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## 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines



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1. Page e73, Preamble, subsection titled “Evidence Review”. The following sentence has been deleted: “Recommendations developed by the writing committee on the basis of the systematic review are marked as “SR.”” The deletion reflects the fact that a Systematic Review was not produced for this document.
2. Page e79, Section 2. Clinical Assessment for PAD. The first sentence previously read, “Evaluating the patient for PAD begins with the clinical history, review of systems, and physical examination.” The sentence now reads, “Evaluating the patient for PAD begins with the clinical history, review of symptoms, and physical examination.”
3. Page e90, Section 5.3. Recommendations for Antihypertensive Agents. The Class IIa recommendation supporting text previously included the following sentence: “ONTARGET (Ongoing Telmisartan Alone and in Combination With Ramipril Global Endpoint Trial) compared telmisartan, ramipril, and combination therapy in patients with cardiovascular disease, including PAD, and/or diabetes mellitus (169).” Reference 169 has been replaced in this instance with reference 161. The sentence now reads, “ONTARGET (Ongoing Telmisartan Alone and in Combination With Ramipril Global Endpoint Trial) compared telmisartan, ramipril, and combination therapy in patients with cardiovascular disease, including PAD, and/or diabetes mellitus (161).”
4. Page e99, Section 9.1. Recommendations for Revascularization for CLI. Supporting text for the first Class I recommendation previously included the following sentence: “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing (16,17,291).” Reference 291 has been deleted in press and replaced with reference 15. The sentence now reads, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing (15,16,17).”
5. Page e100, Section 9.1.1. Recommendations for Endovascular Revascularization for CLI, the first Class I recommendation supporting text previously included the following sentence, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing (16,17,291).” Reference 291 has been deleted in press and has been replaced with reference 15. The sentence now reads, “Multiple RCTs comparing contemporary surgical and endovascular treatment for patients with CLI are ongoing (15,16,17).”
6. Page e102, Section 9.2. Recommendations for Wound Healing Therapies for CLI. The second Class I recommendation previously included the following sentence: “To date, there are no trials or high-quality studies that have focused on wound healing adjuncts in limbs with severe PAD (e.g., topical cytokine ointments, skin substitutes, cell-based therapies intended to optimize wound healing).” The word “trials” has been replaced with “RCTs”. The sentence now reads, “To date, there are no RCTs or high-quality studies that have focused on wound healing adjuncts in limbs with severe PAD (e.g., topical cytokine ointments, skin substitutes, cell-based therapies intended to optimize wound healing).”
7. Page e103, Section 10.1. Recommendations for Clinical Presentation of ALI. The second recommendation previously included the following sentence: “Comorbidities should be investigated and managed aggressively, but must this not delay therapy.” This sentence has been corrected to read, “Comorbidities should be investigated and managed aggressively, but this must not delay therapy.”
8. Page 119, Appendix 1. The appendix was previously titled “APPENDIX 1. AUTHOR RELATIONSHIPS WITH INDUSTRY AND OTHER ENTITIES (RELEVANT)—2016 AHA/ACC GUIDELINE ON THE MANAGEMENT OF PATIENTS WITH LOWER EXTREMITY PERIPHERAL ARTERY DISEASE (MARCH 2015)”. The date in the title has been corrected and now reads “(NOVEMBER 2014)”.