

Correction to: 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

In the article by Gerhard-Herman et al, “2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines,” which published online November 13, 2016, and appeared in the March 21, 2017, issue of the journal (*Circulation*. 2017;135:e686–e725. DOI: 10.1161/CIR.0000000000000470), several corrections were needed.

1. On page e686, the organizational collaboration information has been revised to provide the correct name for the Vascular and Endovascular Surgery Society. It has been updated to read, “Developed in Collaboration With the American Association of Cardiovascular and Pulmonary Rehabilitation, Inter-Society Consensus for the Management of Peripheral Arterial Disease, Society for Cardiovascular Angiography and Interventions, Society for Clinical Vascular Surgery, Society of Interventional Radiology, Society for Vascular Medicine, Society for Vascular Nursing, Society for Vascular Surgery, and Vascular and Endovascular Surgery Society.”
2. On page e688, left column, in the second paragraph, the following sentence has been deleted: “Recommendations developed by the writing committee on the basis of the systematic review are marked as “SR.” The deletion reflects the fact that a systematic review was not produced for this document.
3. On page e692, right column, in the first paragraph, the first sentence read, “Evaluating the patient at increased risk of PAD (Table 3) begins with the clinical history, review of systems, and physical examination.” It has been updated to read, “Evaluating the patient at increased risk of PAD (Table 3) begins with the clinical history, review of symptoms, and physical examination.”
4. On page e696, left column, in section “5.1. Antiplatelet, Statin, Antihypertensive Agents, and Oral Anticoagulation,” the recommendations table, the first Class IIb recommendation within the Antiplatelet Agents category read, “In asymptomatic patients with borderline ABI (0.91–0.99), the usefulness of antiplatelet therapy to reduce the risk of MI, stroke, or vascular death is uncertain.^{67,68,121,124}” It has been updated to read, “In asymptomatic patients with borderline ABI (0.91–0.99), the usefulness of antiplatelet therapy to reduce the risk of MI, stroke, or vascular death is uncertain.^{67,68}”
5. On page e702, left column, in the first paragraph, the penultimate sentence read, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing.^{17,18,244}” It has been updated to read, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing.^{16–18}”

These corrections have been made to the current online version of the article, which is available at <http://circ.ahajournals.org/content/135/12/e686>.

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