Corrections

In the article, "Cost Effectiveness of Defibrillation by Targeted Responders in Public Settings," by Nichol et al, which appeared in the August 12, 2003, issue of the journal (*Circulation*. 2003;108:697–703), an error appeared. This economic evaluation of defibrillation in various public settings was based on incorrect interpretation of the number of defibrillators required at each site.[1] The following Table corrects this error. The revised incremental costs are less than previously estimated. However, the authors reconfirm that those making decisions to implement lay responder defibrillation should consider the likelihood of cardiac arrest and the number of defibrillators required at the site.

Potential Cost Effectiveness of Defibrillation in Various Public Settings

Location Category	Average Annual Site Incidence (No.)	Defibrillators Required per Site (No.)	Incremental Cost-Effectiveness ($/QALYs), Median (IQR)	Probability ICER <$100 000/QALY
International airport	7	15	$ 55 200 ($42 600, $76 300)	0.86
Golf course	0.1	1	$130 900 ($77 500, $228 700)	0.37
Public sports venue	0.4	4	$136 500 ($78 100, $257 400)	0.35
County jail	1	11	$159 800 ($77 700, $437 400)	0.34
Health club/gym	0.08	1	$153 900 ($87 900, $286 100)	0.30
Large shopping mall	0.6	9	$162 100 ($90 300, $298 000)	0.29
Large industrial site	0.4	5.75	$162 500 ($89 000, $318 600)	0.29
Community center	0.03	1	$378 600 ($172 900, $832 100)	0.15

QALY indicates quality-adjusted life year.
*2003 US dollars rounded to nearest $100.

Reference

1. Becker L, Eisenberg M, Fahrenbruch C, et al. Public locations of cardiac arrest: implications for public access defibrillation. *Circulation*. 1998;97:2106–2109.

DOI: 10.1161/01.CIR.0000135145.84484.7B

The article, "Clinical Correlates and Heritability of Flow-Mediated Dilation in the Community: The Framingham Heart Study," by Benjamin et al, which appeared in the February 10, 2004, issue of the journal (*Circulation*. 2004;109:613–619), the authors regret that they incorrectly described the method of blood pressure ascertainment. In the regression models, instead of using the automatic blood pressure device (Dinamap, Critikon, Inc), they actually used the average of the physician's first and second blood pressures from the same morning as the brachial testing. The regression models using the Dinamap blood pressure produced very similar results. Hence, for Table 1, the correct mean systolic and diastolic blood pressures were 128±17/76±10 for men and 126±20/73±10 for women. (The reported values were were 128±17/75±10 for men and 122±18/67±11 for women.) The corrected rows of Table 1 appear below.

Sample Characteristics

		Women (n=1526)	Men (n=1357)
Row 2	SBP, mm Hg	126±20	128±17
Row 3	DBP, mm Hg	73±10	76±10

Continuous measures, mean±SD. DBP indicates diastolic blood pressure.

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(*Circulation.* 2004;109:3256-3258.)

***Circulation* is available at http://www.circulationaha.org**

In the article, "Abnormal Cardiac Autonomic Nervous Activity After Right Ventricular Outflow Tract Reconstruction," by Ohuchi et al, which appeared in the November 28, 2000, issue of the journal (*Circulation*. 2000;102:2732–2738), the authors regret that the administration dose of isoproterenol to determine β sensitivity of the sinus node was incorrect. On page 2733, on the tenth line under the heading Determination of Cardiac Parasympathetic Nervous Tone and Postsynaptic β-Sensitivity, "3 $\mu g \cdot kg^{-1} \cdot min^{-1}$" should instead read "0.5 $\mu g \cdot kg^{-1} \cdot min^{-1}$."

