In the article by Wright et al, “2011 ACCF/AHA Focused Update of the Guidelines for the Management of Patients With Unstable Angina/Non–ST-Elevation Myocardial Infarction (Updating the 2007 Guideline): A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines,” which published ahead of print on March 28, 2011, and appeared in the May 10, 2011, issue of the journal (Circulation. 2011;123:2022–2060), several corrections were needed:

1. On page 2034, in the second column, the first paragraph, the first complete sentence read, “The composite ischemic endpoint occurred in 7.1% of the patients assigned to upstream administration and in 7.9% of patients assigned to deferred selective administration (RR: 1.12; 95% CI: 0.97 to 1.29; P=0.044), and thus the noninferiority hypothesis was not achieved.” It has been changed to read, “The composite ischemic endpoint occurred in 7.1% of the patients assigned to upstream administration and in 7.9% of patients assigned to deferred selective administration (RR: 1.12; 95% CI: 0.97 to 1.29; P=0.13),16 and thus the noninferiority hypothesis was not achieved.”

2. On page 2034, the sentence directly under the heading “Recommendations for Initial Conservative Versus Initial Invasive Strategies,” read, “(See Table 4 and Appendixes 3 and 6 for supplemental information.).” It has been changed to read, “(See Table 4 and Appendixes 3, 6, and 8 for supplemental information.).”

3. On page 2037, in Table 5, for “Class I,” under the column heading “2011 Focused Update Recommendations,” recommendation 4, read,

4. Clopidogrel 75 mg daily (preferred) or ticlopidine (in the absence of contraindications) should be given to patients recovering from UA/NSTEMI when ASA is contraindicated or not tolerated because of hypersensitivity or GI intolerance (despite use of gastroprotective agents such as PPIs).11–13,61,108 (Level of Evidence: A)

It has been changed to read,

4. Clopidogrel 75 mg daily (preferred) or ticlopidine (in the absence of contraindications) should be given to patients recovering from UA/NSTEMI when ASA is contraindicated or not tolerated because of hypersensitivity or GI intolerance (despite use of gastroprotective agents such as PPIs).11,61,108 (Level of Evidence: B)

4. On page 2037, in Table 5, for “Class I,” under the column heading “Comments,” recommendation 4 read, “Modified recommendation (changed wording for clarity).” It has been changed to read, “Modified recommendation (changed wording for clarity; level of evidence changed from A to B because trials do not address the specific subgroups in this recommendation).”

5. On page 2037, in Table 5, for “Class IIb,” under the column heading “Comments,” the comment for recommendation 2 read, “New recommendation.” It has been changed to read, “New recommendation (to be concordant with 2009 STEMI and PCI Focused Update.32)”

6. On page 2040, in the first column, in the last paragraph, the third sentence read, “The SWEDHEART (Swedish Web-System for Enhancement and Development of Evidence-Based Care in Heart Disease Evaluated According to Recommended Therapies) study...
included a cohort of 23,262 patients hospitalized for NSTEMI in Sweden between 2003 and 2006 who were ≥80 years of age.\textsuperscript{161}\textsuperscript{a} It has been changed to read, “The SWEDEHEART (Swedish Web-System for Enhancement and Development of Evidence-Based Care in Heart Disease Evaluated According to Recommended Therapies) study included a cohort of 23,262 patients hospitalized for NSTEMI in Sweden between 2003 and 2006 who were ≤80 years of age.\textsuperscript{161}\textsuperscript{a}”

7. On page 2040, in the second column, in the first full paragraph, the last sentence read, “Early revascularization was associated with 1-year survival in UA/NSTEMI patients with mild to moderate CKD, but no association was observed in those with severe or end-stage kidney disease.\textsuperscript{161}\textsuperscript{a}” It has been changed to read, “Early revascularization was associated with increased 1-year survival in UA/NSTEMI patients with mild to moderate CKD, but no association was observed in those with severe or end-stage kidney disease.\textsuperscript{161}\textsuperscript{a}”

8. On page 2052, in Appendix 4, for “Eptifibatide,” under the column heading “Comments,” in the first bullet, the sentence read, “...reduce infusion by 50% in patients with estimated creatinine clearance <30 mL/min (Class I, LOE: B).” It has been changed to read, “...reduce infusion by 50% in patients with estimated creatinine clearance <50 mL/min (Class I, LOE: B).”

