

**Corrigendum to “Meta-Analysis Comparing Outcomes of Therapies for Patients with Central Sleep Apnea and Heart Failure With Reduced Ejection Fraction”**



read: 38% between group change in QoL metric favoring TPNS vs. GDMT on the outcome of marked or moderate improved patient global assessment (p<0.001); data on file. The correct table is published here.

The authors would like to apologise for any inconvenience caused.

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The authors regret that the disclosure information was omitted in this article. Please find here the following disclosure information:

Robin Germany is employed by Respicardia. Jeff Voigt and Sanjaya Gupta are consultants to Respicardia.

Also, an error exists in table 5. The TPNS vs. GDMT treatment group should

Table 5  
Treatment Effect by Therapy: QoL improvement by therapy and timeframe

Treatment	Control Group	Duration of Therapy (months)	Endpoint	Between group change in QoL metric	P value between groups	Reference
CPAP	GDMT	3	NYHA class	-0.83	<0.01	Figure 5; Naughton 1995; Granton 1996; Tkacova 1997
	GDMT	3	Fatigue	4.78	<0.01	Naughton 1995; Granton 1996
	GDMT	3	Dyspnea	3.13	<0.01	Naughton 1995; Granton 1996
	GDMT	24	chronic heart failure questionnaire	NR	NS	Bradley 2005
	Bi-level	0.5	NYHA class	NR	NS	Köhnlein 2002
ASV	GDMT	3, 12, 24, 36, and 48	EuroQol 5D (EQ5D)	NR	NS	Cowie 2015
	GDMT	3, 12, 24, 36, and 48	NYHA Class		NS	Cowie 2015
	GDMT	3, 12, 24, 36, and 48 years	MLHFQ		NS	Cowie 2015
TPNS	GDMT	6	Marked or moderate improved patient global assessment	38%	<0.001	Data on file

**Abbreviations:** ASV, Adaptive servoventilation; CPAP, Continuous positive airway pressure; GDMT, Guideline directed medical therapy; MLHFQ, Minnesota Living with Heart Failure Questionnaire; NYHA, New York Heart Association; QOL, Quality of Life; NR, not reported; NS, not significant; TPNS, Transvenous phrenic nerve stimulation.