

## CORRECTION

In the Review Article entitled “Bleeding in anticoagulated patients with atrial fibrillation: practical considerations” published in the January 2020 issue (Undas A, Drabik L, Potpara T. *Pol Arch Intern Med.* 2020; 130 (1): 47–58. doi:10.20452/pamw.15136), corrections were needed.

In Table 1 on page 49, the risk factor “CKD with eGFR” for the ATRIA scale should have read “severe CKD.” In the same table, the unit for eGFR was corrected from “mg/dl/1.73 m<sup>2</sup>” to “ml/min/1.73 m<sup>2</sup>.” Moreover, the biomarkers included in the ABC-bleeding score enumerated in parentheses should have read “growth differentiation factor-15, high-sensitivity cardiac troponin T, hemoglobin/hematocrit” instead of “differentiation factor-15, high-sensitivity cardiac troponin T, hemoglobin/hematocrit.”

On page 53, the sentence “Although thrombocytopenia does not protect against thromboembolic events, in the landmark phase 3 NOAC trials, patients with AF with platelet count below 90 000 to 100 000/μl were excluded” was corrected to “Although thrombocytopenia does not protect against thromboembolic events, patients with AF with platelet count below 90 000 to 100 000/μl were excluded from the landmark phase 3 NOAC trials.”

On page 55, the word “level” was changed to “levels” in the following sentence: “Limited data support the measurement of plasma levels of NOACs in emergencies, before elective procedures, and during long-term exposure.”

On page 56, the word “daily” was added in the title of Table 2, and after the correction, the title reads as follows: “Non–vitamin K antagonist oral anticoagulants and approved/studied daily doses in stroke prevention in atrial fibrillation (based on Diener et al<sup>64</sup> and Steffel et al<sup>68</sup>).” In the same table, the unit for serum creatinine was corrected from “mmol/l” to “μmol/l”. Moreover, the word “injury” was added in the footnote to the table, and the footnote reads as follows: “Based on clinical and pharmacokinetic data, dose adjustment or NOAC change should be considered if: age ≥75 years, cancer, concomitant antiplatelet drugs or significant drug–drug interactions, frailty/fall risk, chronic kidney disease stage 4, hepatic injury, history of bleeding or predisposition, recent surgery on critical organ and thrombocytopenia.”

The article is correct at [www.mp.pl/paim](http://www.mp.pl/paim).