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2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk (vol 290, pg 140, 2019)

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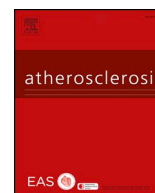
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Corrigendum

Corrigendum to “2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk” [Atherosclerosis 290 (2019) 140–205]



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- ^{am} Finnish Cardiac Society, Finland
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- ^{ap} German Cardiac Society, Germany
- ^{aq} Hellenic Society of Cardiology, Greece
- ^{ar} Hungarian Society of Cardiology, Hungary
- ^{as} Icelandic Society of Cardiology, Iceland
- ^{at} Irish Cardiac Society, Ireland
- ^{au} Israel Heart Society, Israel
- ^{av} Italian Federation of Cardiology, Italy
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- ^{ax} Kosovo Society of Cardiology, Republic of Kosovo
- ^{ay} Kyrgyz Society of Cardiology, Kyrgyzstan
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- ^{bd} Maltese Cardiac Society, Malta
- ^{be} Moldavian Society of Cardiology, Republic of Moldova
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- ^{bo} San Marino Society of Cardiology, San Marino
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In row 4 of Table 3, 'should' should read as 'may';

In 4.2.1, paragraph 3, 'should' should read 'may' to read 'Overall, CAC score assessment with CT may be considered in individuals ... ' Also in the second row of 'Recommendations for cardiovascular imaging for risk assessment of atherosclerotic cardiovascular disease,' the Class should read 'IIB';

In the second paragraph of 7.5.2, '5–10 mg of monacolin K' should read '2.5–10 mg'; and in the Key messages section, number 4, 'ApoB may be a better measure of an individual's exposure to atherosclerotic lipoproteins' should read 'ApoB may be a better measure of an individual's exposure to pro atherogenic lipoproteins'.