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Notices of Correction

Re: Rieder E, Kasimir M-T, Silberhumer G, Seebacher G, Wolner E, Simon P, Weigel G. Decellularization protocols of porcine heart valves differ importantly in efficiency of cell removal and susceptibility of the matrix to recellularization with human vascular cells. *J Thorac Cardiovasc Surg*. 2004;127:399-405.

In the full-text online version of the article, Figures 2 and 3 are switched. Readers should refer to the PDF or print version of the article, which are both correct.

Re: Seery TJ, Sinha P, Zurakowski D, Jonas RA. Femoral vein homograft for neoaortic reconstruction in the Norwood stage 1 operation: A follow-up study. *J Thorac Cardiovasc Surg*. 2013;146:550-6.

In the above-mentioned article, Table 1 contained errors in the "Overall" column for the rows "Late mortality," "Interstage death (1 → 2)," and "Interstage death (2 → 3)." The entries should be as follows: Late mortality, 14 (13.1%); Interstage death (1 → 2), 4 (3.7%); and Interstage death (2 → 3), 6 (5.6%). The corrected table is reprinted on the next page.

TABLE 1. Comparison of anatomic, preoperative, intraoperative, postoperative, and neo-aortic dimensions

Variable	Overall (n = 107)	Group A (n = 72)	Group B (n = 35)	P value
Anatomic				
Sex				
Male	54 (50%)	34 (47%)	20 (57%)	—
Female	53 (50%)	38 (53%)	15 (43%)	—
Prematurity (<36 wk gestation)	13 (12%)	9 (13%)	4 (11%)	—
Weight < 2.5 kg	17 (16%)	11 (15%)	6 (17%)	—
HLHS	71 (66%)	47 (66%)	24 (69%)	—
Aortic atresia/mitral atresia	49 (69%)	32 (68%)	17 (71%)	—
Aortic stenosis/mitral stenosis	13 (18%)	10 (21%)	3 (13%)	—
Aortic atresia/mitral stenosis	9 (13%)	5 (11%)	4 (16%)	—
HLHS variants				
DORV	15 (14%)	9 (13%)	6 (17%)	—
Unbalanced AVC defect	10 (9%)	8 (11%)	2 (6%)	—
Tricuspid atresia	5 (5%)	2 (3%)	3 (9%)	—
DILV	5 (5%)	4 (6%)	1 (2%)	—
D-TGA	1 (1%)	1 (1%)	0 (0%)	—
Single ventricle morphology				
Right	99 (92%)	65 (90%)	34 (97%)	—
Left	6 (6%)	5 (7%)	1 (3%)	—
Ambiguous	2 (2%)	2 (3%)	0 (0%)	—
Intact/restrictive interatrial septum	10 (9%)	7 (10%)	3 (9%)	—
Diminutive ascending aorta (<2 mm)	42 (39%)	28 (39%)	14 (40%)	—
Size (mm) of ascending aorta (mean)	3.7 ± 2.1	3.5 ± 1.9	4.0 ± 2.3	.36
Intraoperative				
Technique				
Homograft cuff	33 (30%)	15 (20%)	18 (51%)	—
Circumferential tube homograft with end-to-side ascending aortic anastomosis	48 (45%)	32 (44%)	16 (46%)	—
Circumferential tube homograft without end-to-side aortic anastomosis	27 (25%)	26 (36%)	1 (3%)	—
RV-PA conduit	94 (88%)	63 (87%)	31 (89%)	—
Systemic-PA shunt	13 (12%)	9 (13%)	4 (11%)	—
Postoperative				
Postoperative ECMO	23 (21%)	16 (22%)	7 (20%)	—
Operative mortality	22 (20.5%)	13 (18.1%)	9 (25.7%)	.45
Late mortality	14 (13.1%)	7 (9.7%)	7 (20.0%)	—
Overall mortality	36 (33.6%)	20 (27.8%)	16 (45.7%)	.08
Interstage death (1 → 2)	4 (3.7%)	1 (1.4%)	3 (8.6%)	—
Interstage death (2 → 3)	6 (5.6%)	5 (6.9%)	1 (2.9%)	—
Follow-up, y (median)	3.0 (1.8-5.0)	2.2 (1.6-3.0)	5.4 (4.9-6.3)	<.001
Neo-aortic coarctation				
Neo-aortic coarctation*	37 (37/85 = 44%)	25 (25/59 = 42%)	12 (12/26 = 46%)	.81
Coarctation with circumferential tube homograft	24 (24/57 = 42%)	19 (19/46 = 41%)	5 (5/11 = 45%)	1.00
Coarctation with homograft cuff	13 (13/28 = 46%)	6 (6/13 = 46%)	7 (7/15 = 47%)	1.00
Narrowing distal to LSA	33 (33/37 = 89%)	22 (22/25 = 88%)	11 (11/12 = 92%)	1.00
Narrowing in ascending aorta	7 (7/37 = 19%)	5 (5/25 = 20%)	2 (2/12 = 16%)	1.00
Narrowing distal to LSA and in ascending aorta (at separate times)	3 (3/37 = 8%)	2 (2/25 = 8%)	1 (1/12 = 8%)	1.00

Continuous data are presented as mean ± standard deviation, and categorical data presented as number (percentages). *HLHS*, Hypoplastic left heart syndrome; *DORV*, double-outlet right ventricle; *AVC*, atrioventricular canal; *DILV*, double-inlet left ventricle; *D-TGA*, dextrotransposition of the great arteries; *RV*, right ventricle; *PA*, pulmonary artery; *ECMO*, extracorporeal membrane oxygenation; *LSA*, left subclavian artery. *Denominator = number of survivors.