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# Correction

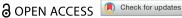
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### **Correction**

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

Authors: McEwan, P., Hafner, M., Jha, V., Correa-Rotter, R., Chernin, G., De Nicola, L., Villanueva, R., Wheeler, D. C., Barone, S., Nolan, S., & Garcia Sanchez, J. J.

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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 republished 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 dapaqliflozin 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 dapaqliflozin 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>

	Event incidence			
Outcome	Dapagliflozin plus standard therapy	Standard therapy	Incremental	Number needed to treat
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.