



Corrigendum: Rationale and Design of a Pharmacist-led Intervention for the Risk-Based Prevention of Heart Failure: The FIT-HF Pilot Study

Michael C. Wang¹, Bridget Dolan², Benjamin H. Freed³, Lourdes Vega², Nikola Markoski², Amy E. Wainright², Bonnie Kane¹, Laura E. Seegmiller¹, Katharine Harrington¹, Alana A. Lewis³, Sanjiv J. Shah^{1,3}, Clyde W. Yancy³, Ian J. Neeland^{4,5}, Hongyan Ning¹, Donald M. Lloyd-Jones^{1,3} and Sadiya S. Khan^{1,3*}

¹ Department of Preventive Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, United States,

² Department of Pharmacy, Northwestern Memorial Hospital, Chicago, IL, United States, ³ Division of Cardiology,

Northwestern University Feinberg School of Medicine, Chicago, IL, United States, ⁴ Department of Medicine, University

Hospitals Cleveland Medical Center, Cleveland, OH, United States, ⁵ Case Western Reserve University School of Medicine, Cleveland, OH, United States

OPEN ACCESS

Edited and reviewed by:

Paolo Emilio Puddu,
Université de Caen
Normandie, France

*Correspondence:

Sadiya S. Khan
s-khan-1@northwestern.edu

Specialty section:

This article was submitted to
Cardiovascular Epidemiology and
Prevention,
a section of the journal
Frontiers in Cardiovascular Medicine

Received: 27 December 2021

Accepted: 28 January 2022

Published: 18 February 2022

Citation:

Wang MC, Dolan B, Freed BH,
Vega L, Markoski N, Wainright AE,
Kane B, Seegmiller LE, Harrington K,
Lewis AA, Shah SJ, Yancy CW,
Neeland IJ, Ning H, Lloyd-Jones DM
and Khan SS (2022) Corrigendum:
Rationale and Design of a
Pharmacist-led Intervention for the
Risk-Based Prevention of Heart
Failure: The FIT-HF Pilot Study.
Front. Cardiovasc. Med. 9:844270.
doi: 10.3389/fcvm.2022.844270

Keywords: heart failure, primary prevention, pharmacist, risk prediction, natriuretic peptides

A Corrigendum on

Rationale and Design of a Pharmacist-led Intervention for the Risk-Based Prevention of Heart Failure: The FIT-HF Pilot Study

by Wang, M. C., Dolan, B., Freed, B. H., Vega, L., Markoski, N., Wainright, A. E., Kane, B., Seegmiller, L. E., Harrington, K., Lewis, A. A., Shah, S. J., Yancy, C. W., Neeland, I. J., Ning, H., Lloyd-Jones, D. M., and Khan, S. S. (2021). *Front. Cardiovasc. Med.* 8:785109. doi: 10.3389/fcvm.2021.785109

In the original article, there was a mistake in **Figure 2 (Pharmacist-directed intervention treatment algorithm)** as published. **The decision tree boxes “African American OR ACE inh intolerant” and “Not African American AND ACE inh tolerant” were reversed, and the abbreviation “ACE inh” instead of “ACEi” was used.** The corrected **Figure 2 (Pharmacist-directed intervention treatment algorithm)** appears below.

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

Publisher’s Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Copyright © 2022 Wang, Dolan, Freed, Vega, Markoski, Wainright, Kane, Seegmiller, Harrington, Lewis, Shah, Yancy, Neeland, Ning, Lloyd-Jones and Khan. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

