




CORRECTION

Correction to: SGLT2 Inhibitors: Cardiovascular Benefits Beyond HbA1c—Translating Evidence into Practice

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In the original publication, Table 2 note was incorrectly published as “*SGLT2i therapies may be initiated in people with eGFR 60 mL/min/1.73 m². Individuals already treated with canagliflozin or empagliflozin who demonstrate renal decline may continue treatment until eGFR reaches < 45 mL/min/1.73 m²”.

The original article can be found online at <https://doi.org/10.1007/s13300-019-0657-8>.

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The correct text should read as “*SGLT2i therapies may be initiated in people with eGFR 60 mL/min/1.73 m². Individuals already treated with an SGLT2i therapy who demonstrate renal decline may continue treatment until eGFR reaches < 45 mL/min/1.73 m².”

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