9. On page 2052, in Appendix 4, for “Prasugrel,” under the column heading “Comments,” the first bullet read, “There is no clear need for treatment with prasugrel before PCI.” It has been changed to read, “There are no data for treatment with prasugrel before PCI.”

10. On page 2052, in the Appendix 4 footnote, in the first paragraph, the last sentence read, “It is only meant to indicate an approved dosage if a drug is chosen for a given situation.” It has been changed to read, “It is only meant to indicate an approved or recommended dosage if a drug is chosen for a given situation.”

11. On page 2053, in Appendix 5, for “Loading Dose,” under the column heading “Prasugrel” and the column subhead “Invasive,” the entry read, “60 mg.” It has been changed to read, “60 mg at time of PCI.”

12. On page 2053, in Appendix 5, for “Duration,” under the column heading “Clopidogrel” and the column subhead “Invasive,” the entry read, “At least 1 y for DES.” It has been changed to read, “At least 1 y for BMS or DES.”

13. On page 2053, in the Appendix 5 footnote, “BMS indicates bare-metal stent” has been added to the list of abbreviations. The footnote has been changed to read, “BMS indicates bare-metal stent; DES, drug-eluting stent; ...”

14. On page 2054, in Appendix 6, in the “ASA (Class I, LOE: A)” box, the recommendation read, “Clopidogrel if ASA intolerant (Class I, LOE: A).” It has been changed to read, “Clopidogrel if ASA intolerant (Class I, LOE: B).”

15. On page 2054, in Appendix 6 under “Invasive Strategy,” an asterisk has been added to the “Initiate anticoagulant therapy” box. It has been changed to read, “Initiate anticoagulant therapy (Class I, LOE: A)*.”

16. On page 2054, in the Appendix 6 footnote, the first sentence read, “*If fondaparinux is used (Class I, LOE: B),...” It has been changed to read, “**If fondaparinux is used with an invasive strategy (Class I, LOE: B),...”
17. On page 2055, in Appendix 7, for “CURRENT-OASIS 7,” under the column heading “P Value (95% CI),” in the first row, “0.030 (0.83 to 1.06)” has been changed to “0.30 (0.83 to 1.06).”

18. On page 2056, in Appendix 7, for “TIMACS,” under the column heading “P Value (95% CI),” in the third row, “0.06 (0.48 to 0.89)” has been changed to “0.006 (0.48 to 0.89).”

19. On page 2057, in Appendix 7, for “EARLY-ACS,” under the column heading “Statistical Analysis Reported,” the first paragraph read, “The primary endpoint was less in the early-epitifibatide group (9.3%) versus the delayed-epitifibatide group (10%).” It has been changed to read, “The primary endpoint was less in the early-epitifibatide group (9.3%) versus the delayed-epitifibatide group (10%), but not significant.”

20. On page 2057, in Appendix 7, for “EARLY-ACS,” under the column heading “Statistical Analysis Reported,” the third paragraph read, “Patients in the early-epitifibatide group experienced . . . in the delayed-epitifibatide group; P<0.001), less severe GUSTO bleeding . . . It has been changed to read, “Patients in the early-epitifibatide group experienced . . . in the delayed-epitifibatide group; P<0.001), similar severe GUSTO bleeding . . .”

21. On page 2057, in Appendix 7, for “EARLY-ACS,” under the column heading “P Value (95% CI),” in the third row, “0.02” has been changed to “0.02 (1.07 to 1.89).”

22. On page 2057, in Appendix 7, for “EARLY-ACS,” under the column heading “OR/HR/RR,” in the third row, “OR: 1.42; 95% CI: 1.07 to 1.89” has been changed to “OR: 1.42.”

