

Page RL, Joglar JA, Caldwell MA, Calkins H, Conti JB, Deal BJ, Estes III NAM, Field ME, Goldberger ZD, Hammill SC, Indik JH, Lindsay BD, Olshansky B, Russo AM, Shen W-K, Tracy CM, Al-Khatib SM

## 2015 ACC/AHA/HRS Guideline for the Management of Adult Patients With Supraventricular Tachycardia: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society



**J Am Coll Cardiol 2016;67:1575-623.**

1. Cover page, the order of footnote symbols for writing committee members' names has been amended to reflect the correct order of symbols in ACC/AHA house style.
2. Page 1582, section 2.4.1., paragraph 1, the term "emergency medicine physicians" has been replaced with "emergency physicians".
3. Page 1583, the following header has been added to the acute treatment recommendation table: "Recommendations for Acute Treatment of SVT of Unknown Mechanism".
4. Page 1583, the following header has been added to the ongoing management recommendation table: "Recommendations for Ongoing Management of SVT of Unknown Mechanism".
5. Page 1587, the following header has been added to the recommendation table: "Recommendations for Ongoing Management of IST".
6. Page 1587, Section 3.2.2., "Ongoing Management: Recommendations," paragraph 2 previously included the clause, "therefore, ivabradine reduces the sinus node pacemaker activity that leads to slowing of the heart rate." The words "that leads to" have been replaced with "which results in". The clause now reads, "therefore, ivabradine reduces the sinus node pacemaker activity, which results in slowing of the heart rate."
7. Page 1587, the section title previously read "4.1. Focal AT". "AT" has been spelled out. The title now reads "4.1. Focal Atrial Tachycardia".
8. Page 1588, the following header has been added to the recommendation table: "Recommendations for Acute Treatment of Suspected Focal Atrial Tachycardia".
9. Page 1589, the following header has been added to the recommendation table: "Recommendations for Ongoing Management of Suspected Focal Atrial Tachycardia".
10. Page 1590, the following header has been added to the acute treatment for multifocal atrial tachycardia recommendation table: "Recommendations for Acute Treatment of Multifocal Atrial Tachycardia".
11. Page 1590, the following header has been added to the ongoing management of multifocal atrial tachycardia recommendation table: "Recommendations for Ongoing Management of Multifocal Atrial Tachycardia".
12. Page 1590, the following header has been added to the acute treatment for AVNRT recommendation table: "Recommendations for Acute Treatment of AVNRT".
13. Page 1591, the following header has been added to the recommendation table: "Recommendations for Ongoing Management of AVNRT".
14. Page 1594, the following header has been added to the acute treatment recommendation table: "Recommendations for Acute Treatment of Orthodromic AVRT".
15. Page 1594, the following header has been added to the ongoing management recommendation table: "Recommendations for Ongoing Management of Orthodromic AVRT".
16. Page 1597, the following header has been added to the management of asymptomatic patients with pre-excitation recommendation table: "Recommendations for Management of Asymptomatic Patients With Pre-Excitation".
17. Page 1597, the following header has been added to the management of symptomatic patients with manifest accessory pathways recommendation table: "Recommendations for Management of Symptomatic Patients With Manifest Accessory Pathways".
18. Page 1599, the following header has been added to the acute treatment recommendation table: "Recommendations for Acute Treatment of Atrial Flutter".

19. Page 1599, the following header has been added to the ongoing management recommendation table: “Recommendations for Ongoing Management of Atrial Flutter”.
20. Page 1601, the following header has been added to the acute treatment recommendation table: “Recommendations for Acute Treatment of Junctional Tachycardia”.
21. Page 1601, the following header has been added to the ongoing management recommendation table: “Recommendations for Ongoing Management of Junctional Tachycardia”.
22. Page 1603, the following header has been added to the recommendation table: “Recommendations for Acute Treatment of SVT in ACHD Patients”.
23. Page 1604, Class IIa recommendation #1 in the table titled “Recommendations for Acute Treatment of SVT in ACHD Patients” previously stated, “Intravenous ibutilide or procainamide can be effective for acute treatment in patients and atrial flutter who are hemodynamically stable.” The term “ACHD” has been added. The sentence now reads, “Intravenous ibutilide or procainamide can be effective for acute treatment in ACHD patients and atrial flutter who are hemodynamically stable.”
24. Page 1604, the following header has been added to the recommendation table: “Recommendations for Ongoing Management of SVT in ACHD Patients”.
25. Page 1604, Class IIa recommendation #4 in the table titled “Recommendations for Ongoing Management of SVT in ACHD Patients” previously read, “Surgical ablation of AT or atrial flutter can be effective in ACHD undergoing planned surgical repair”. The word “patients” has been added. The recommendation now reads “Surgical ablation of AT or atrial flutter can be effective in ACHD patients undergoing planned surgical repair”.
26. Page 1604, Class III: Harm recommendation #1 in the table titled “Recommendations for Ongoing Management of SVT in ACHD Patients” previously stated: “Flecainide should not be administered for treatment of SVT in ACHD Patients with significant ventricular dysfunction.” The word “with” has been replaced with the word “and”. The recommendation now reads, “Flecainide should not be administered for treatment of SVT in ACHD patients and significant ventricular dysfunction.”
27. Page 1605, the following header has been added to the recommendation table: “Recommendations for Acute Treatment of SVT in Pregnant Patients”.
28. Page 1606, the following header has been added to the ongoing management of SVT in pregnant patients recommendation table: “Recommendations for Ongoing Management of SVT in Pregnant Patients”.
29. Page 1606, the following header has been added to the acute treatment and ongoing management in older populations recommendation table: “Recommendations for Acute Treatment and Ongoing Management of SVT in Older Populations”.
30. Page 1606, Section 11., “Cost-Effectiveness,” paragraph 2 previously stated “These studies, along with other older literature, favor catheter ablation over medical therapy as the most cost-effective approach to treating PSVT and atrial flutter”. The word “most” has been replaced with “more”. The sentence now reads, “These studies, along with other older literature, favor catheter ablation over medical therapy as the more cost-effective approach to treating PSVT and atrial flutter”.