

## CORRECTION

---

### Correction to: 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

In the article by Lawton et al, “2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines,” which published ahead of print on December 9, 2021, and appeared in the January 8, 2022, issue of the journal (*Circulation*. 2022;145:e18-e114. doi: 10.1161/CIR.0000000000001038), a correction was needed.

On Page e38, under the “Synopsis” heading, the third sentence read, “The GRACE 2.0 risk calculator ([https://www.outcomes-umassmed.org/grace/acs\\_risk2/index.html](https://www.outcomes-umassmed.org/grace/acs_risk2/index.html))<sup>24</sup> has been used in most clinical trials to identify patients who were at high risk of death or MI, and it enables a direct estimation of the mortality risk during hospitalization and at 1 and 3 years. A GRACE score of >140 has been used to denote a patient at higher risk of clinical events.”

It has been updated to read, “The GRACE score has been used in most clinical trials to identify patients who were at high risk of death or MI. It enables a direct estimation of the mortality risk during hospitalization and at longer term followup.<sup>24</sup> Traditionally, a GRACE score of >140 had been used to denote a patient at higher risk of in-hospital clinical events.”

This correction has been made to the current online version of the article, which is available at: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001038>