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Integrating coronary atherosclerosis burden and progression with coronary artery disease risk factors to guide therapeutic decision making (vol 136, page 260, 2023)

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Corrigendum to 'Integrating Coronary Atherosclerosis Burden and Progression with Coronary Artery Disease Risk Factors to Guide Therapeutic Decision Making' *The American Journal of Medicine* 136:03 (2023); 260-269.e7

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The authors regret that an error appeared in **Table 3**: Stage 1 should read "High-intensity statin: (Rosuvastatin 40mg QD/ Atorvastatin 80mg QD)". The corrected Table appears on the following page.

The authors would like to apologise for any inconvenience caused.

Table 3 Simplified approach to medical therapy based upon stage of atherosclerosis.

| Stage | Treatment | Serial CCTA |
|----------------|--|-------------|
| Stage 0 | <ul style="list-style-type: none"> • GDMT/Shared decision for de-escalation of therapy | 4 years |
| Stage 1 | <ul style="list-style-type: none"> • High-intensity statin: (Rosuvastatin 40mg QD/Atorvastatin 80mg QD) • Ezetimibe 10mg QD | 3 years |
| Stage 2 | <ul style="list-style-type: none"> • High-intensity statin (Rosuvastatin 40mg QD/Atorvastatin 80mg QD) • Ezetimibe 10mg QD • Aspirin 81 - 100mg QD • Rivaroxaban 2.5 mg BID <p><i>If diabetic, GLP1 receptor agonist</i></p> | 2 years |
| Stage 3 | <ul style="list-style-type: none"> • High-intensity statin (Rosuvastatin 40mg QD/Atorvastatin 80mg QD) • Ezetimibe 10mg QD • ASA 81-100mg QD* • Rivaroxaban 2.5mg BID* • Other Lipid lowering medications: PCSK-9 inhibitors, icosapent ethyl, inclisiran, bempedoic acid • Colchicine 0.6mg QD • Cardiac rehabilitation or other supervised exercise program (if covered) <p><i>If diabetic: GLP1 receptor agonist and SGLT2 inhibitor</i></p> | 1 Year |

Comprehensive atherosclerosis treatment algorithms for patients with lipid disorders, diabetes, hypertension, obesity and tobacco use can be seen in Supplementary Figures 1-4 (online).

*For patients at bleeding risk, use of rivaroxaban and aspirin is suggested only after shared decision making to ensure patient literacy of elevated bleeding risk.

ASA = acetylsalicylic acid; BID = twice a day; CCTA = coronary CT angiography; GDMT = guideline-directed medical therapy; GLP-1 = glucagonlike peptide 1; QD = once a day; SGLT2 = sodium-glucose transport protein 2