

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

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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:

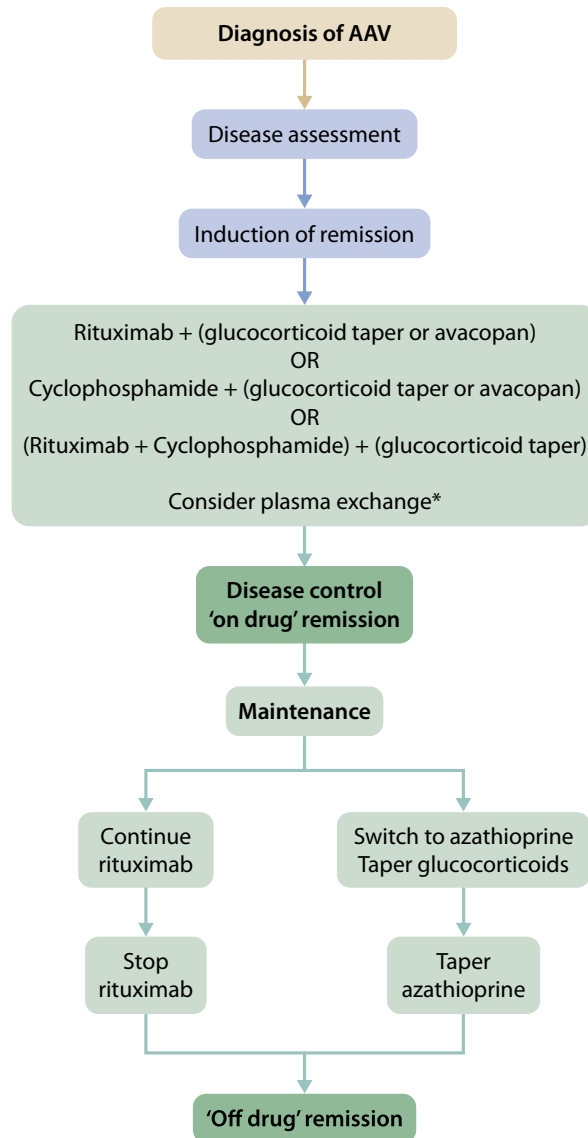


Figure 1 | Practical treatment regimen for antineutrophil cytoplasmic antibody-associated vasculitis (AAV). *Please see Practice Point 9.3.1.9 for details.

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.