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Response to comment on "New therapeutic agents in diabetic nephropathy"

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Division of Nephrology, Department of Internal Medicine, College of Medicine, Seoul St. Mary's Hospital, The Catholic University of Korea, 222 Banpo-daero, Seocho-gu, Seoul 06591, Korea Tel: +82-2-2258-6038 Fax: +82-2-599-3589 E-mail: cheolwhee@hanmail.net Thank you for your interest in the article entitled "New therapeutic agents in diabetic nephropathy" [1] and your comments on erroneous information therein. We agree that there are several errors in the article; therefore, we have made the following revisions according to your comments.

The ongoing 'Proteomic prediction and Renin angiotensin aldosterone system Inhibition prevention Of early diabetic nephRopathy in TYpe 2 diabetic patients with normoalbuminuria' (PRIORITY) trial is investigating the efficacy of the mineralocorticoid receptor antagonist (MRA) spironolactone, in terms of delaying the progression of early diabetic nephropathy (DN) [2]. However, concerns regarding the development of hyperkalemia in those with decreased renal function need to be addressed. The nonsteroidal MRA finerenone (BAY 94-8862) was well-tolerated in a Japanese population with DN and did not exert adverse effects on serum potassium levels or renal function [3,4]. A study of the safety of the selective aldosterone receptor antagonist MT-3995 regarding the development of hyperkalemia in subjects with DN is required [5].

We appreciate your interest in, and comments on, our article and we hope that our revisions have addressed your concerns.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

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