

CORRECTION

Wessler JD, Grip LT, Mendell J, Giugliano RP

The P-Glycoprotein Transport System and Cardiovascular Drugs

J Am Coll Cardiol 2013;61:2495-502



In the second paragraph of the Dabigatran section, the second sentence was printed incorrectly.

Exposure to dabigatran increased with coadministration of the strong P-gp inhibitors ketoconazole (by up to 153%), dronedarone (by 73% to 99%), amiodarone (by 50% to 58%), quinidine (by 53% to 56%), verapamil, and **clindamycin** in phase I studies (25,26).

Should have been:

Exposure to dabigatran increased with coadministration of the strong P-gp inhibitors ketoconazole (by up to 153%), dronedarone (by 73% to 99%), amiodarone (by 50% to 58%), quinidine (by 53% to 56%), verapamil, and **clarithromycin** phase I studies (25,26).

The online version of this article has been corrected.

The authors apologize for this error.

<http://dx.doi.org/10.1016/j.jacc.2015.05.026>

CORRECTION

Stiermaier T, Eitel C, Deneff S, Desch S, Schuler G, Thiele H, Eitel I.

Prevalence and Clinical Significance of Life-Threatening Arrhythmias in Takotsubo Cardiomyopathy

J Am Coll Cardiol 2015;65:2148-50



The second sentence of the sixth paragraph was printed incorrectly.

Importantly, there was a clear divergence of mortality curves ≤ 2 months after initial presentation, which implies that arrhythmias are of higher prognostic **mortality** in the convalescent phase of TTC.

Should have been:

Importantly there was a clear divergence of mortality curves ≤ 2 months after initial presentation, which implies that arrhythmias are of higher prognostic **value** in the convalescent phase of TTC.

The online version of this article has been corrected.

The authors apologize for this error.

<http://dx.doi.org/10.1016/j.jacc.2015.05.027>