

## CORRECTION

In the article “ACCF/ASNC Appropriateness Criteria for Single-Photon Emission Computed Tomography Myocardial Perfusion Imaging (SPECT MPI),” which appeared in the October 18, 2005 issue of the journal (*Journal of the American College of Cardiology* 2005;46:1587–1605), the following errors occurred:

- **Table 7** (p. 1594): In the entry for Indications # 46 and # 47, the table lists “Less than 1 year after PCI.” In both instances this should read as “Less than 2 years after PCI.”
- **Table 10** (p. 1595): In the entry for Indication # 47, the table lists “Less than 1 year after PCI.” This should read as “Less than 2 years after PCI.”
- **Table 12** (p. 1598): In the entry for Indication # 46, the table lists “Less than 1 year after PCI.” This should read as “Less than 2 years after PCI.”

Please see the corrected tables below.

**Table 7. Risk Assessment: Post-Revascularization (PCI or CABG)**

Indication		Appropriateness Criteria (Median Score)
<b>Symptomatic</b>		
41.	• Evaluation of chest pain syndrome	<b>A (8.0)</b>
<b>Asymptomatic</b>		
42.	• Asymptomatic prior to previous revascularization • Less than 5 years after CABG	<b>U (6.0)</b>
43.	• Symptomatic prior to previous revascularization • Less than 5 years after CABG	<b>U (4.5)</b>
44.	• Asymptomatic prior to previous revascularization • Greater than or equal to 5 years after CABG	<b>A (7.5)</b>
45.	• Symptomatic prior to previous revascularization • Greater than or equal to 5 years after CABG	<b>A (7.5)</b>
46.	• Asymptomatic prior to previous revascularization • Less than 2 years after PCI	<b>U* (6.5)</b>
47.	• Symptomatic prior to previous revascularization • Less than 2 years after PCI	<b>I (3.0)</b>
48.	• Asymptomatic prior to previous revascularization • Greater than or equal to 2 years after PCI	<b>U* (6.5)</b>
49.	• Symptomatic prior to previous revascularization • Greater than or equal to 2 years after PCI	<b>U (5.5)</b>

\*Median scores of 3.5 and 6.5 are rounded to the middle (Uncertain). Note: I (Inappropriate), U (Uncertain), and A (Appropriate).

**Table 10. Inappropriate Indications (Median Rating of 1 to 3)**

Indication		Appropriateness Criteria (Median Score)
<b>Detection of CAD: Symptomatic—Evaluation of Chest Pain Syndrome</b>		
1.	<ul style="list-style-type: none"> <li>• Low pre-test probability of CAD</li> <li>• ECG interpretable AND able to exercise</li> </ul>	I (2.0)
<b>Detection of CAD Symptomatic—Acute Chest Pain (in Reference to Rest Perfusion Imaging)</b>		
8.	<ul style="list-style-type: none"> <li>• High pre-test probability of CAD</li> <li>• ECG: ST elevation</li> </ul>	I (1.0)
<b>Detection of CAD: Asymptomatic (Without Chest Pain Syndrome)</b>		
10.	<ul style="list-style-type: none"> <li>• Low CHD risk (Framingham risk criteria)</li> </ul>	I (1.0)
<b>Risk Assessment: General and Specific Patient Populations—Asymptomatic</b>		
17.	<ul style="list-style-type: none"> <li>• Low CHD risk (Framingham)</li> </ul>	I (1.0)
<b>Risk Assessment With Prior Test Results: Asymptomatic OR Stable Symptoms—Normal Prior SPECT MPI Study</b>		
21.	<ul style="list-style-type: none"> <li>• Normal initial RNI study</li> <li>• High CHD risk (Framingham)</li> <li>• Annual SPECT MPI study</li> </ul>	I (3.0)
<b>Risk Assessment With Prior Test Results: Asymptomatic OR Stable Symptoms—Abnormal Catheterization OR Prior SPECT MPI Study</b>		
23.	<ul style="list-style-type: none"> <li>• Known CAD on catheterization OR prior SPECT MPI study in patients who have not had revascularization procedure</li> <li>• Asymptomatic OR stable symptoms</li> <li>• Less than 1 year to evaluate worsening disease</li> </ul>	I (2.5)
<b>Risk Assessment With Prior Test Results: Asymptomatic—Prior Coronary Calcium Agatston Score</b>		
28.	<ul style="list-style-type: none"> <li>• Agatston score less than 100</li> </ul>	I (1.5)
<b>Risk Assessment: Preoperative Evaluation for Non-Cardiac Surgery—Low-Risk Surgery</b>		
31.	<ul style="list-style-type: none"> <li>• Preoperative evaluation for non-cardiac surgery risk assessment</li> </ul>	I (1.0)
<b>Risk Assessment: Preoperative Evaluation for Non-Cardiac Surgery—Intermediate-Risk Surgery</b>		
32.	<ul style="list-style-type: none"> <li>• Minor to intermediate perioperative risk predictor</li> <li>• Normal exercise tolerance (greater than or equal to 4 METS)</li> </ul>	I (3.0)
<b>Risk Assessment: Preoperative Evaluation for Non-Cardiac Surgery—High Risk Surgery</b>		
36.	<ul style="list-style-type: none"> <li>• Asymptomatic up to 1 year post normal catheterization, non-invasive test, or previous revascularization</li> </ul>	I (3.0)
<b>Risk Assessment: Following Acute Coronary Syndrome STEMI—Hemodynamically Unstable, Signs of Cardiogenic Shock, or Mechanical Complications</b>		
38.	<ul style="list-style-type: none"> <li>• Thrombolytic therapy administered</li> </ul>	I (1.0)
<b>Risk Assessment: Following Acute Coronary Syndrome—Asymptomatic Post-Revascularization (PCI or CABG)</b>		
40.	<ul style="list-style-type: none"> <li>• Routine evaluation prior to hospital discharge</li> </ul>	I (1.0)
<b>Risk Assessment: Post-Revascularization (PCI or CABG)—Asymptomatic</b>		
47.	<ul style="list-style-type: none"> <li>• Symptomatic prior to previous revascularization</li> <li>• Less than 2 years after PCI</li> </ul>	I (3.0)

