

Corrigendum: An Integrated Management Model of Patients With Atrial Fibrillation: The Experience of the Local Health Unit Tuscany North-West

Casolo G, Cavirani G, Del Carlo A, Iannazzo S, Pardini M, Squillace A. An Integrated Management Model of Patients With Atrial Fibrillation: The Experience of the Local Health Unit Tuscany North-West. *Farneconomia. Health economics and therapeutic pathways* 2019; 20(Suppl 1): 3-16; <https://doi.org/10.7175/fe.v20i1S.1454>

There was an error in the description of GLORIA-AF registry program at page 10 in this Supplement by Casolo et al. [*Farneconomia. Health economics and therapeutic pathways* 2019; 20(Suppl 1): 3-16; <https://doi.org/10.7175/fe.v20i1S.1454>]. The online version has been corrected on February 12, 2020, as shown below.

The paragraph «GLORIA-AF is a prospective registry program describing antithrombotic treatment patterns in patients with newly diagnosed NVAf at risk of stroke. The study of Huisman et al. [21] aimed at describing data of phase 2, which began when the first NOAC (dabigatran) became available and comparing them with data of phase 1 (pre-NOAC era). Phase 1 involved 1,063 patients, of whom 32.8% received VKA, 41.7% acetylsalicylic acid, and 20.2% did not receive any antithrombotic therapy. In phase 2 (n = 15,092), the prescription of oral anticoagulant drugs has increased (79.9% of patients, of whom 47.6% received NOAC and 32.3% VKA) while 7.9% of patients remain undertreated. Europe-related data (Figure 3) confirm the improvement of anticoagulation therapy (64.1% in phase 1 vs 89.8% in phase 2): particularly in phase 2, treatment with NOAC was more common than VKA (52.3% and 37.8%, respectively).» has been replaced by «GLORIA-AF is a prospective registry program describing antithrombotic treatment patterns in patients with newly diagnosed NVAf at risk of stroke. It comprises three phases: phase 1, before the introduction of NOACs; phase 2, during the time of the introduction of dabigatran, the first NOAC; and phase 3, once NOACs have been established in clinical practice (still ongoing). Phase 1 involved 1,063 patients, of whom 32.8% received VKA, 41.7% acetylsalicylic acid, and 20.2% did not receive any antithrombotic therapy. The phase 2 aim was to describe the effectiveness and safety of dabigatran etexilate over 2 years from routine clinical practice in GLORIA-AF patients who are newly diagnosed with NVAf and at risk of stroke. In phase 2 (n = 15,092), the prescription of oral anticoagulant drugs has increased (79.9% of patients, of whom 47.6% received NOAC and 32.3% VKA) while 7.9% of patients remain undertreated. Europe-related data (Figure 3) confirm the improvement of anticoagulation therapy (64.1% in phase 1 vs 89.8% in phase 2): particularly in phase 2, treatment with NOAC was more common than VKA (52.3% and 37.8%, respectively).».

We apologize for any inconvenience caused.