed significant change for controls in Infarct Size	t49r3 (Table 3)	+5.3 (SD 12.9), p<0.01
t49/343	Missed significant change in Control infarcted - T-End Diastolic	t49r3 (Table 4)	+0.5 (SD 1.2), p<0.01
t49/344	Missed significant change in Control - non-infarcted - T - End systolic	t49r3 (Table 4)	+0.8 (SD 2.1), p<0.01
t49/345	Missed significant change for controls in LP (simson)	t49r3 (Table 5)	+0.5 (SD 0.77), p<0.01

t49/346	Missed significant change for controls in HRV	t49r3 (Table 5)	-3.5 (SD 8.3), p<0.01
t49/347	Missed significant change for controls Lown class	t49r3 (Table 5)	+0.48 (SD 1), p<0.01
t49/348	Impossible % of controls with Infarct Related Coronary Artery - RCA	t49r3 (Table 1)	28% of 62 is not an integer number of patients. Could be 17 (27%) or 18 (29%).
t49/349	Impossible % of controls with Infarct Related Coronary Artery - RCX	t49r3 (Table 1)	20% of 62 is not an integer number of patients. Could be 12 (19%) or 13 (21%).