CORRECTION Open Access



Correction: Effect of alirocumab on cataracts in patients with acute coronary syndromes

Gaspard Suc^{1,2}, Gregory G. Schwartz³, Shaun G. Goodman^{4,5}, J. Wouter Jukema^{6,7}, Garen Manvelian⁸, Yann Poulouin⁹, Robert Pordy⁸, Michel Scemama¹⁰, Michael Szarek^{11,12}, Ph.Gabriel Steg^{1,2,13,14,15*} and ODYSSEY OUTCOMES Investigators^{1,2,3,13,14}

Correction: BMC Ophthalmol 23, 279 (2023) https://doi.org/10.1186/s12886-023-03012-1

After publication of the original article [1], the author group noticed a calculation error that has affected Tables 3 and 5 as well as the second paragraph of the Results section in page 4.

The original article has been updated and the correct values are also given below in bold.

The original article can be found online at https://doi.org/10.1186/s12886-023-03012-1.

*Correspondence:

Ph.Gabriel Steg

gabriel.steg@aphp.fr

Université Paris-Cité, INSERM_U1148/LVTS, Paris, France

² Assistance Publique-Hôpitaux de Paris, HôpitalBichat, Paris, France

³ Division of Cardiology, University of Colorado School of Medicine, Aurora, CO, USA

⁴ Canadian VIGOUR Centre, University of Alberta, Edmonton, AB, Canada

⁵ St. Michael's Hospital, University of Toronto, Toronto, ON, Canada

 $^{\rm 6}$ Department of Cardiology, Leiden University Medical Center, Leiden, the Netherlands

⁷ Netherlands Heart Institute, Utrecht, the Netherlands

⁸ Regeneron Pharmaceuticals, Tarrytown, NY, USA

⁹ IT&M Stats, Neuilly-Sur-Seine, France

10 Sanofi, Chilly-Mazarin, France

11 Downstate School of Public Health, State University of New York, Brooklyn, NY, USA

¹² CPC Clinical Research and Division of Cardiology, University of Colorado School of Medicine, Aurora, CO, USA

¹³ Institut Universitaire de France, Paris, France

¹⁴ FACT (French Alliance for Cardiovascular Trials), INSERM U-1148, Paris,

¹⁵ Département de Cardiologie, AP-HP Hôpital Bichat, 46 Rue Henri Huchard, Paris 75018. France



© The Author(s) 2023. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/. The Creative Commons Public Domain Dedication waiver (http://creativecommons.org/publicdomain/zero/1.0/) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Suc et al. BMC Ophthalmology (2023) 23:301 Page 2 of 2

Table 3 Baseline lipid parameters in patients on alirocumab with ≥ 2 consecutive LDL-C values < 25 mg/dL and propensity scorematched patients on placebo

	AII (N=8610)	Alirocumab (N = 4305)	Placebo (<i>N</i> = 4305)
LDL-C, mmol/L	2.1 ± 0.6	2.1 ± 0.6	2.16±0.
Non-HDL-C, mmol/L	2.9 ± 0.7	2.9 ± 0.7	2.9 ± 0.7
Total cholesterol, mmol/L	4.0 ± 0.8	4.0 ± 0.8	4.0 ± 0.8
HDL-C, mmol/L	1.1 ± 0.3	1.1 ± 0.3	1.1 ± 0.3
Fasting triglycerides, mmol/L	1.8 ± 1.0	1.8 ± 1.0	1.8 ± 1.1
Lipoprotein(a), mg/dL	28.6 ± 33.1	28.7 ± 33.3	28.7 ± 33.2
Apolipoprotein B, mg/dL	77.6 ± 17.3	78.1 ± 17.5	77.9 ± 17.4
Apolipoprotein A1, mg/dL	131.6 ± 23.0	131.2 ± 22.5	131.4 ± 22.7
Apolipoprotein B/Apolipoprotein A1 ratio ^a	0.61 ± 0.2	0.61 ± 0.2	0.61 ± 0.2
Total cholesterol/HDL-C ratio ^a	3.8 ± 1.0	3.8 ± 1.0	3.8 ± 1.0

Data are presented as mean + SD

HDL-C high-density lipoprotein cholesterol, LDL-C low-density lipoprotein cholesterol, Q quartile, SD standard deviation

Table 5 Baseline lipid parameters in patients on alirocumab with≥2 consecutive LDL-C values<15 mg/dL and propensity scorematched patients on placebo

	AII (N=3128)	Alirocumab (N = 782)	Placebo (<i>N</i> = 2346)
LDL-C, mmol/L	2.0 ± 0.5	2.0 ± 0.6	2.0 ± 0.5
Non-HDL-C, mmol/L	2.8 ± 0.7	2.8 ± 0.7	2.8 ± 0.6
Total cholesterol, mmol/L	3.9 ± 0.7	3.9 ± 0.8	3.9 ± 0.7
HDL-C, mmol/L	1.1 ± 0.3	1.1 ± 0.3	1.1 ± 0.3
Fasting triglycerides, mmol/L	1.8 ± 1.1	1.8 ± 0.9	1.8 ± 1.1
Lipoprotein(a), mg/dL	18.8 ± 23.1	19.3 ± 22.4	18.7 ± 23.3
Apolipoprotein B, mg/dL	75.4 ± 16.0	76.0 ± 17.5	75.2 ± 15.4
Apolipoprotein A1, mg/dL	129.9 ± 22.9	129.2 ± 22.3	130.1 ± 23.1
Apolipoprotein B/Apolipoprotein A1 ratio ^a	0.6 ± 0.2	0.6 ± 0.2	0.6 ± 0.2
Total cholesterol/HDL-C ratio ^a	3.7 ± 1.0	3.7 ± 0.9	3.7 ± 1.0

Data are presented as mean ± SD

HDL-C high-density lipoprotein cholesterol, LDL-C low-density lipoprotein cholesterol, Q quartile, SD standard deviation.

The second paragraph in page 4 should read:

A total of 4305 patients in the alirocumab group had ≥ 2 consecutive LDL-C values < 25 mg/dL (0.65 mmol/L) and were matched to 4305 patients from the placebo group with similar baseline characteristics (Tables 2 and 3). Baseline characteristics of these patients included mean age 59 years, male sex (81%), diabetes (33%); and mean body mass index 28.3 kg/m2, LDL-C 2.1 mmol/L, lipoprotein (a) 28.6 mg/dL, and apolipoprotein A1 131.6 mg/ dL. A total of 782 patients in the alirocumab group had≥2 consecutive LDL-C values < 15 mg/dL (0.39 mmol/L) and were matched to 2346 patients from the placebo group with similar baseline characteristics (Tables 4 and 5). Baseline characteristics of these patients included mean age 59 years, male sex (81%), diabetes (33%); and mean body mass index 27.3 kg/m2, LDL-C 2.0 mmol/L, lipoprotein (a) 18.8 mg/dL, and apolipoprotein A1 129.9 mg/dL.

Published online: 06 July 2023

Reference

 Suc G, Schwartz GG, Goodman SG, et al. Effect of alirocumab on cataracts in patients with acute coronary syndromes. BMC Ophthalmol. 2023;23:279. https://doi.org/10.1186/s12886-023-03012-1.

^a Ratios were only calculated if the 2 samples were collected at the same visit

^a Ratios were only calculated if the 2 samples were collected at the same visit.