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## CORRECTIONS

In the article by Bonow RO, Carabello BA, Chatterjee K, et al., “ACC/AHA 2006 guidelines for the management of patients with valvular heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Valvular Heart Disease),” which appeared in the August 1, 2006, online issue of the journal (*J Am Coll Cardiol* 2006;48:e1–148), the following correction should be made. This error has been corrected in the current online version of the article.

On page e112, Section 9.2, Class I, Recommendation 6, “INR of 2.5 to 3.5” should be changed to “INR of 2.0 to 3.0” to read “After MV replacement with a bioprosthesis and risk factors, warfarin is indicated to achieve an INR of 2.0 to 3.0. (*Level of Evidence: C*)”

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In the article by Bonow RO, Carabello BA, Chatterjee K, et al., “ACC/AHA 2006 guidelines for the management of patients with valvular heart disease—executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Valvular Heart Disease),” which appeared in the August 1, 2006, issue of the journal (*J Am Coll Cardiol* 2006;48:598–675), the following correction should be made:

On page 654, Section IX, Recommendation 6, “INR of 2.5 to 3.5” should be changed to “INR of 2.0 to 3.0” to read “After MV replacement with a bioprosthesis and risk factors, warfarin is indicated to achieve an INR of 2.0 to 3.0. (*Level of Evidence: C*)”

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In “ACC/AHA Pocket Guideline Based on the ACC/AHA 2006 Guideline Revision: Management of Patients With Valvular Heart Disease” (PDF available at <http://www.acc.org>), by Bonow RO, Carabello BA, Chatterjee K, et al., the following correction should be made:

On page 48, Recommendation 6, “INR of 2.5 to 3.5” should be changed to “INR of 2.0 to 3.0” to read “After MVR with a bioprosthesis in patients with risk factors, warfarin is indicated to achieve an INR of 2.0 to 3.0. (*Level of Evidence: C*)”

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