

Erratum

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The authors regret that there are multiple errors in this paper.

In the abstract, the line that reads, "The primary end points are stroke recurrence and stroke death" should read "The primary end point is a difference of the Framingham risk score-general cardiovascular disease 10-year risk."

In the Methods section there were 3 errors.

The first sentence of the Primary and Secondary Outcomes reads "The primary end points of this study are recurrence rate and mortality from stroke." This should read "The primary end point is a difference of the Framingham risk score-general cardiovascular disease 10-year risk" instead.

The Sample Size paragraph was written as "Based on an annual 10% recurrence rate of stroke (including TIAs) in the usual care group,¹⁵ a 60% risk reduction rate in the intervention group,²⁰ and 2.5 years of follow-up, the number of subjects required to detect differences between the intervention group and the usual care group was calculated to be 136 for each group (2-tailed 5% significance level, power level of 80%). Assuming that 10% of the subjects would be lost to follow-up, the sample size was set at 152 for each group and 304 for the 2 groups combined." This paragraph should read "The sample sizes used in this study generated to detect intervention effect sizes of .4 or greater, based on 20% point difference for the Framingham risk score-general cardiovascular disease 10-year risk when it is 11.8 ± 5.9 point determined from the previous study 1. The number of subjects required to detect differences between the intervention group and the usual care group was calculated to be 100 for each group (2-tailed 5% significance level, power level of 80%). Assuming that 20% of the subjects would be lost to follow-up, the sample size was set at 120 for each group and 240 for the 2 groups combined."

The Statistical Analysis paragraph reads "For the primary end point, the cumulative incidence of events is estimated using the Kaplan–Meier method." It should have been written as "For the event occurrences, the cumulative incidence of events is estimated using the Kaplan–Meier method."

The Discussion section also contained errors. The line text "The sample size of this study was calculated based on a 60% risk reduction of ischemic stroke recurrence with DMPs. It was determined from a previous study evaluating a nurse-directed multidisciplinary intervention for congestive heart failure with a 56% decrease in readmission.²⁰ And, a stroke recurrence rate in the first year was approximately 5% in the Japanese stroke centers and 12.8% in the Japanese community-based observational study.^{15,22} Therefore, we assumed that 60% reduction rate would be possible providing disease managements programs to the patients followed-up in the nonstroke center hospitals or clinics. In the present study, 52.3% of enrolled patients are under follow-up in the nonstroke center hospitals or clinics" should instead read "The sample size of this study was calculated based on a 20% reduction difference of the Framingham risk score with DMPs. It was determined from a previous study evaluating an intervention with telehealth counseling for the Framingham risk score reduction. In their study, the Framingham risk score was decreased 24.5% with telehealth counseling, and it was statistically significant from the control group."

Finally, there were two errors in Table 1. The first row originally appeared as "Primary outcomes stroke recurrence rate and death due to stroke." It should have been "Framingham risk score-general cardiovascular disease 10-year risk."

There was also an entry missing under Secondary outcomes. There should have been an entry above Economic indicators reading "Events—Composite rates of stroke and cardiovascular diseases, and event rate of each of them and all causes of death."

The authors apologize for any inconvenience caused.