

## Familial hypercholesterolemia

The article, “Familial hypercholesterolemia: Detect, treat, and ask about family” by Drs. N. P. Shah, H. M. Ahmed, and W. H. Tang in the February 2020 issue (*Cleve Clin J Med* 2020; 87(2):109–120. doi:10.3949/ccjm.87a.19021) contained an error.

On page 118, first column, the last paragraph stated: “If patients strongly suspected of having familial hypercholesterolemia are on maximally tolerated statin therapy and ezetimibe and still have an LDL-C level of 100 mg/dL or higher or are statin-intolerant, then PCSK9 inhibitors can be considered (class IIb recommendation, level of evidence B-R).<sup>50</sup> In second-

ary prevention cases, LDL-C goals should be 70 mg/dL or less, according to the 2018 American College of Cardiology and American Heart Association cholesterol guidelines, and 55 mg/dL or less according to the American Diabetes Association (class IIa recommendation, level of evidence A [clear evidence]).<sup>50</sup>”

The recommendation for a lower LDL-C goal of 55 mg/dL or less in secondary prevention is not from the American Diabetes Association but rather from the American Association of Clinical Endocrinologists and American College of Endocrinology (recommendation grade A, best level of evidence 1 [strong evidence]), reference 66 in the article. The error has been corrected online.