

Corrigendum

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Corrigendum to: '2013 ESC guidelines on the management of stable coronary artery disease' [Eur Heart J (2013);34:2949–3003; doi:10.1093/eurheartj/eht296].

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In the legends for Figures 6 and 7, the amount of fractional flow reserve should read ' < 0.80 ' instead of ' $=0.80$.' There was also a registered trade mark (®) in both figures that should not have been there. These errors have been corrected in the figures below.

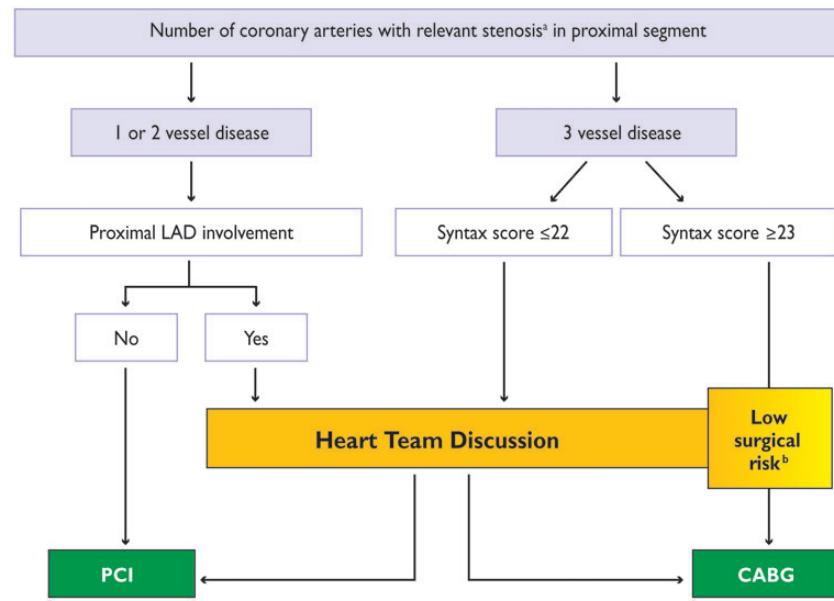


Figure 6 Percutaneous coronary intervention (PCI) or coronary artery bypass graft surgery (CABG) in stable coronary artery disease without left main coronary artery involvement CABG = coronary artery bypass graft; LAD = left anterior descending; PCI = percutaneous coronary intervention.

^a>50% stenosis and proof of ischaemia, >90%stenosis in two angiographic views, or FFR <0.80.

^bCABG is the preferred option in most patients unless patients co-morbidities or specificities deserve discussion by the heart team. According to local practice (time constraints, workload) direct transfer to CABG may be allowed in these low risk patients, when formal discussion in a multidisciplinary team is not required (adapted from ESC/EACTS Guidelines on Myocardial Revascularization 2010).

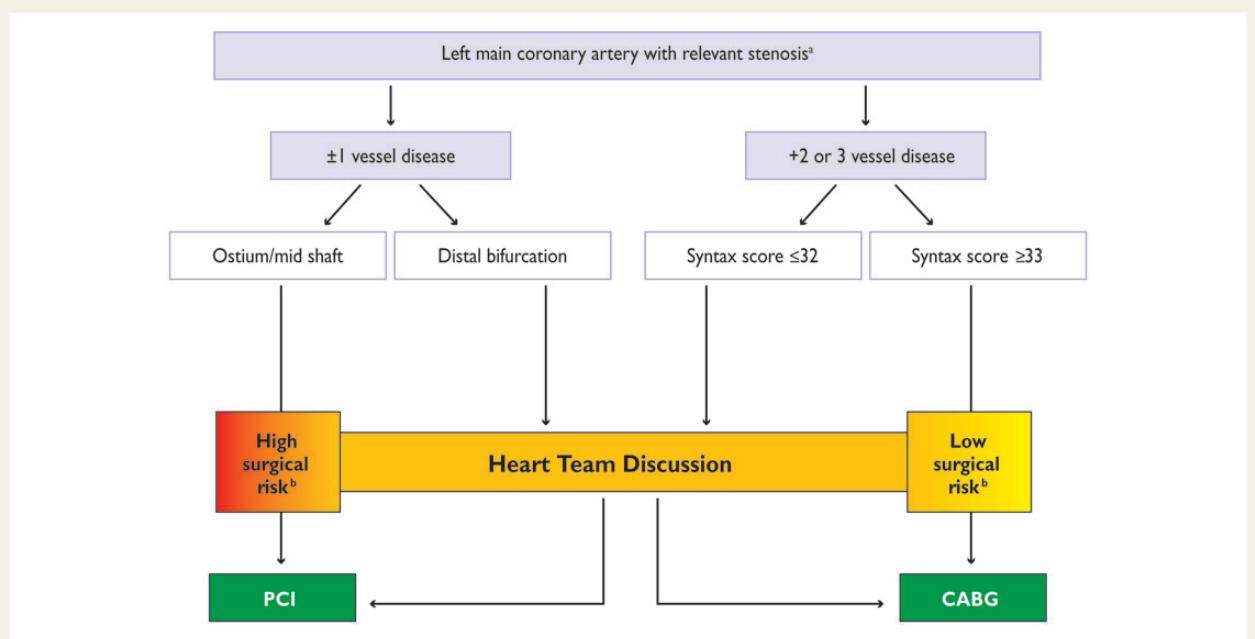


Figure 7 Percutaneous coronary intervention (PCI) or coronary artery bypass graft surgery (CABG) in stable coronary artery disease with left main coronary artery involvement. CABG = coronary artery bypass graft; PCI = percutaneous coronary intervention.

^a >50% stenosis and proof of ischaemia, >70% stenosis in two angiographic views or fractional flow reserve <0.80.

^b Preferred option in general. According to local practice (time constraints, workload) direct decision may be taken without formal multidisciplinary discussion, but preferably with locally agreed protocols (adapted from ESC/EACTS Guidelines on Myocardial Revascularization 2010).

Please note the tables of recommendations can be found in the online version of the Guidelines at *Eur Heart J* 2013; **34**:2949–3003. <http://eurheartj.oxfordjournals.org/content/34/38/2949.full.pdf>