Please note the following clinical updates and corrections:

<table>
<thead>
<tr>
<th>Page</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Lines 4 and 6: 86 percent should read 84 percent.</td>
</tr>
<tr>
<td>144</td>
<td>Sidebar should read: The most common type of cancer in asbestosis is lung cancer...</td>
</tr>
<tr>
<td>215</td>
<td>Top Sidebar, bullet 4 should read: Treat with PPIs and budesonide</td>
</tr>
</tbody>
</table>
| 232  | Guidelines for Peutz-Jeghers/Gardner’s syndrome have recently changed:  
Replace last 2 sentences (“The lifetime...” to end of paragraph) with the following: The risk of cancer is much higher than previously thought, and Peutz-Jeghers has been changed to the same category as FAP. As in FAP, screening is with sigmoidoscopy starting at age 12. 
In table that follows, change column 4 head to FAP, Gardner’s Syndrome, Peutz-Jeghers, Turcot’s Syndrome. Change column 5 head to Juvenile Polyposis. |
| 244  | Cirrhosis bullet 6: rifamixin should be rifaximin |
| 244  | Guidelines for Peutz-Jeghers/Gardner’s syndrome have recently changed:  
Colon Cancer table, change column 4 head to FAP, Gardner’s Syndrome, Peutz-Jeghers, Turcot’s Syndrome. Change column 5 head to Juvenile Polyposis. |
| 305  | Delete entire lower Basic Science Correlate (“Gastrochisis occurs...“). |
| 370  | Add new Basic Science Correlate: Hirschsprung disease occurs when the neural crest fails to migrate, resulting in the absence of enteric neurons within the myenteric plexus and submucosal plexus. |
| 378  | Morton Neuroma, line 3: shows should read shoes |
| 390  | Last 2 rows of table: (see BSC above) should read (see BSC after table) |
| 428  | Last paragraph lines 1–2 should read: ...the key difference between duodenal atresia (bile) and pyloric stenosis (no bile). |
| 453  | Lower Sidebar: >24 weeks should read ≥20 weeks |
| 454  | In Next step in management, replace last bullet with 2 bullets:  
- Rx: Cephalosporins, amoxicillin  
- Need test of cure |
| 455  | Diagnostic significance, replace bullet:  
- All women are offered prenatal assessment for aneuploidy. |
| 459  | Paragraph 3, line 1: Cell-free DNA testing is now offered to all women, regardless of age, to assess for aneuploidy. It is performed on a sample... |
| 465  | Treatment (Perinatal Infections) bullet 2, delete text:  
- Penicillin allergy: IV cefazolin, clindamycin, or erythromycin |
| 473–474 | Revise first 8 lines:  
Preeclampsia is indicated with:  
- Sustained BP elevation >140/90 mm Hg and proteinuria  
- >300 mg (on a 24-hour urine)  
- Hypertension (BP ≥140/90) and end-organ dysfunction after 20 weeks, with or without proteinuria  
Preeclampsia with severe features is indicated by mild preeclampsia plus one of the following:  
- Sustained BP elevation >160/110 mm Hg  
- >5g (on 24-hour urine)  
- Presence of "warning signs" |
| 475  | (1) Treatment sub-bullet 1:  
- Don’t treat unless BP >160/110 mm Hg...  
(2) Sub-sub-bullet moved down 2 lines (below "Intravenous hydralazine...“):  
  * Second-line therapy is nifedipine (calcium channel blocker). |
| 480  | (1) Diabetes in Pregnancy, bullet 1: Target values ... 2 hours after a meal.  
(2) Routine Monitoring in Diabetic Patients:  
Bullet 5 deleted: Start NSTs and AFIs...  
Bullet 6: Start twice-weekly nonstress test... |
(1) Bullet 2 ("Maintain maternal blood glucose...") replaced with 2 new bullets:
- Check blood glucose every 2 hours and start IV insulin when blood sugar >120.
- If blood sugar is controlled, no IV insulin is needed.
(2) UTI table row 2: Tx: Outpatient PO antibiotics (cephalexin or amoxicillin). Nitrofurantoin is avoided in first trimester.
(3) UTI table row 3: ... when untreated. Pregnant women need test of cure.

Ectopic Pregnancy, diagnosis paragraph: ...when ß-hCG is <1,500 mIU or if the location of the pregnancy cannot be visualized. The next step...

Cervical Insufficiency, treatment bullet 1 and sidebar bullet 1: 14–16 weeks to 12–14 weeks
IUGR bullet 1: ... when estimated fetal weight (EFW) is <10 percentile for gestational age.

Variable decelerations bullet, lines 2–3: ... cord compression. Recurrent variable decelerations with minimal or no variability and no accelerations are nonreassuring and indicate fetal acidosis.

Bullet 2, text deleted: and success rates are 60–70 percent.

Entire last bullet under Postpartum Hemorrhage deleted:
- Urinary retention may occur...

Contraindications to Breastfeeding, new sub-bullet added at end:
- Exclusively breastfed infants require vitamin D supplements.

Bullet 1 under "When are BRCA1 and BRCA2...?": ...breast cancer or family history of ovarian cancer at any age

Lower table (ovarian masses) row 1, last tumor marker bullet: LDH to AFP

Practice question line 4: after 3 months to 1 year later

Management bullet 1, lines 2–3: ...is certain, order reflex HPV testing or repeat with HPV testing in 1 year. If the result...
(2) Table row 1 (repeat Pap), "next step" bullet 1 replaced:
- Repeat Pap in 1 year with HPV testing or do reflex HPV.

Menopause Disorders
Bullet 4: If menopause occurs before age 40, it is premature ovarian failure . . .