DOI: 10.1161/01.CIR.0000135147.97462.57

In the article, "Severely Impaired Cardiac Autonomic Nervous Activity After the Fontan Operation," by Ohuchi et al, which appeared in the September 25, 2001, issue of the journal (*Circulation*. 2001;104:1513–1518), the authors regret that the administration dose of isoproterenol to determine β sensitivity of the sinus node was incorrect. On page 1515, on the eighth line under the heading Determination of Cardiac Parasympathetic Nervous Tone and Postsynaptic β-Sensitivity, "3 $\mu g \cdot kg^{-1} \cdot min^{-1}$" should instead read "0.5 $\mu g \cdot kg^{-1} \cdot min^{-1}$."

DOI: 10.1161/01.CIR.0000135148.97462.B3

In the article, "Serum Total Cholesterol Concentrations and Awareness, Treatment, and Control of Hypercholesterolemia Among US Adults: Findings From the National Health and Nutrition Examination Survey, 1999 to 2000," by Ford et al, which appeared in the May 6, 2003, issue of the journal (*Circulation*. 2003;107:2185–2189), the authors regret that an error occurred in the age-specific mean total cholesterol concentration for women in Table 1. The correct means are shown in the following Table. These data indicate that women aged 55 to 64 years and ≥75 years also enjoyed significant decreases in total cholesterol concentrations.

Age-Specific and Age-Adjusted Mean Total Cholesterol Concentrations by Selected Sociodemographic Characteristics Among US Adults Aged ≥20 Years

	NHANES III (1988–1994)			NHANES (1999–2000)				
	No.	Mean, mmol/L	SEM, mmol/L	No.	Mean, mmol/L	SEM, mmol/L	Difference, mmol/L	P
Women								
Age, y								
20–34	2647	4.77	0.03	651	4.82	0.06	0.05	0.496
35–44	1644	5.06	0.04	367	5.11	0.05	0.05	0.473
45–54	1007	5.61	0.06	327	5.51	0.08	−0.10	0.294
55–64	1035	6.07	0.04	297	5.76	0.07	−0.31	<0.001
65–74	1030	6.04	0.05	295	5.92	0.08	−0.12	0.233
≥75	964	5.97	0.06	252	5.67	0.07	−0.30	0.002

DOI: 10.1161/01.CIR.0000135149.05086.9A

In the article, "Hypertrophic Cardiomyopathy: Distribution of Disease Genes, Spectrum of Mutations, and Implications for a Molecular Diagnosis Strategy," by Richard et al, which appeared in the May 6, 2003, issue of the journal (*Circulation*. 2003;107:2227–2232), the authors regret that errors occurred in Tables 2 and 4. In Table 2, Exon 30, Nucleotide Change C19222T, the value listed under Coding Effect (E1377M) should be replaced with T1377M. In Table 4, row 3, the value listed under Troponin T (P120V) should be replaced with F110V. Also in Table 4, row 4, the value listed under Regulatory Light Chain (D166L) should be replaced with D166V. The corrected rows of Tables 2 and 4 appear below.

TABLE 2. *MYH7* Mutations

Exon	Nucleotide Change*	Coding Effect	Index Patient	Active Sites
30	C19222T	**T1377M**	2	

Novel mutations are indicated in bold.
*GenBank accession No. X52889.

TABLE 4. Cardiac Troponin T, Cardiac Troponin I, and Regulatory and Essential Myosin Light Chain Mutations

	Troponin T	Troponin I	Regulatory Light Chain	Essential Light Chain
Row 3	F110V	**R162P**	**IVS5–2: a>g**	
Row 4	Del E160	**Del K 177**	**D166V**	

Novel mutations are indicated in bold. Del indicates deletion.

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Dr Kereiakes wishes to disclose that he is CEO of Ohio Heart Health Center (OHHC), but his position with OHHC did not influence the commentary, "Doctors and Hospitals: Health Care's Rubik's Cube" (*Circulation*. 2004;109:2381–2385).

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Drs Gami and Ammash ("Double Aortic Arch," *Circulation*. 2004;109:2370–2371) would like to acknowledge that the imaging study was performed by Dr John Lesser at the Minneapolis Heart Institute Foundation.

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Correction

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