



Erratum

Erratum. 10. Cardiovascular disease and risk management: Standards of Medical Care in Diabetes—2022. Diabetes Care 2022;45(Suppl. 1): S144–S174

American Diabetes Association Professional Practice Committee

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In Table 10.3C of the article cited above, the median follow-up for VERTIS CV was inadvertently given as 3.5 years. The correct median follow-up is 3.0 years.

In addition, a composition error in Table 10.3C resulted in misaligned data for the row “Key secondary outcome” for DECLARE-TIMI 58, DAPA-CKD, VERTIS CV, and DAPA-HF. The complete secondary outcome data for each trial are as follows:

DECLARE-TIME 58: Death from any cause 0.93 (0.82–1.04); renal composite ($\geq 40\%$ decrease in eGFR rate < 60 mL/min/1.73 m², new ESRD, or death from renal or CV causes 0.76 (0.67–0.87).

DAPA-CKD: $\geq 50\%$ decline in eGFR, ESKD, or death from renal cause 0.56 (0.45–0.68); death or HF hospitalization 0.71 (0.55–0.92); death from any cause 0.69 (0.53–0.88).

VERTIS CV: CV death or HF hospitalization 0.88 (0.75–1.03); CV death 0.92 (0.77–1.11); renal death, renal replacement therapy, or doubling of creatinine 0.81 (0.63–1.04).

DAPA-HF: CV death or HF hospitalization 0.75 (0.65–0.85).

The online version of the article (<https://doi.org/10.2337/dc22-S010>) has been updated with the correct data.