

In the article by Brott TG, Halperin JL, Abbara S, et al. “2011 ASA/ACCF/AHA/AANN/AANS/ACR/ASNR/CNS/SAIP/SCAI/SIR/SNIS/SVM/SVS Guideline on the Management of Patients With Extracranial Carotid and Vertebral Artery Disease: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American Stroke Association, American Association of Neuroscience Nurses, American Association of Neurological Surgeons, American College of Radiology, American Society of Neuroradiology, Congress of Neurological Surgeons, Society of Atherosclerosis Imaging and Prevention, Society for Cardiovascular Angiography and Interventions, Society of Interventional Radiology, Society of NeuroInterventional Surgery, Society for Vascular Medicine, and Society for Vascular Surgery,” which appeared in the February 22, 2011, issue of the *Journal* (J Am Coll Cardiol 2011;57:1002–44; doi:10.1016/j.jacc.2010.11.005), the following corrections are necessary:

In Section 18, “Recommendations for Management of Patients With Cervical Artery Dissection,” the Class IIa Recommendation #1 (p. 1012), which begins “For patients with symptomatic cervical artery dissection, anticoagulation with. . .,” should be changed to read:

1. Antithrombotic treatment with either an anticoagulant (heparin, low molecular weight heparin, or warfarin*) or a platelet inhibitor (aspirin, clopidogrel, or the combination of extended-release dipyridamole plus aspirin*) for at least 3 to 6 months is reasonable for patients with extracranial carotid or vertebral arterial dissection associated with ischemic stroke or TIA (72a–72d). (*Level of Evidence: B*)

*Drugs are not listed in order of preference.

The following references should be added to the reference list:

- 72a. Metso TM, Metso AJ, Helenius J, et al. Prognosis and safety of anticoagulation in intracranial artery dissections in adults. *Stroke*. 2007;38:1837–42.
- 72b. Engelter ST, Brandt T, DeBette S, et al., for the Cervical Artery Dissection in Ischemic Stroke Patients (CADISP) Study Group. Antiplatelets versus anticoagulation in cervical artery dissection. *Stroke*. 2007;38:2605–11.
- 72c. Menon R, Kerry S, Norris JW, Markus HS. Treatment of cervical artery dissection: a systematic review and meta-analysis. *J Neurol Neurosurg Psychiatry*. 2008;79:1122–7.
- 72d. Georgiadis D, Arnold M, von Buedingen HC, et al. Aspirin vs anticoagulation in carotid artery dissection: a study of 298 patients. *Neurology*. 2009;72:1810–5.

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Oetgen WJ, Mullen JB, Mirro MJ. Cardiologists, the PINNACLE Registry, and the “Meaningful Use” of Electronic Health Records. J Am Coll Cardiol 2011;57:1560–3.

In this paper, on page 1563, left column, line 2, the PINNACLE Registry name was incorrectly expanded. This incorrect expansion also appears in the Table of Contents (page A4) and the Inside This Issue (page A28) of the April 5, 2011, issue. The correct expansion is: “PINNACLE (Practice INNnovation And CLinical Excellence).”

We apologize for this error.

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