



Correction to: Clinical Investigation on Endogenous Biomarkers to Predict Strong OAT-Mediated Drug–Drug Interactions

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Correction to:

Clinical Pharmacokinetics (2021) 60(9):1187–1199
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In the **original online version of the article** in Page 1196, para 2, lines 4 to 8 which read as:

The CL_R of PDA, HVA and GCDCA-S was 14.8-, 2.3- and 12.5-fold higher than fu_p times the measured glomerular filtration rate in the absence of probenecid, and 2.4-fold higher (PDA), 30% lower (HVA) and 30% higher (GCDCA-S), after probenecid administration.

Should have read as:

The CL_R of PDA, HVA and GCDCA-S was 25.6-, 3.9- and 21.5-fold higher than fu_p times the measured glomerular filtration rate in the absence of probenecid, and 4.2-fold higher (PDA), 30% higher (HVA) and 2.2-fold higher (GCDCA-S), after probenecid administration.

In the **original online version of the article** in Page 1196 para 2, lines 17 to 21 which read as:

The original article can be found online at <https://doi.org/10.1007/s40262-021-01004-2>.

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Finally, for taurine, the CL_R was 23-fold and 224-fold lower than the corrected GFR without and with probenecid, respectively, highlighting that renal elimination was likely driven by reabsorption and secretion.

Should have read as:

Finally, for taurine, the CL_R was 13.2-fold and 130-fold lower than the corrected GFR without and with probenecid, respectively, highlighting that renal elimination was likely driven by reabsorption and secretion.

In the the **Supplementary Information** file in section 4 (Clinical Study design) lines 9 to 12 which read as:

Their body mass index ranged between 22–28 kg/m², and their glomerular filtration rate between 3.04–4.59 mL/min/kg (mean = 3.92 mL/min/kg), estimated with the method recommended by the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI).

Should have read as:

Their body mass index ranged between 22–28 kg/m², and their glomerular filtration rate between 1.76–2.65 mL/min/kg (mean = 2.27 mL/min/kg), estimated with the method recommended by the Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI).

The original article and the online supplementary information file have been corrected.