



## Correction

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## Correction

**Article title:** Translating the efficacy of dapagliflozin in chronic kidney disease to lower healthcare resource utilization and costs: a medical care cost offset analysis

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The above mentioned article was first published online with the errors outlined below. These errors are now been corrected in Abstract, [Table 2](#), and Results section to ensure alignment between the in-text results and [Table 2](#), and article has been re-published online.

- The event incidence for hospitalisation for heart failure (HHF) associated with standard therapy in [Table 2](#) is currently stated as 2,684, whereas the correct figure is 4,684, which is stated in the text and the abstract. This is in line with the incremental difference calculation in [Table 2](#) whereby  $2,370$  (dapagliflozin plus standard therapy) -  $4,684$  (standard therapy) =  $-2,314$ .
- The event incidence for standard therapy in AKI in [Table 2](#) should be edited from 5,821 to 5,819, which is in line with the incremental difference calculation and aligns with the stated incidence for AKI in the results and abstract.
- There is a minor discrepancy for incidence for ACM due to rounding in the cost offset model. In [Table 2](#) the event incidence for standard therapy states 8,875, whereas the in-text results state 8,874 and 2,491, hence, the in-text results have been amended accordingly.

### Abstract

**Results:** Patients treated with dapagliflozin plus standard therapy experienced fewer incidents of ESKD (7,221 vs 10,767; number needed to treat, NNT: 28), HHF (2,370 vs 4,684; NNT: 43), AKI (4,110 vs. 5,819; NNT: 58), and ACM (6,383 vs 8,875; NNT: 40) per 100,000 treated patients versus those treated with standard therapy alone. Across 31 countries/regions, reductions in clinical events were associated with a 33% reduction in total costs, or a cumulative mean medical care cost offset of \$264 million per 100,000 patients over 3 years.

### Results

Over a 3-year period, 2,492 fewer deaths from any cause were expected per 100,000 patients treated with dapagliflozin in addition to standard therapy (dapagliflozin: 6,383, standard therapy only: 8,875; NNT: 40; [Table 2](#)) - an estimated 28.1% reduction in ACM. Treatment with dapagliflozin was also associated with lower rates of non-fatal events, leading to substantial medical care cost offsets to treatment with dapagliflozin versus those treated with standard therapy alone in the considered countries/regions.

**Tables****Table 2.** Clinical outcomes per 100,000 patients over a 3-year time horizon, stratified by treatment received in the DAPA-CKD trial.<sup>11</sup>

Outcome	Event incidence			Number needed to treat
	Dapagliflozin plus standard therapy	Standard therapy	Incremental	
ESKD	7,221	10,767	-3,546	28
HHF	2,370	4,684	-2,314	43
AKI	4,110	5,819	-1,709	58
All-cause mortality	6,383	8,875	-2,492	40

Abbreviations. AKI, Acute kidney injury; ESKD, End-stage kidney disease; HHF, Hospitalization for heart failure.