



Correction to: “Predictors of progression in autosomal dominant and autosomal recessive polycystic kidney disease”

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Correction to: *Pediatr Nephrol*

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The original version of this article unfortunately contained a mistake. During the process of typesetting, corrections to the labels of Figs. 1, 2, and 3 were not carried out accurately. The publisher apologizes for this mistake. Below, the figures with the correct labels and in the correct order are presented below. The corrections were also made in the original article.

The online version of the original article can be found at <https://doi.org/10.1007/s00467-020-04869-w>

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Fig. 1 Differences in kidney survival between individuals with PKD1 truncating mutations, PKD1 non-truncating mutations, and PKD2 mutations (figure adapted from Cornec-Le Gall et al. [1], used with permission)

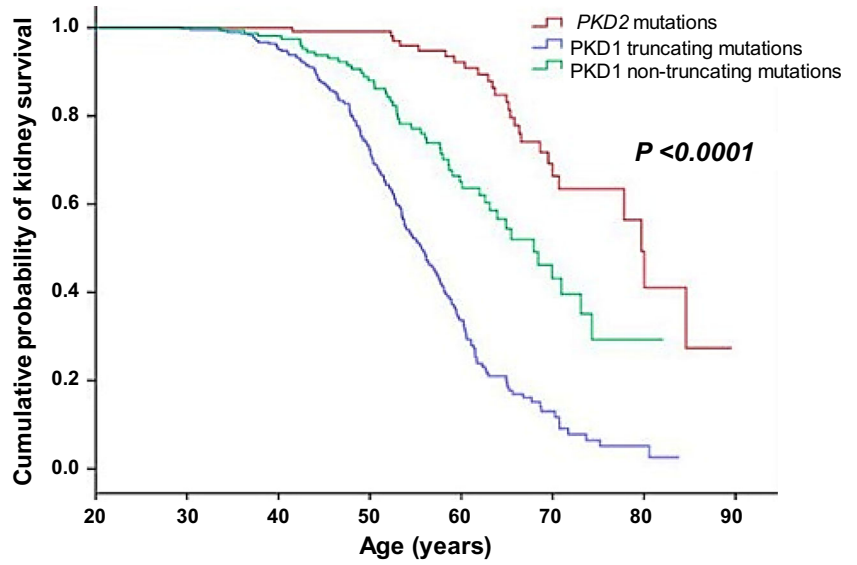
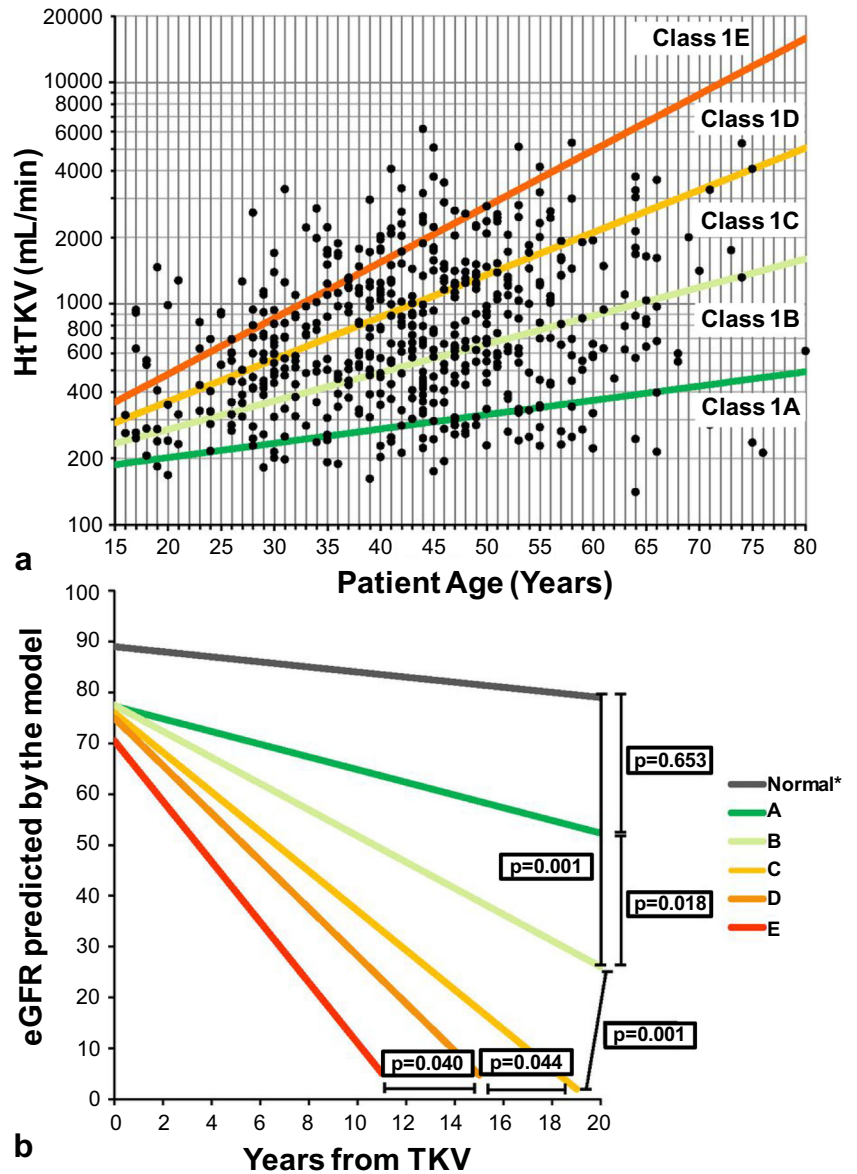


Fig. 2 Mayo Clinic imaging classification to predict risk of GFR decline in patients with ADPKD. a Subclassification of patients with typical (class 1) ADPKD into subclasses 1A through 1E, based on baseline height-adjusted total kidney volume (HtTKV) for patient age. b Predicted GFR slopes for males with ADPKD subclasses 1A through 1E (figure reproduced from Irazabal et al. [2], used with permission)



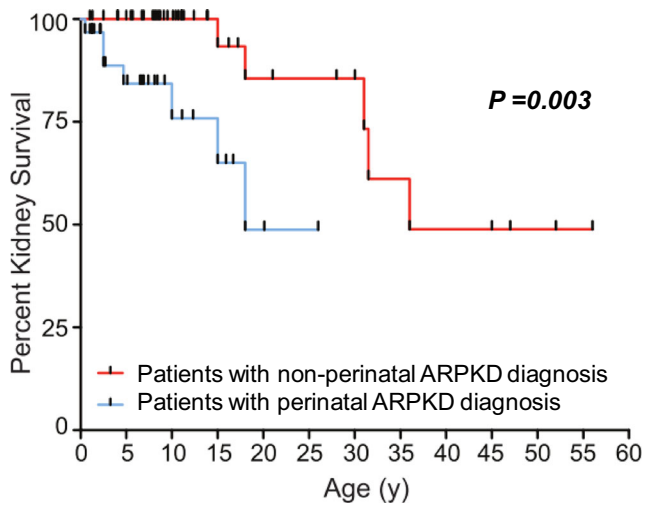


Fig. 3 Kidney survival in individuals diagnosed with ARPKD in the perinatal period (age < 30 days) compared with those diagnosed after the perinatal period (figure reproduced from Gunay-Aygun et al. [3], used with permission)

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