Corrigendum to “Type 2 Diabetes Mellitus and Heart Failure, A Scientific Statement From the American Heart Association and Heart Failure Society of America” Journal of Cardiac Failure Vol. 25 No. 8, pp. 584-619

SHANNON M. DUNLAY, MD, MSCO-CHAIR, MICHAEL M. GIVERTZ, MD, FAHA, CO-CHAIR, DAVID AGUILAR, MD, FAHA, LARRY A. ALLEN, MD, MHS, FAHA, MICHAEL CHAN, MBBS, FRPCP, AKSHAY S. DESAI, MD, MPH, ANITA DESWAL, MD, MPH, FAHA, VICTORIA VAUGHAN DICKSON, PhD, RN, FAHA, MIKHAIL N. KOSIBOROD, MD, FAHA, CAROLYN L. LEKAVICH, PhD, MSN, ANP-C, ROZALINA G. MCCOY, MD, MS, ROBERT J. MENTZ, MD, FAHA, AND ILEANA L. PINA, MD, MPH, FAHA, ON BEHALF OF THE AMERICAN HEART ASSOCIATION HEART FAILURE AND TRANSPLANTATION COMMITTEE OF THE COUNCIL ON CLINICAL CARDIOLOGY COUNCIL ON CARDIOVASCULAR AND STROKE NURSING HEART FAILURE SOCIETY OF AMERICA

In the above article a correction is needed.

On page 601, left hand column, in the “Use of Glucose-Lowering Medications With CKD” section, first paragraph, the last sentence read, “Although current recommendations are that SGLT-2 inhibitors should not be used with eGFR <30 mL·min⁻¹·1.73 m⁻², ongoing trials (CANVAS [just stopped prematurely for efficacy]. . .” It should have read, “Although current recommendations are that SGLT-2 inhibitors should not be used with eGFR <30 mL·min⁻¹·1.73 m⁻², ongoing trials (CREDENCE [just stopped prematurely for efficacy]. . .”