Note: I (Inappropriate), U (Uncertain), and A (Appropriate).

**Table 12. Uncertain Indications (Median Rating of 4 to 6) (possibly appropriate indications that should be reimbursed, but additional research and/or patient information is required during updates of the criteria in order to rate them definitively as being appropriate)**

Indication		Appropriateness Criteria (Median Score)
<b>Detection of CAD: Symptomatic— Evaluation of Chest Pain Syndrome</b>		
2.	<ul style="list-style-type: none"> <li>• Low pre-test probability of CAD</li> <li>• ECG uninterpretable OR unable to exercise</li> </ul>	U* (6.5)
<b>Detection of CAD: Asymptomatic (Without Chest Pain Syndrome)</b>		
11.	<ul style="list-style-type: none"> <li>• Moderate CHD risk (Framingham)</li> </ul>	U (5.5)
<b>Detection of CAD: Asymptomatic— Valvular Heart Disease Without Chest Pain Syndrome</b>		
13.	<ul style="list-style-type: none"> <li>• Moderate CHD risk (Framingham)</li> <li>• To help guide decision for invasive studies</li> </ul>	U (5.5)
<b>Detection of CAD: Asymptomatic (Without Chest Pain Syndrome)— New-Onset Atrial Fibrillation</b>		
14.	<ul style="list-style-type: none"> <li>• Low CHD risk (Framingham)</li> <li>• Part of the evaluation</li> </ul>	U* (3.5)
<b>Risk Assessment: General and Specific Patient Populations— Asymptomatic</b>		
18.	<ul style="list-style-type: none"> <li>• Moderate CHD risk (Framingham)</li> </ul>	U (4.0)
<b>Risk Assessment With Prior Test Results: Asymptomatic— CT Coronary Angiography</b>		
26.	<ul style="list-style-type: none"> <li>• Stenosis of unclear significance</li> </ul>	U* (6.5)
<b>Risk Assessment: Preoperative Evaluation for Non-Cardiac Surgery— High-Risk Surgery</b>		
34.	<ul style="list-style-type: none"> <li>• Minor perioperative risk predictor</li> <li>• Normal exercise tolerance (greater than or equal to 4 METS)</li> </ul>	U (4.0)
<b>Risk Assessment: Post-Revascularization (PCI or CABG)— Asymptomatic</b>		
42.	<ul style="list-style-type: none"> <li>• Asymptomatic prior to previous revascularization</li> <li>• Less than 5 years after CABG</li> </ul>	U (6.0)
43.	<ul style="list-style-type: none"> <li>• Symptomatic prior to previous revascularization</li> <li>• Less than 5 years after CABG</li> </ul>	U (4.5)
<b>Risk Assessment: Post-Revascularization (PCI or CABG)— Asymptomatic</b>		
46.	<ul style="list-style-type: none"> <li>• Asymptomatic prior to previous revascularization</li> <li>• Less than 2 years after PCI</li> </ul>	U* (6.5)
48.	<ul style="list-style-type: none"> <li>• Asymptomatic prior to previous revascularization</li> <li>• Greater than or equal to 2 years after PCI</li> </ul>	U* (6.5)
49.	<ul style="list-style-type: none"> <li>• Symptomatic prior to previous revascularization</li> <li>• Greater than or equal to 2 years after PCI</li> </ul>	U (5.5)

\*Median scores of 3.5 and 6.5 are rounded to the middle (Uncertain). Note: I (Inappropriate), U (Uncertain), and A (Appropriate).