CORRECTION

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: Executive summary: 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 October 2018 issue of the journal (Heart Rhythm 2018;15:e190–e252. DOI: https://doi.org/10.1016/j.hrthm.2017.10.035), several corrections were made during the proofing stage and are outlined below.

1. On page e190, under Writing Committee Members, Dr. Hlatky is now listed after Dr. Hammill.


3. On page e195, Table 2, “Systematic Review Questions on SCD Prevention,” row 1, column 3, the Section Number has been updated from 7.9.1.3 to 6.9.1.3; in row 2, column 3, the Section Number has been updated from 9.3 to 9.2.

4. On page e196, 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 6.1.1., recommendation 1
- Section 6.1.3., recommendation 2
- Section 6.2.1., recommendation 1
- Section 6.9.1.4., recommendation 2
- Section 9.4., recommendation 6

Readers should refer to these sections for the updated text.

5. On page e205, in Table 7, in the first row (“Diltiazem [IV]”), first column, third line, “Qq” has been updated to “qd.”

6. On page e209, under the heading “6.1.1. 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) (S6.1.1-1–S6.1.1-4) or stable sustained VT (LOE: B-NR) (S6.1.1-5)....”

7. On page e211, under the heading “6.1.3. Treatment and Prevention of Recurrent VA in Patients With Ischemic Heart Disease,” in recommendation 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....”

8. On page e213, under the heading “6.2.1. 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) (S6.2.1-1–S6.2.1-4) or stable sustained VT (LOE: B-NR) (S6.2.1-5)....”

9. On page e214, Figure 6, fourth row, second column, “Arrhythmogenic” was misspelled. The figure has been updated.

10. On page e214, in the Figure 6 legend, “WCD = wearable cardiac-defibrillator” has been updated to “WCD = wearable cardioverter-defibrillator.”

11. On pages e215-e216, in Table 8, several changes have been made:

- The section prefix “S6.4-36” has been added to the references (eg, reference 1 is now reference S6.4-1).
- The following references have been renumbered:
  - Reference 54 is now reference S6.4-40.
  - Reference 40 is now reference S6.4-41.
  - Reference 55 is now reference S6.4-42.
  - Reference 56 is now reference S6.4-43.
  - Reference 52 is now reference S6.4-44.
- In the table legend, the reference at the end of the first paragraph has been updated to S6.4-44.

12. On page e216, under the heading “6.6. 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....”

13. On page e217, under the heading “6.6. Cardiac Sarcoidosis,” in recommendation 3, “implant an ICD” has been updated to “implant an ICD.”

14. On page e217, in the Figure 8 legend, “ICD = implantable cardiac-defibrillator” has been updated to “ICD = implantable cardioverter-defibrillator.”
15. On page e218, under the heading “6.8. Neuromuscular Disorders,” 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 (S6.8-3–S6.8-8).”

16. On page e219, under the heading “6.9.1.1. Congenital Long QT Syndrome,” in recommendation 3, “according to” has been deleted from “(guided by consideration of according to the particular long QT syndrome type).” The updated recommendation reads, “(guided by consideration of the particular long QT syndrome type).”

17. On page e222, under the heading “6.9.1.3. 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 (S6.9.1.3-4,S6.9.1.3-6).”

18. On page e223, under the heading “6.9.1.4. 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 (S6.9.1.4-3,S6.9.1.4-4).”

19. On page e226, under the heading “9.4. 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 (S9.4-1,S9.4-19,S9.4-20).”

20. On page e227, in Table 11, several changes have been made:

- The section prefix “S9.4-” has been added to the references (eg, reference 1 is now reference S9.4-1).

- The following references have been renumbered:
  - Reference 44 is now reference S9.4-33
  - Reference 47 is now reference S9.4-34
  - Reference 57 is now reference S9.4-35
  - Reference 58 is now reference S9.4-36
  - Reference 59 is now reference S9.4-37
  - Reference 60 is now reference S9.4-38
  - Reference 61 is now reference S9.4-39
  - Reference 62 is now reference S9.4-40
  - Reference 63 is now reference S9.4-41
  - Reference 34 is now reference S9.4-42
  - Reference 36 is now reference S9.4-43
  - Reference 46 is now reference S9.4-44
  - Reference 54 is now reference S9.4-45
  - Reference 55 is now reference S9.4-46
  - Reference 56 is now reference S9.4-47
  - Reference 62 is now reference S9.4-48
  - Reference 63 is now reference S9.4-49
  - Reference 64 is now reference S9.4-50
  - Reference 65 is now reference S9.4-51
  - Reference 45 is now reference S9.4-52
  - Reference 48 is now reference S9.4-53
  - Reference 51 is now reference S9.4-54
  - Reference 66 is now reference S9.4-55
  - Reference 67 is now reference S9.4-56
  - Reference 37 is now reference S9.4-57
  - Reference 68 is now reference S9.4-58

21. On page e229, under the heading “10.2. 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 (S10.2-1–S10.2-5).”

22. On page e231, in the right column, under the heading “ Presidents and Staff,” Ms. Hundley’s title has been updated to “Production and Operations Manager.”

23. On page e240, references S6.4-36—S6.4-44 were inadvertently omitted from the reference list for section 6.4, Hypertrophic Cardiomyopathy. They have been added as follows:


24. Beginning on page e245, references S9.4-33—S9.4-58 were inadvertently omitted from the reference list for section 9.4, Adult Congenital Heart Disease. They have been added as follows:
25. On page e247-e248, “Appendix 1. Author Relationships With Industry and Other Entities (Relevant)—2017 AHA/ACC/HRS Guideline for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death (October 2017),” Dr. Hammill’s information has been listed before Dr. Hlatky’s information.

These corrections have been made to the current online version of the article, which is available at https://doi.org/10.1016/j.hrthm.2017.10.035.