23. On page 2058, in Appendix 7, for “ABOARD,” under the column heading “Statistical Analysis Reported,” the first paragraph read, “No difference was found in peak troponin-I between groups (median 2.1 versus 1.7 mg/mL in immediate- and delayed-intervention groups, respectively).” It has been changed to read, “No difference was found in peak troponin-I between groups (median 2.1 ng/mL [0.3 to 7.1 ng/mL] versus 1.7 ng/mL [0.3 to 7.2 ng/mL] in immediate-and delayed-intervention groups, respectively).”

24. On page 2058, in Appendix 7, for “ABOARD,” under the column heading “Statistical Analysis Reported,” in the second paragraph, the first sentence read, “Secondary endpoint was seen in 13.7% (95% CI: 8.6% to 18.8%) of immediate-intervention group and 10.2% (95% CI: 5.7% to 14.6%) of delayed-intervention group.” It has been changed to read, “Secondary endpoint was seen in 13.7% (95% CI: 8.6% to 18.8%) of immediate-intervention group versus 10.2% (95% CI: 5.7% to 14.6%) of delayed-intervention group.”

25. On page 2058, in Appendix 7, for “ABOARD,” under the column heading “P Value (95% CI),” in the first row “0.79” has been changed to “0.70 (N/A).”

26. On page 2058, in Appendix 7, for “ABOARD,” under the column heading “OR/HR/RR,” in the first row, the value is blank. It has been changed to “(N/A).”

27. On page 2058, in Appendix 7, for “ABOARD,” under the column heading “OR/HR/RR,” in the second row, the value is blank. It has been changed to “(N/A).”

28. On page 2058, in Appendix 7, for “TRITON-TIMI 38,” under the column heading “Statistical Analysis Reported,” the second paragraph read, “Primary endpoint was similar in UA/NSTEMI cohort (9.9% with prasugrel versus 12.1% with clopidogrel; 18% RR).” It
has been changed to read, “Primary endpoint was consistent in UA/NSTEMI cohort (9.9% with prasugrel versus 12.1% with clopidogrel; 18% RR).”

29. On page 2058, in Appendix 7, for “TRITON-TIMI 38,” under the column heading “Statistical Analysis Reported,” the fifth paragraph read, “Efficacy benefit from Day 3 to end of follow-up (5.6% in patients receiving prasugrel versus 6.9% of patients receiving clopidogrel).” It has been changed to read, “Efficacy benefit evident from Day 3 to end of follow-up (5.6% in patients receiving prasugrel versus 6.9% of patients receiving clopidogrel).”

30. On page 2058, in Appendix 7, for “TRITON-TIMI 38,” under the column heading “P Value (95% CI),” in the eighth row, the value is blank. It has been changed to read “0.01 (1.08 to 2.13).”

31. On page 2058, in Appendix 7, for “TRITON-TIMI 38,” under the column heading “OR/HR/RR,” in the eighth row, the value is blank. It has been changed to read “HR: 1.52.”

32. On page 2059, in Appendix 7, for “SWEDEHEART,” under the column heading “P Value (95% CI),” in the fourth row “0.001 (0.51 to 1.61)” has been changed to “0.001 (0.54 to 0.81).”

33. On page 2059, in Appendix 7, for “SWEDEHEART,” under the column heading “P Value (95% CI),” in the fifth row “0.940 (0.51 to 1.61)” has been changed to “0.740 (0.51 to 1.61).”

34. On page 2059, in Appendix 7, for “SWEDEHEART,” under the column heading “OR/HR/RR,” in the fourth row, “HR: 0.91” has been changed to “HR: 0.68.”

These corrections have been made to the current online version of the article, which is available at http://circ.ahajournals.org/content/123/18/2022.

DOI: 10.1161/CIR.0b013e318233a0f2
Correction

Circulation. 2011;124:e337-e340
doi: 10.1161/CIR.0b013e318233a0f2
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/124/12/e337

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