CORRECTION



## Correction to: Pharmacokinetics, Safety, and Tolerability of Glepaglutide, a Long-Acting GLP-2 Analog, in Subjects with Renal Impairment

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## Correction to: Clinical Pharmacokinetics https://doi.org/10.1007/s40262-023-01215-9

The original article has been corrected.

In this article Figs. 1 and 2 were wrongly numbered; Fig. 1 should have been Fig. 2 and vice versa as shown below.



The original article can be found online at https://doi.org/10.1007/ s40262-023-01215-9.

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**Fig. 2** Forest plots of  $C_{\text{max}}$  and AUC<sub>0-168 h</sub> for glepaglutide. The primary pharmacokinetic endpoints ( $C_{\text{max}}$  and AUC<sub>0-168 h</sub>) were log transformed and evaluated using an analysis of variance (ANOVA), with renal function as fixed effect. Ratios of geometric leastsquares means (impaired renal function/normal renal function) and corresponding 90% confidence intervals (CIs) were estimated from the model. Glepaglutide = parent + M1 + M2; normal: normal renal function; severe/ESRD: severe renal impairment (eGFR 15 to <30 mL/min/1.73 m<sup>2</sup>) or end stage renal disease (eGFR <15 mL/min/1.73 m<sup>2</sup>); parent: unmetabolized glepaglutide; M1: glepaglutide<sub>1-35</sub>; M2: glepaglutide<sub>1-34</sub>. *CI* confidence interval, *eGFR* estimated glomerular filtration rate, *ESRD* end-stage renal disease

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