current list of indicators will require further adaptation in the future. The continued monitoring and refinement of the proposed QIs and the development of strong partnerships with national stakeholders including CIHI and the Canadian Association of Interventional Cardiology (CAIC) will be critical to success. The PCI QI Committee advocated expanding CIHI's cardiac care QIs report to include 2 new indicators in 2016 (readmission and volume according to centre) in addition to the existing indicator of 30-day in-hospital mortality. Preliminary results for 4 indicators (operator and centre volumes, mortality, and readmission) were presented at a workshop at the Canadian Cardiovascular Congress in 2015. The next goal will be to produce a national report on the recommended QIs at regular intervals and to disseminate it widely to health care providers and respective health authorities. This major undertaking requires commitment and collaboration of all stakeholders. The PCI QI working group is grateful to CCS for providing the timely support that was necessary to develop these Canadian QIs for PCI.

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Disclosures

The authors have no conflicts of interest to disclose.

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Supplementary Material

To access the supplementary material accompanying this article, visit the online version of the *Canadian Journal of Cardiology* at www.onlinecjc.ca and at http://dx.doi.org/10.1016/j.cjca.2016.07.511.

Erratum

In the article, "Novel Approaches in Primary Cardiovascular Disease Prevention: The HOPE-3 Trial Rationale, Design, and Participants' Baseline Characteristics" by Lonn et al., published in the March issue (Can J Cardiol 2016;32:311-8), there is an error on page 315.

In the first column, the authors state:

"To preserve alpha for testing of both coprimary outcomes and for testing at the margins of the factorial and the diagonal comparisons, the first coprimary outcome will be tested at a P value of 0.04 and the second coprimary at $P = 0.02$ at the margins, and both coprimaries will be tested at a P value of 0.0044 for the diagonal comparisons (calculated through simulation based on 80% overlap between the coprimary outcomes)."

The corrected text should read as follows:

"To preserve alpha for testing of both coprimary outcomes and for testing at the margins of the factorial as well as the diagonal comparisons, the first coprimary outcome was tested at a P value of 0.04 and the second coprimary at $P = 0.02$ at the margins (calculated through simulation based on 80% overlap between the coprimary outcomes). If neither coprimary for the BP-lowering or lipid-lowering arms reached the above thresholds for statistical significance, then both coprimaries would be tested at a P value of 0.0044 for the diagonal comparisons. If any arm reached their prespecified levels of significance for either coprimary outcomes, then a nominal P value of < 0.05 would be used to test both coprimary outcomes to compare the double active vs the double placebo group."