

**CORRECTION**

Morikawa S, Sone T, Tsuboi H, Mukawa H, Morishima I, Uesugi M, Morita Y, Numaguchi Y, Okumura K, Murohara T. Renal Protective Effects and the Prevention of Contrast-Induced Nephropathy by Atrial Natriuretic Peptide. *J Am Coll Cardiol* 2009;53:1040–6.

In this article, the 1.00 p values in Table 3 (on page 1045) are incorrect. The corrected full table is printed below. The authors apologize for this error.

Table 3	Univariate Analysis for CIN			
	CIN		Odds Ratio	p Value
	+	–		
Age >70 yrs	73.7%	74.9%	0.95	0.91
Hypertension	78.9%	75.7%	1.20	0.75
Diabetes mellitus	57.9%	43.8%	1.76	0.24
History of myocardial infarction	47.4%	43.8%	0.87	0.77
Anemia	57.9%	67.2%	0.67	0.45
ACE inhibitors or ARBs	68.4%	66.4%	1.10	0.86
Calcium-channel blockers (alone)	15.8%	9.8%	1.73	0.42
Diuretics	52.6%	53.2%	0.98	0.96
Statins	57.9%	63.8%	1.28	0.61
LVEF <40%	15.8%	19.6%	0.77	0.69
Contrast media >155 ml	68.4	24.3%	6.77	<0.001
Baseline creatinine 2.0 mg/dl	21.1%	20.9%	1.01	0.98
ANP administration	21.1%	51.9%	0.25	0.015

Anemia was defined as a hematocrit level of <39% for men or of <36% for women.

ACE = angiotensin-converting enzyme; ANP = atrial natriuretic peptide; ARB = angiotensin II receptor blocker; CIN = contrast-induced nephropathy; LVEF = left ventricular ejection fraction.

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