

Correction to: 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: 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: 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:e726–e779. DOI: 10.1161/CIR.0000000000000471), several corrections were needed.

1. On page e728, left column, in the third 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.
2. On page e733, in section “2. Clinical Assessment for PAD,” the first sentence read, “Evaluating the patient for PAD begins with the clinical history, review of systems, and physical examination.” It has been updated to read, “Evaluating the patient for PAD begins with the clinical history, review of symptoms, and physical examination.”
3. On page e741, in section “5.1. Antiplatelet Agents: Recommendations,” the recommendations table, in the Class IA recommendation supporting text, the third sentence read, “Among patients patients with....” It has been updated to read, “Among patients with....”
4. On page e743, in section “5.3. Antihypertensive Agents: Recommendations,” the recommendations table, in the Class IIa recommendation supporting text, the fifth sentence read, “ONTARGET (Ongoing Telmisartan Alone and in Combination With Ramipril Global Endpoint Trial) compared telmisartan, ramipril, and combination therapy in patients with cardiovascular disease, including PAD, and/or diabetes mellitus.¹⁶⁹” It has been updated to read, “ONTARGET (Ongoing Telmisartan Alone and in Combination With Ramipril Global Endpoint Trial) compared telmisartan, ramipril, and combination therapy in patients with cardiovascular disease, including PAD, and/or diabetes mellitus.¹⁶¹”
5. On page e751, in section “9.1. Revascularization for CLI: Recommendations,” the recommendations table, in the Class IB-NR recommendation supporting text, the penultimate sentence read, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing.^{16,17,291}” It has been updated to read, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing.^{15–17}”
6. On page e751, in section “9.1.1. Endovascular Revascularization for CLI: Recommendations,” the recommendations table, in the Class IB-R recommendation supporting text, the penultimate sentence read, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing.^{16,17,291}” It has been updated to read, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing.^{15–17}”

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7. On page e753, in section “9.2. Wound Healing Therapies for CLI: Recommendations,” the recommendations table, in the Class IC-LD recommendation, supporting text, the second sentence read, “To date, there are no trials or high-quality studies that have focused on wound healing adjuncts in limbs with severe PAD (eg, topical cytokine ointments, skin substitutes, cell-based therapies intended to optimize wound healing).” It has been updated to read, “To date, there are no RCTs or high-quality studies that have focused on wound healing adjuncts in limbs with severe PAD (eg, topical

cytokine ointments, skin substitutes, cell-based therapies intended to optimize wound healing).”

8. On page e754, in section “10.1. Clinical Presentation of ALI: Recommendations,” the recommendations table, in the Class IC-LD recommendation supporting text, the penultimate sentence read, “Comorbidities should be investigated ...but must this not delay therapy.” is updated to read, “Comorbidities should be investigated...but this must not delay therapy.”

These corrections have been made to the current online version of the article, which is available at <http://circ.ahajournals.org/content/135/12/e726>.

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