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## Erratum Regarding “Evolution of Echocardiographic Measures of Cardiac Disease From CKD to ESRD and Risk of All-Cause Mortality: Findings From the CRIC Study” (*Am J Kidney Dis.* 2018;72[3]:390–399)

In the Original Investigation entitled “Evolution of Echocardiographic Measures of Cardiac Disease From CKD to ESRD and Risk of All-Cause Mortality: Findings From the CRIC Study” that appeared in the September 2018 issue of *AJKD* (Bansal et al, volume 72, issue 3, pages 390–399), there was an error in the description of one of the predictors. Specifically, “left atrial volume” should have appeared as “left atrial diameter”; units should have been cm instead of mL/m<sup>2</sup>. Corrected forms of the wording affected are as follows:

- Abstract, Predictor subsection: “We measured change in left ventricular mass index, left ventricular ejection fraction (LVEF), diastolic relaxation (normal, mildly abnormal, and moderately/severely abnormal), left ventricular end-systolic (LVESV), end-diastolic (LVEDV) volume, and left atrial diameter from CKD to ESRD.”
- Abstract, Results subsection: “Changes in left atrial diameter (4.09 to 4.15 cm;  $P = 0.08$ ) or LVEDV (38.6 to 38.4 mL/m<sup>2.7</sup>;  $P = 0.8$ ) were not significant.”
- Page 391, column 1, in the Introduction: “In the current study, we expanded on our prior analysis<sup>10</sup> by increasing our sample size, examining change in echocardiographic parameters over a longer period, broadening our analyses to include additional echocardiographic parameters (such as left atrial diameter, diastolic relaxation, and LVESV), and most importantly, testing the association of changes in echocardiographic parameters with mortality after progression to ESRD.”
- Page 392, column 1, in the “Echocardiographic Measurements” subsection of Methods: “Left atrial diameter was quantified and reported in cm.”
- Page 392, column 2, in the Statistical Considerations subsection of Methods: “Changes in LVMI, LVEF, LVESV, LVEDV, and left atrial diameter were considered as continuous variables.”
- Page 393, column 1, in the “Change in Echocardiograms from CKD to Dialysis Initiation” subsection of Results: “Although not statistically significant, we observed nominally improved left ventricular geometry but nominally worsened (increasing) left atrial diameter.”
- Page 393, column 2, in the “Association of Dialysis Echocardiographic Measures With Postdialysis Mortality” subsection of Results: “Lower LVEF, higher LVMI, higher left atrial diameter, higher LVESV, and higher LVEDV from the

echocardiogram performed after dialysis therapy initiation were independent risk factors for mortality in multivariable models (Table S4).”

- Page 395, Table 2: “Left atrial diameter, cm” in the third row stub from the bottom.
- Page 395, column 2, in the Discussion: “Our study was novel in that we examined a comprehensive panel of echocardiographic measures, including LVEF, LVESV, diastolic relaxation, and left atrial diameter.”
- Page 396, Table 3: “Left atrial diameter, per 1 cm increase” in the third row stub from the bottom.
- Page 396, column 1, in the Discussion: “Our data suggest that LVEF, LVESV, and left atrial diameter are important measures of subclinical CVD in incident HD patients.”
- Table S1: “Left atrial diameter (cm)” in the last row stub.
- Table S4: “Left atrial diameter, per 1 cm increase” in the third row stub from the bottom.
- Table S6: “Left atrial diameter, cm” in the third row stub from the bottom.

It should be noted that the errors concern the presentation of the predictor’s name and units; the numerical values shown do not require changes, and correspond to the left atrial diameter in centimeters.