



CORRECTION

Correction to: Safety and Effectiveness of Ipragliflozin for Type 2 Diabetes in Japan: 12-Month Interim Results of the STELLA-LONG TERM Post-Marketing Surveillance Study

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In the original article, the Table 6 was published with some errors. The correct Table 6 is below.

The original article can be found online at <https://doi.org/10.1007/s12325-019-0895-1>.

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Original

Table 6 Adverse drug reactions of special interest

	STELLA-LONG TERM (safety analysis set <i>n</i> = 11,051)			Pre-approval clinical trials	
	Total number of patients experiencing an ADR	Serious	Non-serious	Total (<i>n</i> = 1669)	
All ADRs	1616 (14.6)	107 (0.97)	1539 (13.9)	(32.9)	
ADRs of special interest					
Polyuria/pollakiuria	571 (5.2)	1 (0.01)	570 (5.2)	(10.0)	
Volume depletion-related events, including dehydration	196 (1.8)	9 (0.08)	189 (1.7)	(4.5)	
Skin complications	166 (1.5)	4 (0.04)	162 (1.5)	(4.0)	
Genital infection	135 (1.2)	2 (0.02)	133 (1.2)	(2.0)	
Urinary tract infection	115 (1.0)	5 (0.05)	110 (1.0)	(1.8)	
Renal disorder	115 (1.0)	3 (0.03)	112 (1.0)	(4.8)	
Hepatic disorder	82 (0.74)	6 (0.05)	78 (0.71)	(1.0)	
Hypoglycemia	39 (0.35)	3 (0.03)	36 (0.33)	(1.4)	
Cardiovascular disease ^a	30 (0.27)	19 (0.17)	11 (0.10)	(1.0)	
Cerebrovascular disease ^b	23 (0.21)	20 (0.18)	3 (0.03)	(0.2)	
Malignant tumor	22 (0.20)	19 (0.17)	3 (0.03)	(0.2)	
Ketoacidosis, events related to ketone-body increase	3 (0.03)	0 (0.00)	3 (0.03)	(1.0)	
Fracture	2 (0.02)	1 (0.01)	1 (0.01)	0	

Data are presented as number of events (%), unless otherwise indicated

ADR adverse drug reaction

^aIncidence of cardiovascular disease was 4.4/1000 person-years [34] and 9.59/1000 person-years [35] in the JDDM and JDCS studies, respectively

^bIncidence of cerebrovascular disease was 3.1/1000 person-years [34] and 7.45/1000 person-years [35] in the JDDM and JDCS studies, respectively

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