Corrigendum


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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.

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**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.

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

CABG 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 form I discussion in a multidisciplinary team is not required (adapted from ESC/EACTS Guidelines on Myocardial Revascularization 2010).

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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.  

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