Erratum to: Clinical impact of albuminuria and glomerular filtration rate on renal and cardiovascular events, and all-cause mortality in Japanese patients with type 2 diabetes

Takashi Wada · Masakazu Haneda · Kengo Furuichi · Tetsuya Babazono · Hiroki Yokoyama · Kunitoshi Iseki · Shin-ichi Araki · Toshiharu Ninomiya · Shigeko Hara · Yoshiki Suzuki · Masayuki Iwano · Eiji Kusano · Tatsumi Moriya · Hiroaki Satoh · Hiroyuki Nakamura · Miho Shimizu · Tadashi Toyama · Akinori Hara · Hirofumi Makino · The Research Group of Diabetic Nephropathy, Ministry of Health, Labour, and Welfare of Japan

Published online: 11 February 2014
© Japanese Society of Nephrology 2014

Erratum to: Clin Exp Nephrol DOI 10.1007/s10157-013-0879-4

During the editorial process a difference occurred in the layout of Table 4 between the PDF and HTML versions, whereas no difference or error actually exists in the data. The correct layout for the table is shown here to avoid any possible misunderstanding for readers. The correction of this layout involves no change whatsoever in the data shown in the table.

The online version of the original article can be found under doi:[10.1007/s10157-013-0879-4](https://doi.org/10.1007/s10157-013-0879-4).

T. Wada · K. Furuichi · M. Shimizu · T. Toyama · A. Hara
Division of Nephrology, Kanazawa University Hospital,
Kanazawa, Japan

T. Wada (✉)
Division of Nephrology, Department of Laboratory Medicine,
Institute of Medical, Pharmaceutical and Health Sciences,
Faculty of Medicine, Kanazawa University, Kanazawa,
13-1 Takara-machi, Kanazawa 920-8641, Japan
e-mail: twada@m-kanazawa.jp

M. Haneda
Department of Medicine, Asahikawa Medical University,
Asahikawa, Japan

K. Furuichi · M. Shimizu · T. Toyama · A. Hara
Department of Disease Control and Homeostasis, Institute of
Medical, Pharmaceutical and Health Sciences, Kanazawa
University, Kanazawa, Japan

T. Babazono
Division of Nephrology and Hypertension, Diabetes Center,
Tokyo Women's Medical University School of Medicine,
Tokyo, Japan

H. Yokoyama
Jiyugaoka Medical Clinic, Internal Medicine, Obihiro, Japan

K. Iseki
Dialysis Unit, University Hospital of the Ryukyus, Nishihara,
Okinawa, Japan

S. Araki
Department of Medicine, Shiga University of Medical Science,
Otsu, Shiga, Japan

T. Ninomiya
Department of Medicine and Clinical Science, Graduate School
of Medical Sciences, Kyushu University, Fukuoka, Japan

S. Hara
Center of Health Management, Toranomon Hospital, Tokyo,
Japan

Y. Suzuki
Health Administration Center, Niigata University, Niigata, Japan

Table 4 Hazard ratios based on levels of UACR and eGFR for each outcome

UACR	eGFR (ml/min/1.73 m ²)		
	>60	30–59	<30
Renal events (RRT or halving reduced eGFR)			
Normoalbuminuria	1.00 (Reference)		49.82 (29.9–83.0)
Microalbuminuria	3.26 (2.34–4.55)		
Macroalbuminuria	13.6 (9.3–20.0)	33.0 (22.7–48.2)	
Cardiovascular events			
Normoalbuminuria	1.00 (Reference)		1.54 (1.00–2.39)
Microalbuminuria	1.40 (1.16–1.69)		
Macroalbuminuria	1.90 (1.36–2.65)	2.09 (1.54–2.84)	
All-cause mortality			
Normoalbuminuria	1.00 (Reference)		7.08 (4.16–12.05)
Microalbuminuria	1.30 (0.93–1.81)		
Macroalbuminuria	2.34 (1.35–4.04)	4.59 (2.90–7.25)	

The estimates are adjusted for age, gender, HbA1c, systolic BP

M. Iwano
Division of Nephrology, Department of General Medicine,
University of Fukui, Fukui, Japan

E. Kusano
Division of Nephrology, Department of Internal Medicine,
Jichi Medical University, Tochigi, Japan

T. Moriya
Health Care Center, Kitasato University, Sagamihara, Japan

H. Satoh
Department of Nephrology, Hypertension, Diabetology, and
Metabolism, Fukushima Medical University, Fukushima, Japan

H. Nakamura
Department of Environmental and Preventive Medicine, Institute
of Medical, Pharmaceutical and Health Sciences, Kanazawa
University, Kanazawa, Japan

H. Makino
Department of Medicine and Clinical Science, Okayama
University Graduate School of Medicine, Dentistry and
Pharmaceutical Sciences, Okayama, Japan