## Circulation



## **CORRECTION**

Correction to: 2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical **Practice Guidelines and the Heart Rhythm Society** 

In the article by Al-Khatib et al, "2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society," which published ahead of print on October 30, 2017, and appeared in the September 25, 2018, issue of the journal (Circulation. 2018;138:e272-e391. DOI: 10.1161/CIR.000000000000549), several corrections were needed.

- 1. On page e272, under Writing Committee Members, and on page e387, in Appendix 1, Dr. Hlatky is now listed after Dr. Hammill.
- 2. On page e272, in the citation, the order of the authors has been updated to match the order of the writing committee members. The citation now reads, "Al-Khatib SM, Stevenson WG, Ackerman MJ, Bryant WJ, Callans DJ, Curtis AB, Deal BJ, Dickfeld T, Field ME, Fonarow GC, Gillis AM, Granger CB, Hammill SC, Hlatky MA, Joglar JA, Kay GN, Matlock DD, Myerburg RJ, Page RL. 2017 AHA/ACC/HRS guideline for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society. Circulation. 2018;138:e272-e391. DOI: 10.1161/CIR.000000000000549."
- 3. On page e277, in Table 2, the Section Number for Question 2 is updated to "10.3."
- 4. On page e278, a new paragraph has been added at the end of section "1.4., Scope of the Guideline." It reads, "During final production review of the guidelines, several recommendations were refined to better reflect the data and current recommended medical practice. These refinements were reviewed and approved by the writing committee, the Task Force, and ACC, AHA, and HRS organizational leadership. These recommendations were:
  - Section 7.1.1., recommendation 1
  - Section 7.1.3., recommendation 2
  - Section 7.2.1., recommendation 1
  - Section 7.9.1.4., recommendation 2
  - Section 10.8., recommendation 6

Readers should refer to these sections for the updated text."

- 5. On page e301, under the heading "7.1.1. Secondary Prevention of SCD in Patients With Ischemic Heart Disease," in recommendation 1, "stable VT" has been updated to "stable sustained VT." The updated recommendation reads, "1. In patients with ischemic heart disease, who either survive SCA due to VT/VF or experience hemodynamically unstable VT (LOE: B-R)<sup>S7.1.1-</sup> 1-S7.1.1-4 or stable sustained VT (LOE: B-NR)S7.1.1-5...."
- 6. On page e305, under the heading "7.1.3. Treatment and Prevention of Recurrent VA in Patients With Ischemic Heart Disease," in recommendation

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- 2, "VT or VF storm" has been updated to "VT storm." The updated recommendation reads, "2. In patients with prior MI and recurrent episodes of symptomatic sustained VT, or who present with VT storm...."
- 7. On page e308, under the heading "7.2.1. Secondary Prevention of SCD in Patients With NICM," in recommendation 1, "stable VT" has been updated to "stable sustained VT." The updated recommendation reads, "1. In patients with NICM who either survive SCA due to VT/ VF or experience hemodynamically unstable VT (LOE: B-R)<sup>S7.2.1-1-S7.2.1-4</sup> or stable sustained VT (LOE: B-NR)<sup>S7.2.1-5</sup>...."
- 8. On page e311, Figure 6, fourth row, second column, "Arrhythmogenic" was misspelled. The figure has been updated. In the legend to Figure 6, the definition for WCD is updated to "wearable cardioverter-defibrillator."
- 9. On page e318, under the heading "7.6. Cardiac Sarcoidosis," in recommendation 2, a comma has been added after "permanent pacing." The updated recommendation reads, "2. In patients with cardiac sarcoidosis and LVEF greater than 35% who have...an indication for permanent pacing, implantation of an ICD is reasonable...." In recommendation 3, "impant" is corrected to "implant." The updated recommendation reads, "3. In patients with cardiac sarcoidosis and LVEF greater than 35%, it is reasonable to perform an electrophysiological study and to implant an ICD,..."
- 10. On page e319, in the legend to Figure 8, the definition for ICD is updated to "implantable cardioverter-defibrillator."
- 11. On page e322, under the heading "7.8. Neuromuscular Disorders," in recommendation 2, "a meaningful survival" has been updated to "meaningful survival." The updated recommendation reads, "...an ICD is reasonable if meaningful survival of greater than 1 year is expected. 57.8-3-57.8-8"

- 12. On page e325, under the heading "7.9.1.1. Congenital Long QT Syndrome," in recommendation 3, the words "according to" have been deleted. The updated recommendation reads, "3. In patients with long QT syndrome... with additional medications (guided by consideration of the particular long QT syndrome type)...."
- 13. On page e330, under the heading "7.9.1.3. Brugada Syndrome," in recommendation 2, "a meaningful survival" has been updated to "meaningful survival." The updated recommendation reads, "...an ICD is recommended if meaningful survival of greater than 1 year is expected. 57.9.1.3-4,57.9.1.3-6"
- 14. On page e333, under the heading "7.9.1.4. Early Repolarization 'J-Wave' Syndrome," in recommendation 2, the following text has been added: "if meaningful survival greater than 1 year is expected." The updated recommendation reads, "...an ICD is recommended if meaningful survival greater than 1 year is expected. "57.9.1.4-3,57.9.1.4-4"
- 15. On page e343, under the heading "10.8. Adult Congenital Heart Disease," in recommendation 6, the following text has been added: "if meaningful survival greater than 1 year is expected." The updated recommendation reads, "...implantation of an ICD is reasonable if meaningful survival greater than 1 year is expected. S10.8-1,510.8-19,510.8-20"
- 16. On page e348, under the heading "11.2. Wearable Cardioverter-Defibrillator," in recommendation 2, "the" has been added before "wearable cardioverter-defibrillator." The updated recommendation reads, "...the wearable cardioverter-defibrillator may be reasonable. S11.2-1-S11.2-5
- 17. On page e355, under the heading "Presidents and Staff," Ms. Hundley's title has been updated to "Production and Operations Manager."

These corrections have been made to the current online version of the article, which is available at https://www.ahajournals.org/doi/10.1161/CIR.00000000000000549.