CORRECTION

Correction to: Safety and Efficacy of Ripasudil in Japanese Patients with Glaucoma or Ocular Hypertension: 3-month Interim Analysis of ROCK-J, a Post-Marketing Surveillance Study

Hide Nobu Tanihara · Takahiko Kakuda · Tetsuro Sano ·
Takashi Kanno · Ryosuke Imada · Wataru Shingaki · Ryoji Gunji

Published online: March 13, 2019
© Springer Healthcare Ltd., part of Springer Nature 2019

Correction to: Adv Ther (2019) 36:333–343
<https://doi.org/10.1007/s12325-018-0863-1>

In the original publication values in the results section are incorrect. Errors were also identified in Fig. 5. Both the updated results sections and Fig. 5 are provided below.

RESULTS

Treatment Initiation Patterns with Ripasudil

In the 3016 eyes (patients) included in the efficacy analysis, the numbers of patients classified as “Add-on (only)”, “Add-on (with other glaucoma drug)”, “Switch from prior treatment”, “Initial monotherapy” and “Initial combination therapy” were 2224 (73.7%), 27

(0.9%), 385 (12.8%), 326 (10.8%) and 54 (1.8%), respectively. The mean number $\pm$ SD of glaucoma medicines concomitantly used by patients was 2.3 ± 1.0 .

Efficacy

Changes in IOP were also analysed according to the treatment initiation patterns (Fig. 5). IOP was significantly reduced in all groups: -2.8 ± 4.2 mmHg in 313 eyes in the “Initial monotherapy” group, -6.7 ± 9.4 mmHg in 42 eyes in the “Initial combination therapy” group, -1.9 ± 4.2 mmHg in 362 eyes in the “Switch from prior treatment” group, -2.5 ± 3.8 in 2100 eyes in the “Add-on (only)” group, and -3.8 ± 4.0 mmHg in 22 eyes in the “Add-on (with other glaucoma drug)” group.

The original article can be found online at <https://doi.org/10.1007/s12325-018-0863-1>.

H. Tanihara (✉)
Kumamoto University Hospital, Kumamoto, Japan
e-mail: tanihara@pearl.ocn.ne.jp

T. Kakuda · T. Sano · T. Kanno · R. Imada ·
W. Shingaki · R. Gunji
Post Marketing Surveillance Department, Kowa
Company, Ltd., Tokyo, Japan

Fig. 5 Intraocular pressure changes in patients according to treatment initiation patterns. IOP intraocular pressure