The official journal of the Japan Atherosclerosis Society and
the Asian Pacific Society of Atherosclerosis and Vascular Diseases

Erratum

J Atheroscler Thromb, 2023; 30: 698-699. http://doi.org/10.5551/jat.ER63659

The following article which appeared in J Atheroscler Thromb, 2023; 30: 443-454, contained the errors described below.

Efficacy and Safety of Pemafibrate Versus Bezafibrate to Treat Patients with Hypertriglyceridemia: A Randomized Crossover Study

Akihiro Nakamura, Yuta Kagaya, Hiroki Saito, Masanori Kanazawa, Kenjiro Sato, Masanobu Miura, Masateru Kondo and Hideaki Endo

(on page 443)

Abstract

Incorrect

Results: The %Change in TG and Apo A-I levels was significantly greater with pemafibrate than with bezafibrate (−46.1% vs. −34.7%, $p<0.001$; 9.2% vs. 5.7%, $p=0.018$, respectively). %Change in HDL-C levels was not significantly different between the two treatments. %Change in liver enzyme levels was markedly decreased with pemafibrate than with bezafibrate. Creatinine levels significantly increased in both treatments; however, its %Change was significantly lower with pemafibrate than with bezafibrate (5.72% vs. 15.5%, $p<0.001$). The incidence of adverse events (AEs) or serious AEs did not differ between the two treatments; however, the number of patients with elevated creatinine levels (≥ 0.5 mg/dL and/or 25% from baseline) was significantly lower in the bezafibrate group than in the pemafibrate group (16/60 vs. 3/60, $p=0.004$).

Correct

Results: The %Change in TG and Apo A-I levels was significantly greater with pemafibrate than with bezafibrate (−46.1% vs. −34.7%, $p<0.001$; 9.2% vs. 5.7%, $p=0.018$, respectively). %Change in HDL-C levels was not significantly different between the two treatments. %Change in liver enzyme levels was markedly decreased with pemafibrate than with bezafibrate. Creatinine levels significantly increased in both treatments; however, its %Change was significantly lower with pemafibrate than with bezafibrate (5.72% vs. 15.5%, $p<0.001$). The incidence of adverse events (AEs) or serious AEs did not differ between the two treatments; however, the number of patients with elevated creatinine levels (≥ 0.5 mg/dL and/or 25% from baseline) was significantly higher in the bezafibrate group than in the pemafibrate group (14/60 vs. 3/60, $p=0.004$).

(on page 450)

Table 6

Incorrect

Table 6. Safety assessment because of adverse events and abnormal laboratory values during the study

	Bezafibrate treatment (n=60)	Pemafibrate treatment (n=60)
Total AEs	22 (37)	26 (43)
Treatment-related AEs	1 (2)	1 (2)
Discontinuation due to AEs	0 (0)	0 (0)
SAEs	5 (8)	6 (10)
Treatment-related SAEs	0 (0)	0 (0)
Discontinuation due to SAEs	0 (0)	0 (0)
AEs of clinical interest		
CK levels of >5×ULN	1 (2)	0 (0)
AST and/or ALT levels of >3×ULN	0 (0)	0 (0)
Increase in the creatinine levels of ≥ 0.5 mg/day and/or 25%	14 (23) ‡	3 (5)
Symptoms related to rhabdomyolysis/myopathy	0 (0)	0 (0)
Symptoms related to gallbladder disease	1 (2)	0 (0)
Symptoms related to hepatic disease	0 (0)	0 (0)
Symptoms related to pancreatic disease	0 (0)	0 (0)
Symptoms related to gastrointestinal disease	0 (0)	0 (0)

Data are presented as n (%). ‡$p<0.005$ vs. pemafibrate treatment. AEs, adverse events; SAEs, serious adverse events; CK, creatine kinase; ULN, upper limit of normal; AST, aspartate aminotransferase; ALT, alanine aminotransferase.

Correct

Table 6. Safety assessment because of adverse events and abnormal laboratory values during the study

	Bezafibrate treatment (n=60)	Pemafibrate treatment (n=60)
Total AEs	22 (37)	26 (43)
Treatment-related AEs	3 (5)	1 (2)
Discontinuation due to AEs	0 (0)	0 (0)
SAEs	5 (8)	6 (10)
Treatment-related SAEs	2 (3)	0 (0)
Discontinuation due to SAEs	0 (0)	0 (0)
AEs of clinical interest		
CK levels of >5×ULN	1 (2)	0 (0)
AST and/or ALT levels of >3×ULN	0 (0)	0 (0)
Increase in the creatinine levels of ≥ 0.5 mg/dL and/or 25%	14 (23) ‡	3 (5)
Symptoms related to rhabdomyolysis/myopathy	0 (0)	0 (0)
Symptoms related to gallbladder disease	1 (2)	0 (0)
Symptoms related to hepatic disease	0 (0)	0 (0)
Symptoms related to pancreatic disease	0 (0)	0 (0)
Symptoms related to gastrointestinal disease	0 (0)	0 (0)

Data are presented as n (%). ‡$p<0.005$ vs. pemafibrate treatment. AEs, adverse events; SAEs, serious adverse events; CK, creatine kinase; ULN, upper limit of normal; AST, aspartate aminotransferase; ALT, alanine aminotransferase.