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ERRATUM

Erratum to: Impacts of Patient Characteristics on the Effectiveness of Landiolol in AF/AFL Patients Complicated with LV Dysfunction: Subgroup Analysis of the J-Land Study

Koichiro Kinugawa · Ryozo Nagai · Hiroshi Inoue · Hirotsugu Atarashi · Yoshihiko Seino · Takeshi Yamashita · Wataru Shimizu · Takeshi Aiba · Masafumi Kitakaze · Atsuhiro Sakamoto · Takanori Ikeda · Yasushi Imai · Takashi Daimon · Katsuhiro Fujino · Tetsuji Nagano · Tatsuaki Okamura · Masatsugu Hori · The J-Land Investigators

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The authors would like to make the following adjustment to the above mentioned article. The Acknowledgments section should be changed to:

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Conflict of interest. K.K. has received consulting fees from Ono Pharmaceutical. R.N. has received consulting fees from Ono

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K. Kinugawa (✉)
Department of Therapeutic Strategy for Heart Failure, Graduate School of Medicine, University of Tokyo, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-8655, Japan
e-mail: kinugawa-tky@umin.ac.jp

R. Nagai
Jichi Medical University, Shimotsuke, Japan

H. Inoue
The Second Department of Internal Medicine, Graduate School of Medicine, University of Toyama, Toyama, Japan

H. Atarashi
Department of Internal Medicine, Nippon Medical School Tama-Nagayama Hospital, Tokyo, Japan

Y. Seino
Department of Cardiology, Nippon Medical School Chiba-Hokusoh Hospital, Chiba, Japan

T. Yamashita
The Cardiovascular Institute, Tokyo, Japan

W. Shimizu
Department of Cardiovascular Medicine, Nippon Medical School, Tokyo, Japan

T. Aiba · M. Kitakaze
Department of Cardiovascular Medicine, National Cerebral and Cardiovascular Center, Suita, Japan

A. Sakamoto
Department of Anesthesiology, Nippon Medical School, Tokyo, Japan

T. Ikeda
Department of Cardiovascular Medicine, Toho University Faculty of Medicine, Tokyo, Japan

Y. Imai
Department of Cardiovascular Medicine, Jichi Medical University, Shimotsuke, Japan

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Compliance with ethics guidelines. The analysis included in this study is based on previously conducted studies and involves no new studies on animals or humans performed by any of the authors.

The summary slide should be changed to:

- Landiolol, an ultra-short-acting β-blocker, is rapidly metabolized to inactive forms in the blood and liver, resulting in a short half-life of approximately 4 min in human blood. In addition, it selectively binds to β1 receptors, with a β1 receptor selectivity (β1/β2) as high as 251.
- The J-Land study was designed as a central registration, prospective, multicenter, single-blind, randomized, parallel-group study to evaluate the efficacy and safety of intravenous landiolol for achieving rapid control of tachycardia in patients with atrial fibrillation (AF)/atrial flutter (AFL) and left ventricular (LV) dysfunction. The primary efficacy endpoint was the percentage of patients with both a heart rate (HR) <110 beats/min (bpm) and ≥20 % decrease from baseline at 2 h after administration.
- Two hundred patients with AF/AFL, HR ≥120 bpm, and LV ejection fraction (LVEF) 25–50 % were randomized to receive either landiolol ($n = 93$) or digoxin ($n = 107$).
- This subgroup analysis of the J-Land study indicated that landiolol was more useful, regardless of patient characteristics, as compared with digoxin in AF/AFL patients complicated with LV dysfunction. Particularly, in patients with impaired renal function, landiolol should be preferred for the purpose of acute rate control of AF/AFL tachycardia.

T. Daimon
Department of Biostatistics, Hyogo College of Medicine, Nishinomiya, Japan

K. Fujino · T. Nagano · T. Okamura
Ono Pharmaceutical Co. Ltd, Osaka, Japan

T. Okamura
e-mail: t.okamura@ono.co.jp

M. Hori
Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka, Japan