

CORRECTION

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Correction: GLP receptor agonism improves dyslipidemia and atherosclerosis independently of body weight loss in preclinical mouse model for cardio-metabolic disease

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Correction to: *Cardiovasc Diabetol* (2023) 22:217

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Following publication of the original article [1], the author noticed the errors in Fig. 2 and in Results section.

The bar graph is mistakenly duplicated in “percentage of plaque area of the aortic valves” of Fig. 2E. The corrected figure is given below:

[†]Stephan Sachs and Anna Götz contributed equally.

The original article can be found online at <https://doi.org/10.1186/s12933-023-01940-2>.

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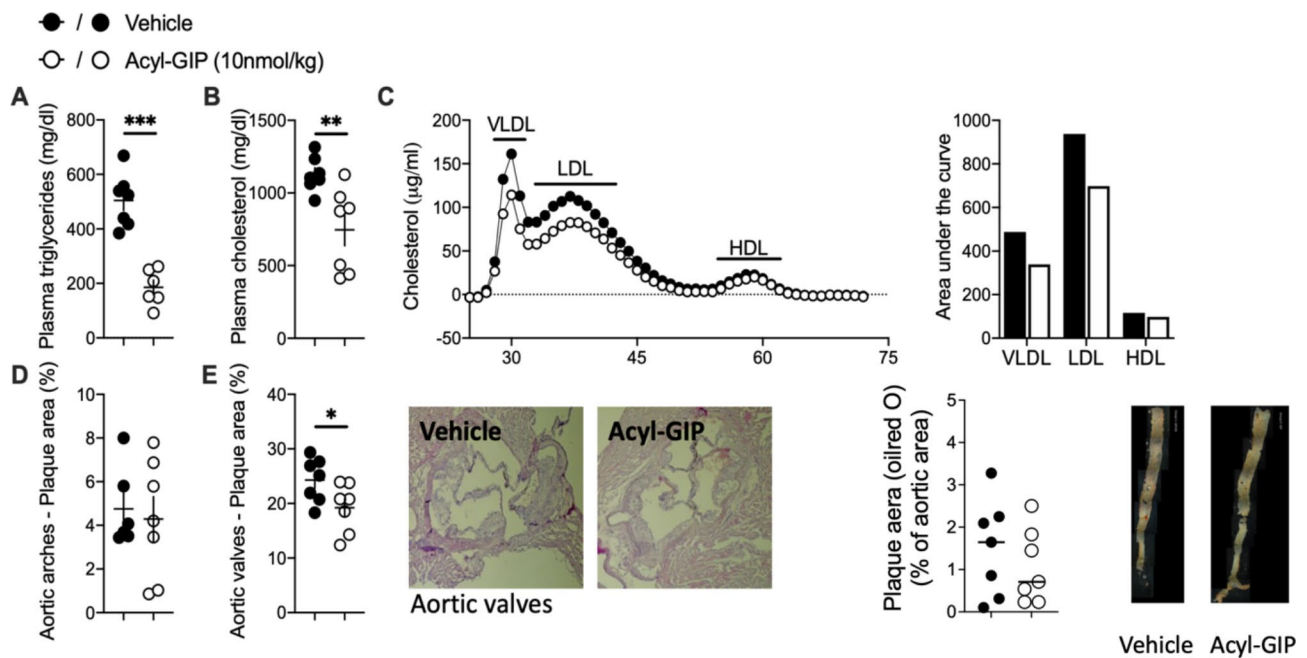


Fig. 2 Acyl-GIP ameliorates dyslipidemia and atherosclerotic plaque formation in LDLR^{-/-} male mice. Plasma (**A**) triglycerides, (**B**) cholesterol and (**C**) lipoprotein fractions as well as (**D** and **E**) the percentage of plaque area in aortic arches and valves and along the descending aorta of male LDLR^{-/-} mice treated daily with either vehicle or acyl-GIP via subcutaneous injections for 28 days. $n=7$. Blood lipids were determined from sac plasma at the end of the study. Data represent means \pm SEM. * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, determined by unpaired two-sided t-test

In Result section under the heading “GIPR-agonist acyl-GIP ameliorates dyslipidemia and atherosclerotic plaque formation in male LDLR^{-/-} mice independently of weight loss”, the last sentence should read “Most importantly, acyl-GIP treatment was accompanied by reduced atherosclerotic plaque formation within the aortic valve and a trend to decrease fat streaks along the descending aorta (Fig. 2E)” instead of “Most importantly, acyl-GIP treatment was accompanied by reduced atherosclerotic plaque formation within the aortic valve (Fig. 2G–H) and decreased fat streaks along the descending aorta (Fig. 2I)”.

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Reference

1. Sachs S, Götz A, Finan B, et al. GIP receptor agonism improves dyslipidemia and atherosclerosis independently of body weight loss in preclinical mouse model for cardio-metabolic disease. *Cardiovasc Diabetol.* 2023;22:217. <https://doi.org/10.1186/s12933-023-01940-2>

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