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#### **Title**

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### **Erratum**

Erratum to the Editorial "World kidney day 2016; Averting the legacy of kidney disease – focus on childhood" by Julie R. Ingelfinger, Kamyar Kalantar-Zadeh, Franz Schaefer on behalf of the World Kidney Day Steering Committee in *Clinical Nephrology*, Vol. 85 – No. 2/2016, pp 63-69.

In proofing, the abbreviation HN was changed to hypertension in Table 2.

HN stands for hereditary nephropathy and should have been defined as such, when a legend was added in proofing. However, due to the change in the abbreviation to hypertension, hypertension was erroneously inserted in the legend. The authors apologize for this error.

The correct Table 2 is as follows:

Table 2. Etiology of chronic kidney disease in children.

CKD		ESRD	
Etiology	Percentage (range)	Etiology	Percentage (range)
CAKUT	48 – 59%	CAKUT	34 – 43%
GN	5 – 14%	GN	15 – 29%
HN	10 – 19%	HN	12 – 22%
HUS	2 – 6%	HUS	2 – 6%
Cystic	5 – 9%	Cystic	6 – 12%
Ischemic	2 – 4%	Ischemic	2%

Rare causes include congenital nephrotic syndrome (NS), metabolic diseases, cystinosis/miscellaneous causes depend on how such entities are classified. CAKUT = congenital anomalies of the kidney and urinary tract; GN = glomeru-lonephritis; HN = hereditary nephropathy; HUS = hemolytic uremic syndrome. \*from Harambat et al. CKD data are from NAPRTCS, the Italian Registry and the Belgian Registry. ESRD data are from ANZDATA, ESPN/ERA-EDTA, UK Renal Registry and the Japanese Registry.