

CORRECTION

Correction to: 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

In the article by Otto et al, "2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines," which published ahead of print on December 17, 2020, and appeared in the February 2, 2021, issue of the journal (*Circulation*. 2021;143:e72–e227. DOI: 10.1161/CIR.0000000000000923), a correction was needed.

On page e85, in Table 8, in the third row, "Frailty," the entry for the fourth column, "High Surgical Risk," read, "≥2 Indices (moderate to severe)." It has been updated to read, "≤1 Indices (moderate to severe)."

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.0000000000000923>.

Table 8. Risk Assessment for Surgical Valve Procedures

Criteria	Low-Risk SAVR (Must Meet ALL Criteria in This Column)	Low-Risk Surgical Mitral Valve Repair for Primary MR (Must Meet ALL Criteria in This Column)	High Surgical Risk (Any 1 Criterion in This Column)	Prohibitive Surgical Risk (Any 1 Criterion in This Column)
STS-predicted risk of death*	<3% AND	<1% AND	>8% OR	Predicted risk of death or major morbidity (all-cause) >50% at 1 y OR
Frailty†	None AND	None AND	≤1 Indices (moderate to severe) OR	≥2 Indices (moderate to severe) OR
Cardiac or other major organ system compromise not to be improved postoperatively‡	None AND	None AND	1 to 2 Organ systems OR	≥3 Organ systems OR
Procedure-specific impediment§	None	None	Possible procedure-specific impediment	Severe procedure-specific impediment

*Use of the STS Predicted Risk of Mortality (<http://riskcalc.sts.org/stswebriskcalc/#/>) to predict risk in a given institution with reasonable reliability is appropriate only if institutional outcomes are within 1 standard deviation of the STS average observed/expected mortality ratio for the procedure in question. The EUROSCORE II risk calculator may also be considered for use and is available at <http://www.euroscore.org/calc.html>.

†Seven frailty indices: Katz Activities of Daily Living (independence in feeding, bathing, dressing, transferring, toileting, and urinary continence) plus independence in ambulation (no walking aid or assistance required, or completion of a 5-m walk in <6 s). Other scoring systems can be applied to calculate no, mild, or moderate to severe frailty.

‡Examples of major organ system compromise include cardiac dysfunction (severe LV systolic or diastolic dysfunction or RV dysfunction, fixed pulmonary hypertension); kidney dysfunction (chronic kidney disease, stage 3 or worse); pulmonary dysfunction (FEV_1 <50% or D_{LCO_2} <50% of predicted); central nervous system dysfunction (dementia, Alzheimer's disease, Parkinson's disease, cerebrovascular accident with persistent physical limitation); gastrointestinal dysfunction (Crohn's disease, ulcerative colitis, nutritional impairment, or serum albumin <3.0); cancer (active malignancy); and liver dysfunction (any history of cirrhosis, variceal bleeding, or elevated INR in the absence of VKA therapy).

§Examples of procedure-specific impediments include presence of tracheostomy, heavily calcified (porcelain) ascending aorta, chest malformation, arterial coronary graft adherent to posterior chest wall, and radiation damage.

D_{LCO_2} indicates diffusion capacity for carbon dioxide; FEV_1 , forced expiratory volume in 1 s; INR, international normalized ratio; LV, left ventricular; MR, mitral regurgitation; RV, right ventricular; SAVR, surgical aortic valve replacement; STS, Society of Thoracic Surgeons; and VKA, vitamin K antagonist.