

**CORRECTION**

Fan L, Levey AS, Gudnason V, Eiriksdottir G, Andresdottir MB, Gudmundsdottir H, Indridason OS, Palsson R, Mitchell G, Inker LA. Comparing GFR estimating equations using cystatin C and creatinine in elderly individuals. *J Am Soc Nephrol* 26: 1982–1989, 2015.

Please note the following correction in the above article published in the August 2015 issue of the *Journal of the American Society of Nephrology*. We regret that our article contained errors in the definition of diabetes and the proportion of participants with diabetes. The correct definition of diabetes was a fasting serum glucose >126 mg/dl, self-reporting

a diabetes diagnosis, taking insulin injections or tablets for diabetes, or following a special diet for diabetes in the past 5 years. Using the correct classification of diabetes, the number of study participants with diabetes was 91 of 805 (11.3%) and the number (percent) of participants with diabetes by GFR category was 6 (21%), 35 (12%), 44 (9.6%), and 6 (18%) in GFR categories <30, 30–59, 60–89, and  $\geq 90$  ml/min/1.73 m<sup>2</sup>, respectively (*P* trend 0.11) (Table 1). Using the correct classification for diabetes, there remained no substantive differences in the performance of GFR estimating equations among subjects with or without diabetes (Figure 3 and revised Supplemental Tables 1, 2, or 3; see supplemental tables for comparisons).