CORRIGENDUM

Use of Oral Anticoagulants According to the Degree of Renal Impairment in Japanese Patients With Atrial Fibrillation – Which Non-Vitamin K Antagonist Oral Anticoagulant to Select? –

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The author apologizes for an error in safety outcomes of NOACs compared with those of warfarin in a population with moderate renal impairment which appeared in **Figure 1**. The dosage (60 mg) of edoxaban was incorrect. **Figure 1** with the corrected value (30 mg) is shown below.

Figure 1. Safety outcomes of NOACs compared with those of warfarin in a population with moderate renal impairment. The data are derived from RE-LY⁵ with dabigatran; ROCKET AF⁶ and J-ROCKET AF⁹ (domestic trial) with rivaroxaban; ARISTOTLE⁶ with apixaban; and ENGAGE AF-TIMI 48⁷ with edoxaban. In trials of dabigatran, rivaroxaban, and edoxaban, moderate renal impairment was defined as CCr 30–49 ml/min. With regard to apixaban, moderate renal impairment was defined as CCr 25–49 ml/min. Rivaroxaban 15 mg o.d. under CCr 30–49 ml/min has not been approved in Japan. b.i.d., twice daily; CCr, estimated creatinine clearance; CI, confidence interval; NOAC, new/non-VKA oral anticoagulant; o.d., once daily; VKA, vitamin K antagonist.