

The underlined phrase “(life- or organ-threatening)” is now removed for Practice Point 9.3.3.1 (pages S89 and S103) as it imparts no added information value:

Practice Point 9.3.3.1: Patients with relapsing disease (life- or organ-threatening) should be reinduced (Recommendation 9.3.1.1.), preferably with rituximab.

has been revised to:

Practice Point 9.3.3.1: Patients with relapsing disease should be reinduced (Recommendation 9.3.1.1.), preferably with rituximab.

The authors would like to apologize for any inconvenience caused.

Corrigendum to “Executive summary of the KDIGO 2024 Clinical Practice Guideline for the Management of ANCA-Associated Vasculitis.” *Kidney International* 2024;105(3):447–449

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DOI of original article: [10.1016/j.kint.2023.10.009](https://doi.org/10.1016/j.kint.2023.10.009)

The KDIGO Clinical Practice Guideline for the Management of ANCA-Associated Vasculitis Work Group has issued amendments to [Figure 1](#) and Practice Point 9.3.1.9 of the guideline Executive Summary. The revised figure and text, along with a brief summary of the accompanying changes, are presented below. The article has been corrected online to reflect these corrections.

The Work Group has streamlined the treatment algorithm ([Figure 1](#)) and cross-referenced Practice Point 9.3.1.9 in the caption as to when plasma exchange can be considered:

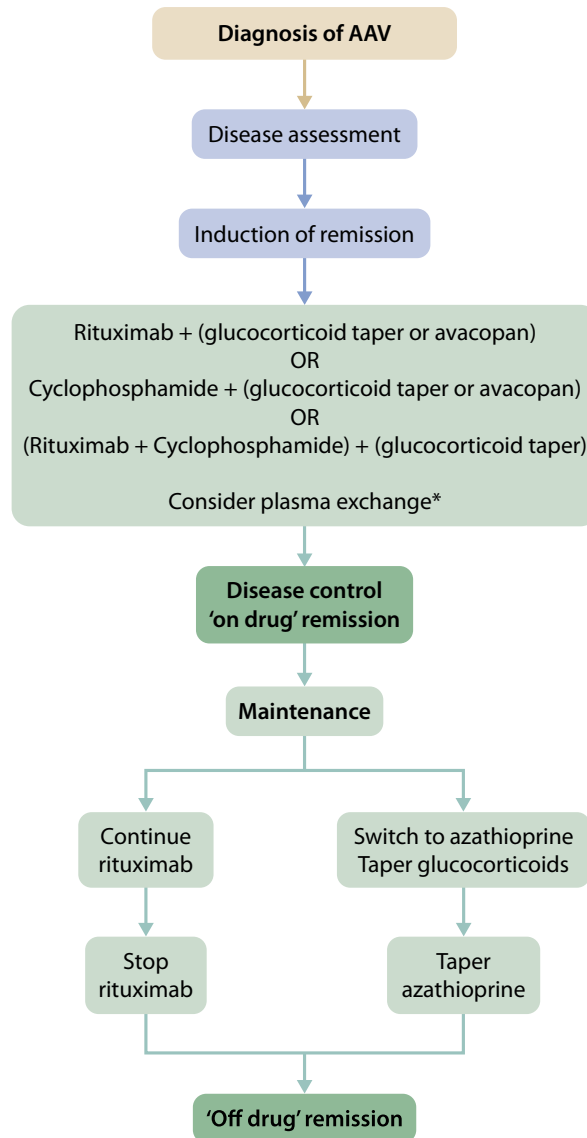


Figure 1 | Practical treatment regimen for antineutrophil cytoplasmic antibody-associated vasculitis (AAV). *Please see Practice Point 9.3.1.9 for details.

A small change to the Practice Point 9.3.1.9 (page 448) has been implemented as underlined below:

Practice Point 9.3.1.9: Consider plasma exchange for patients with SCr >3.4 mg/dl (>300 mmol/l), patients requiring dialysis or with rapidly increasing SCr, and patients with diffuse alveolar hemorrhage who have hypoxemia.

has been revised to:

Practice Point 9.3.1.9: Consider plasma exchange for patients with SCr >3.4 mg/dl (>300 mmol/l), patients requiring dialysis or with rapidly increasing SCr, or patients with diffuse alveolar hemorrhage who have hypoxemia.

The authors would like to apologize for any inconvenience caused.