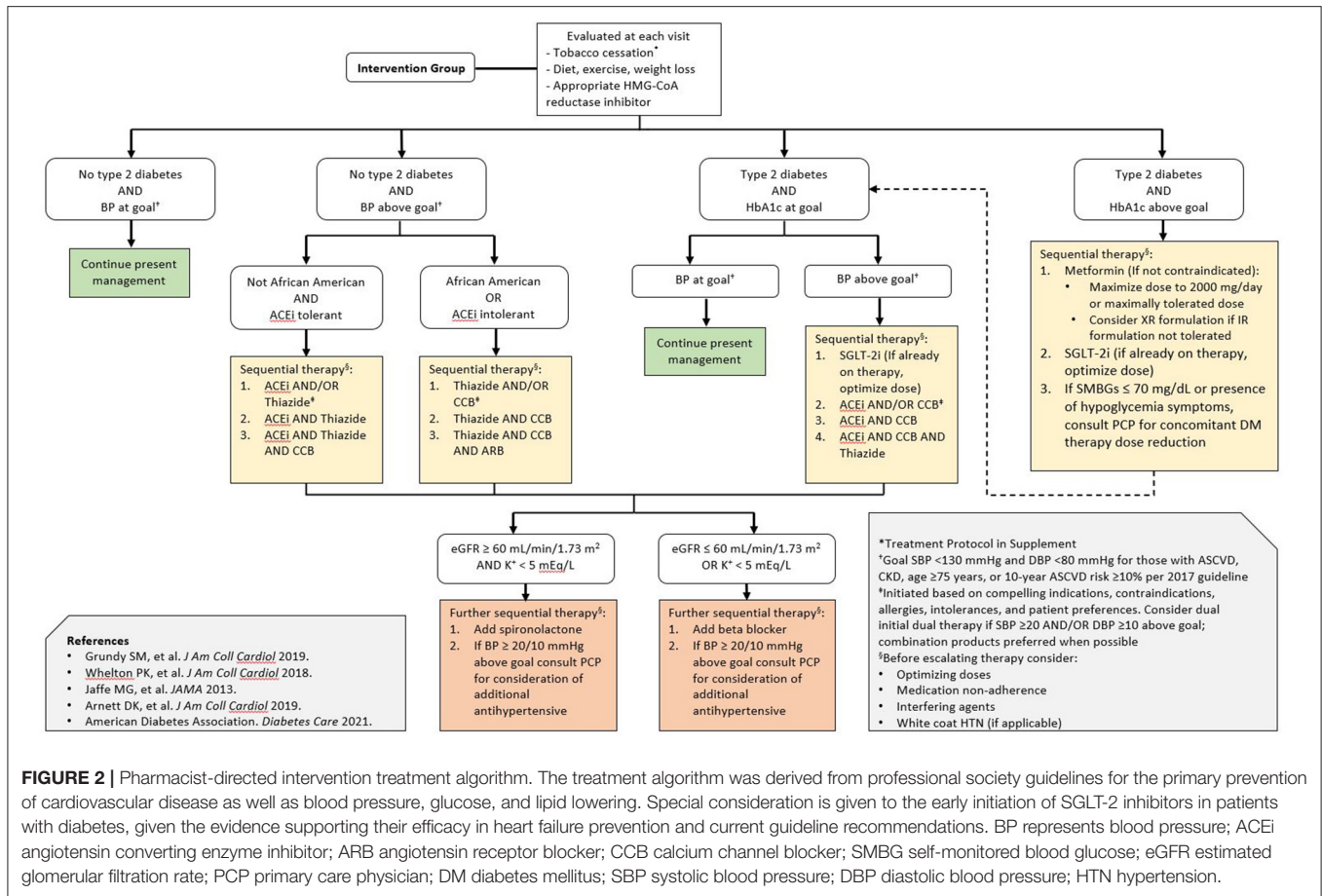


FIGURE 2 | Pharmacist-directed intervention treatment algorithm. The treatment algorithm was derived from professional society guidelines for the primary prevention of cardiovascular disease as well as blood pressure, glucose, and lipid lowering. Special consideration is given to the early initiation of SGLT-2 inhibitors in patients with diabetes, given the evidence supporting their efficacy in heart failure prevention and current guideline recommendations. BP represents blood pressure; ACEi angiotensin converting enzyme inhibitor; ARB angiotensin receptor blocker; CCB calcium channel blocker; SMBG self-monitored blood glucose; eGFR estimated glomerular filtration rate; PCP primary care physician; DM diabetes mellitus; SBP systolic blood pressure; DBP diastolic blood pressure; HTN hypertension.