CORRECTION



Correction to: Phase 3 Multicenter Study of Revusiran in Patients with Hereditary Transthyretin-Mediated (hATTR) Amyloidosis with Cardiomyopathy (ENDEAVOUR)

Daniel P. Judge ^{1,2} • Arnt V. Kristen³ • Martha Grogan⁴ • Mathew S. Maurer⁵ • Rodney H. Falk⁶ • Mazen Hanna⁷ • Julian Gillmore⁸ • Pushkal Garg⁹ • Akshay K. Vaishnaw⁹ • Jamie Harrop⁹ • Christine Powell⁹ • Verena Karsten⁹ • Xiaoping Zhang⁹ • Marianne T. Sweetser⁹ • John Vest⁹ • Philip N. Hawkins⁸

© Springer Science+Business Media, LLC, part of Springer Nature 2020

Correction to: Phase 3 Multicenter Study of Revusiran in Patients with Hereditary Transthyretin-Mediated (hATTR) Amyloidosis with Cardiomyopathy (ENDEAVOUR)

Article information

The original article contained incorrect terminology for one of the cardiac measures; throughout the manuscript and supplementary information 'intraventricular septum wall thickness' should have been given as 'interventricular septum wall thickness'. Corrections should also be noted for Tables 1 and 4: in the Table 1 legend 'Low risk – Neither above at baseline' should read 'Low risk – Neither above threshold at baseline'; in Table 4, the rows 'Mild: eGFR > 60 to < 90 ml/min/1.73 m²' and 'Moderate: eGFR > 30 to < 60 ml/min/1.73 m²' should

The online version of the original article can be found at https://doi.org/ 10.1007/s10557-019-06919-4

- Philip N. Hawkins p.hawkins@ucl.ac.uk
- Johns Hopkins Hospital, Baltimore, MD, USA
- Present address: Medical University of South Carolina, Charleston, SC, USA
- Department of Cardiology, University of Heidelberg, Heidelberg, Germany
- ⁴ Mayo Clinic, Rochester, MN, USA
- Columbia University Medical Center, New York, NY, USA
- ⁶ Brigham and Women's Hospital, Boston, MA, USA
- Cleveland Clinic, Cleveland, OH, USA

Published online: 16 June 2020

- National Amyloidosis Centre, Division of Medicine, UCL Medical School, Royal Free Hospital, Rowland Hill Street, NW3 2PF, London, UK
- ⁹ Alnylam Pharmaceuticals, Cambridge, MA, USA

read 'Mild: $eGFR \ge 60$ to < 90 ml/min/1.73 m²' and 'Moderate: $eGFR \ge 30$ to < 60 ml/min/1.73 m²', respectively. The original article also contained a mistake in the text of the Pharmacokinetics sub-section of Results; 'There were no apparent differences in revusiran C_{max} between patients with mild (eGFR: 30 and < 60 ml/min/1.73 m²) or moderate (eGFR: 60 to < 90 ml/min/1.73 m²) renal impairment when compared with patients with normal (eGFR: ≥ 90 ml/min/1.73 m²) renal function at Weeks 0, 26, and 52 (p > 0.20) (Supplementary Fig. 6)' should read 'There were no apparent differences in revusiran C_{max} between patients with mild (eGFR: ≥ 60 to < 90 ml/min/1.73 m²) or moderate (eGFR: ≥ 30 and < 60 ml/min/1.73 m²) renal impairment when compared with patients with normal (eGFR: ≥ 90 ml/min/1.73 m²) renal function at Weeks 0, 26, and 52 (p > 0.20) (Supplementary Fig. 6)'.

Cardiovasc Drugs Ther. 2020 Feb 15
Published online 2020 Feb 15. doi: https://doi.org/10.1007/s10557-019-06919-4

PMID: 32062791

Open Access This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

This corrects the article "Phase 3 Multicenter Study of Revusiran in Patients with Hereditary Transthyretin-mediated (hATTR) Amyloidosis with Cardiomyopathy (ENDEAVOUR)" in Cardiovasc Drugs Ther, published Online First on 15th February 2020.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

