

2013 ACC/AHA Cholesterol Guideline and Implications for Healthy People 2020 Cardiovascular Disease Prevention Goals

In the article by Egan et al, “2013 ACC/AHA Cholesterol Guideline and Implications for Healthy People 2020 Cardiovascular Disease Prevention Goals,” which published online on August 19, 2016, and appeared in the August 2016 issue of the journal (*J Am Heart Assoc.* 2016;5:e003558 doi: 10.1161/JAHA.116.003558), an incorrect version of Figure 2 was published.

The published Figure 2 reflected the sensitivity analysis for various percentages reduction in LDL-cholesterol with moderate- and high-intensity statin therapy rather than the revised sensitivity analysis with different percentages of patients on moderate- and high-intensity statins, as intended by the authors. The legend to Figure 2 read as follows:

Figure 2. Absolute risk reduction (ARR) in 10-year risk for atherosclerotic cardiovascular disease (ASCVD)10 and number needed-to-treat (NNT) to prevent an ASCVD event are depicted for adults with and without diabetes mellitus and with ASCVD10 $\geq 7.5\%$. The data points reflect changes in ARR and NNT as the proportion of individuals taking moderate-dose (MD) and high-dose (HD) statins varies from 0% to 100% in 25% increments.

Figure 2 has been replaced with a corrected figure, and the legend to Figure 2 has been corrected.

The authors regret the error.

The online version of the article has been updated and is available at <http://jaha.ahajournals.org/content/5/8/e003558.full>

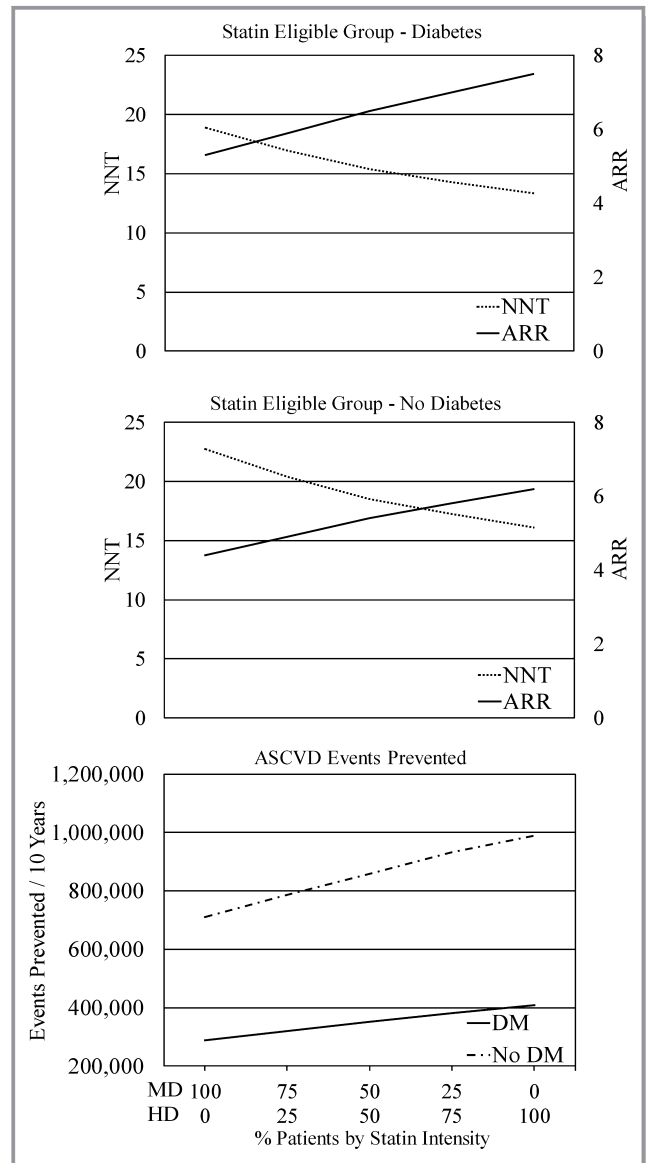


Figure 2. Absolute Risk Reduction (ARR, % [top panel]), number needed-to-treat (NNT [middle panel]) for 10 years, and atherosclerotic cardiovascular disease (ASCVD) events prevented over 10 years (bottom panel) are depicted for adults with and without diabetes mellitus and ASCVD 10 $\geq 7.5\%$. The data points reflect ARR, NNT, and ASCVD events prevented as the proportion of individuals on moderate-dose (MD) and high-dose (HD) statins varies from 0% to 100% in 25% increments.

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