
1. On multiple pages: Replace “calcium antagonist(s)” with “calcium channel blocker(s)” at all occurrences. These are as follows:
   - page 810: Class IIa Recommendation 4, Class IIb Recommendation 1;
   - page 811: Class IIb Recommendation 2 (top of left column), Class III Recommendation 3;
   - page 820: Class I Recommendations 1, 2, and 3, Class IIa Recommendation 2, and Class IIb Recommendation in “Cocaine and Methamphetamine Users” Section;
   - page 855, right column: first paragraph under “Pathophysiology and Presentation,” first paragraph under “Treatment”; and
   - page 856, left column: first paragraph, last paragraph; right column: first paragraph, last paragraph.

2. On page 824, left column, first paragraph: Delete phrase “with increasing risk score” from the second-to-last line so that sentence reads “... platelet GP IIb/IIIa inhibition (43), and an invasive strategy (44).”

3. On page 826, left column, under “Cardiac Biomarkers of Necrosis and the Redefinition of AMI”: Delete the word “biomarker” so that the sentence reads “Favorable features of biomarkers of necrosis are high concentrations . . . .”

4. On page 829, left column, second paragraph under “Early Hospital Care”: Change “and” to “and/or” so that sentence reads “... a GP IIb/IIIa receptor antagonist, and/or a thienopyridine (i.e., clopidogrel; initiation may be deferred until a revascularization decision is made).”

5. On page 831, Figure 6 caption: Delete “B” from first sentence so that parenthetical wording is “e.g., Boxes B1 and B2.”

6. On page 831, right column, last line: Insert a space between “formulations” and “than.”

7. On page 832, left column, first paragraph: Change “has been” to “had been,” “implementation” to “implantation,” and “which had been” to “but this has been” so that the sentence reads “ASA of 325 mg per day had been recommended for 1 month after bare-metal stent implantation and 3 to 6 months after drug-eluting stent implantation, but this has been modified to an initial dose range of 162 to 325 mg per day based on the risk of excess bleeding with higher doses and an update of current evidence of outcomes after PCI (Table 6, Fig. 9).”

8. On page 834, Table 6: In the Ticlopidine row, add the phrase “(duration same as clopidogrel)” after “MD of 250 mg orally twice daily” in both the “After PCI” and “At Hospital Discharge” columns.

9. On page 835, Table 6: In the Abciximab row, “meg” should be “mcg.”

10. On page 835, Table 6: In the first sentence of the footnote, add “of UFH” after “50 to 60 U per kg.”
11. On page 843, left column, first line: Change “conformation” to “conformational” so that sentence reads as follows: “When platelets are activated by a number of mechanisms, their GP IIb/IIIa cell membrane receptors undergo a conformational change that increases receptor affinity for fibrinogen (168).”

12. On page 845, right column, middle of third paragraph: Change “lower-risk” to “intermediate-risk” and delete “, troponin-negative” and “, troponin-positive” so that sentence reads “…either an intravenous GP IIb/IIIa inhibitor or clopidogrel should be added to ASA and anticoagulant therapy before diagnostic angiography (upstream) for intermediate-risk patients, and that both should be given before angiography for high-risk patients (Class I recommendation).”

13. On page 846, left column, first line: Delete “urgent” so that sentence reads “The first group consists of patients requiring angiography/ revascularization urgently because of ongoing ischemic symptoms or hemodynamic or rhythm instability.”

14. On page 846, right column, second paragraph: Delete “routine use of clopidogrel in the conservative arm” so that sentence reads “Proposed explanations for the lack of incremental benefit with an invasive strategy include the high rate of revascularization in the selective invasive therapy arm (47%), more aggressive medical therapy (statins, clopidogrel) in both arms, and limited power owing to the relatively low rate of hard end points (195).”

15. On page 848, right column, first paragraph: Add the following sentence to the end of the paragraph: “Coronary CT angiography now offers noninvasive imaging of the coronary arteries (88,89).”

16. In Figure 8, page 833: Add “Class I” inside the parentheses (before LOE) after “duration of hospitalization” and after “at physician’s discretion.”

17. In Table 8, page 844:
   - *For the PURSUIT row:* The GP IIb/IIIa n should be 670/4722; the GP IIb/IIIa percentage should be 14.2%; the ARR percentage should be 1.5; the RR should be 0.90; the 95% CI should be 0.82 to 1.00; and the p should be 0.04.
   - *For the ISAR-REACT (ACS) row:* The 95% CI should be 0.57 to 0.97.
   - *For the All ACS trials row:* The GP IIb/IIIa n should be 1726/16 668; the GP IIb/IIIa percentage should be 10.4; the ARR percentage should be 1.3; the RR should be 0.86; and the 95% CI should be 0.81 to 0.93.
   - *For the All PCI trials and ACS trials row:* The GP IIb/IIIa n should be 2134/24 274; the GP IIb/IIIa percentage should be 8.8; the ARR percentage should be 1.7; the RR should be 0.83; and the 95% CI should be 0.83 to 0.84.

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Correction

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