



Sustained uremic toxin control improves renal and cardiovascular outcomes in patients with advanced renal dysfunction: *post-hoc* analysis of the Kremezin Study against renal disease progression in Korea [Volume 36, Issue 1, March 2017, Pages 68–78]

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The above article (<https://doi.org/10.23876/j.krcp.2017.36.1.68>) contains errors.

The values of y axis in Fig. 3 should be corrected as following page.

The authors would like to apologize for any inconvenience this has caused.

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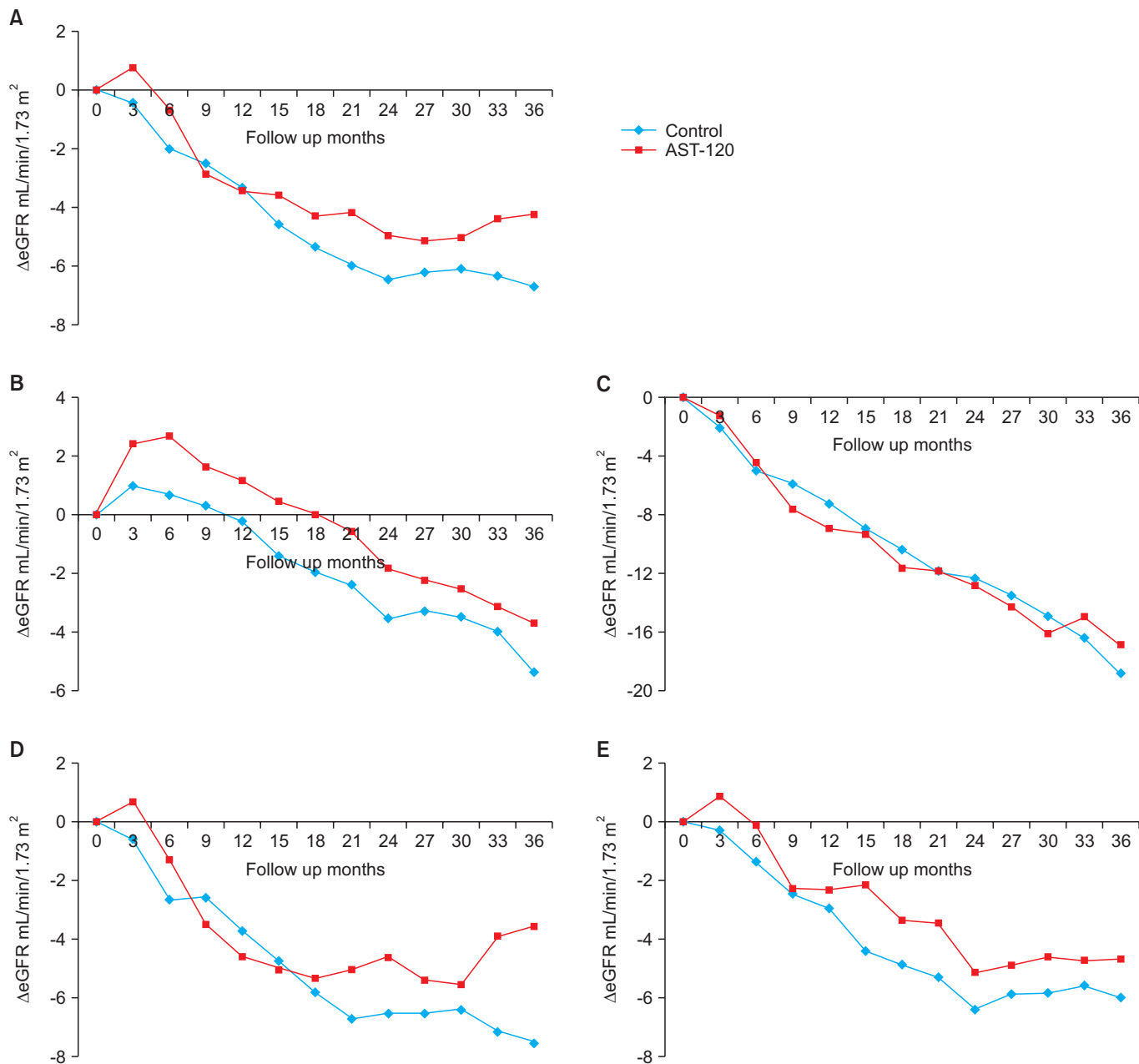


Figure 3. Change of estimated glomerular filtration rate (eGFR) over time. (A) From whole per-protocol participants ($P_{\text{randomization}} = 0.18$, $P_{\text{randomization-time}} = 0.04$). (B) From participants without a composite primary outcome ($P_{\text{randomization}} = 0.01$). (C) From participants with a composite primary outcome ($P_{\text{randomization}} = 0.28$). (D) From participants with diabetic nephropathy ($P_{\text{randomization}} = 0.54$, $P_{\text{randomization-time}} = 0.049$). (E) From participants with non-diabetic nephropathy ($P_{\text{randomization}} = 0.21$).