

a major benefit of targeted temperature management is simply that it delays the decision to withdraw life support, providing a longer opportunity for recovery. Important prognostic factors for outcome for those still comatose at 4–5 days include clinical (age, prior status, comorbidities), imaging findings, evoked potentials, electroencephalography (EEG) findings, and biomarkers. The available studies that have systematically addressed the dynamic status of risk assessment and the multiple potentially important factors are generally limited by small numbers and lack of validation. High-quality, large studies are urgently needed for this risk assessment purpose.<sup>11</sup>

For now, the MIRACLE<sub>2</sub> score is an effective tool for assessing longer term outcome for patients with cardiac arrest presenting to hospitals providing primary PCI for acute myocardial infarction. However, it should not be used as the sole factor to decide who should have aggressive care withheld. It can be included as one of several parameters to identify the unusual patient who may have such a low chance of good recovery at presentation that limiting care may be appropriate. The greatest need now is to develop tools to predict futile care for those with persistent coma several days after arrest.

## Acknowledgements

We acknowledge Karen Pieper, MS, for her statistical review of and input to our Editorial.

**Conflict of interest:** none declared.

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## Corrigendum

doi:10.1093/eurheartj/ehaa327

Online publish-ahead-of-print 26 April 2020

**Corrigendum to:** Proceedings from the 3rd European Clinical Consensus Conference for clinical trials in device-based hypertension therapies [*Eur Heart J* 2020;doi:10.1093/eurheartj/ehaa121]

The 'Conflict of Interest' section of this paper has been updated to read:

P.J.B. reports grants from Recor, grants from Medtronic, grants from European Commission, grants from Fresenius, from BBraun, outside the submitted work.

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