

Erratum to: The Perioperative Anticoagulant Use for Surgery Evaluation (PAUSE) Study for Patients on a Direct Oral Anticoagulant who Need an Elective Surgery or Procedure: Design and Rationale

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ERRATUM

In the Original Article by Douketis et al. “The Perioperative Anticoagulant Use for Surgery Evaluation (PAUSE) Study for Patients on a Direct Oral Anticoagulant who Need an Elective Surgery or Procedure: Design and Rationale” (*Thromb Haemost* 2017;117:2415–2424; DOI: 10.1160/TH17-08-0553), the authors have identified two errors that they wish to correct:

First, on page 2419, second paragraph, Clinical Outcomes subheading, the authors state that, “*The primary clinical outcomes are arterial thromboembolism, comprising **stroke (ischemic or haemorrhagic)**, systemic embolism or transient ischemic attack and major bleeding.*” The inclusion of “haemorrhagic” stroke is incorrect as only ischemic strokes are included in their definition of an arterial thromboembolism outcome.

The definitions of study outcomes are correctly indicated in Appendix A (pg. 2424) of the paper, where the authors state: “*The second primary outcome is arterial thromboembolism, comprising (1) **ischemic stroke**, defined as any new focal neurologic deficit that persists for >24 hours or any new focal neurologic deficit of any duration that occurs with evidence of acute infarction on computed tomography (CT) or magnetic resonance imaging (MRI) of the*

brain; (2) systemic embolism, defined as symptomatic embolism to upper or lower extremity or abdominal organ, confirmed intraoperatively or by objective imaging studies (e.g. CT angiography) and (3) transient ischemic attack, defined as symptomatic focal neurologic deficit (lasting typically <1 hour) that occurs with no evidence of acute infarction on CT/MRI of the brain.”

Second, the depiction of the pre-procedure interruption interval for dabigatran-treated patients with a CrCl <50 mL/min is incorrect in Figure 1 (pg. 2418) of the paper, as the arrow should extend so it reflects 2 days off treatment (i.e., day -2 and day -1). The incorrect (currently published) version is shown below, with incorrect area shaded in red:

DOAC Type	Surgery/procedure Bleed risk	Pre-procedure Interruption Timing of DOAC					Day 0
		Day -5	Day -4	Day -3	Day -2	Day -1	
Dabigatran (CrCl ≥50 mL/min)	High	→					no DOAC taken on the day of surgery/procedure
	Low	→					
Dabigatran (CrCl <50 mL/min)	High	→					
	Low	→					
Rivaroxaban	High	→					
	Low	→					
Apixaban	High	→					
	Low	→					

The corrected version should appear as follows, with extension of the arrow by one cell to the right the row pertaining to dabigatran, CrCl <50 mL/min:

DOAC Type	Surgery/procedure Bleed risk	Pre-procedure Interruption Timing of DOAC					Day 0
		Day -5	Day -4	Day -3	Day -2	Day -1	
Dabigatran (CrCl ≥50 mL/min)	High	→					no DOAC taken on the day of surgery/procedure
	Low	→					
Dabigatran (CrCl <50 mL/min)	High	→					
	Low	→					
Rivaroxaban	High	→					
	Low	→					
Apixaban	High	→					
	Low	→					

The authors apologize for these errors and would be happy to address any questions or clarifications regarding these corrections.