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Correction: Targeting TRPM3 as a potential therapeutic approach for autosomal dominant polycystic kidney disease

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The original version of this Article contained an error in Figure 7, panels g and h, where the labels mistakenly repeated those from Figure 6. The original Figure 7 and accompanying legend appear below.

The original Article has been corrected.

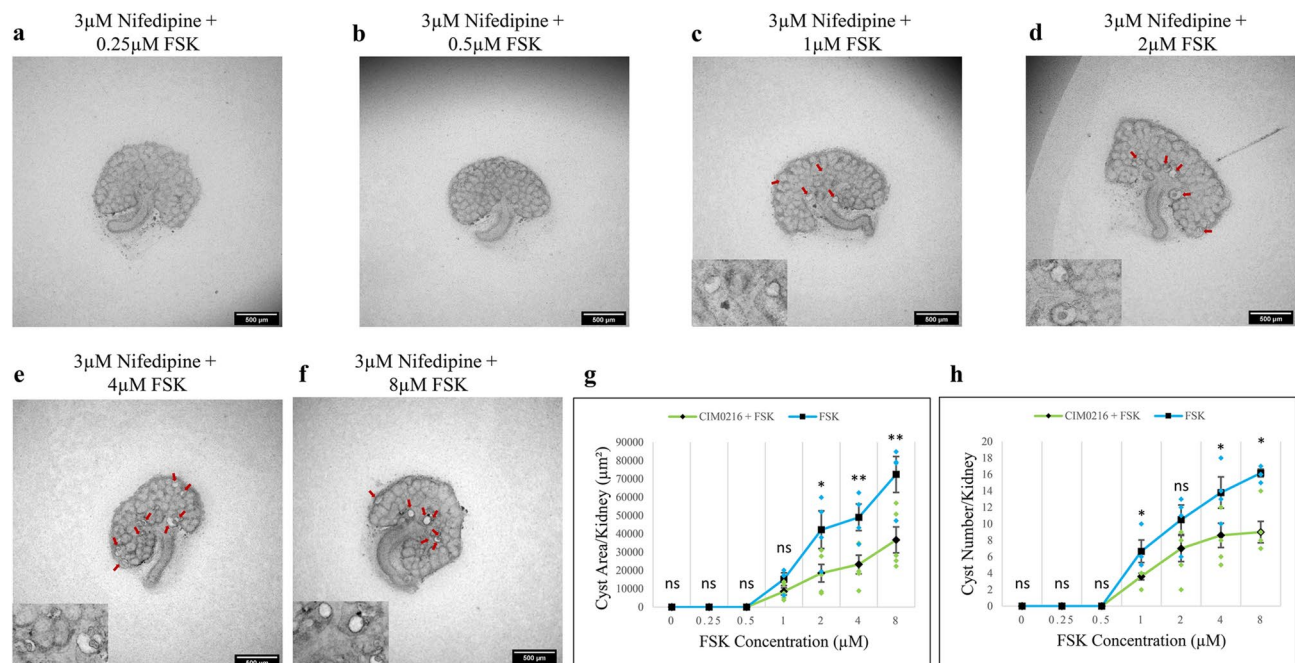


Fig. 7. Nifedipine attenuated FSK-driven cyst formation. Cultured E12.5 kidneys were treated with 3 μM nifedipine and varying concentrations of FSK. Cyst formation was imaged and quantified after 2 days of culture. (a–f) Brightfield images of E12.5 kidney rudiments treated with 3 μM nifedipine and 3 μM nifedipine with 0.25 μM, 0.5 μM, 1 μM, 2 μM, 4 μM and 8 μM FSK. (g,h) Quantification of cystic areas and cyst numbers in E12.5 kidney rudiments after 2 days of 3 μM nifedipine with varying concentrations of FSK (green line) and FSK alone (blue line). Cysts were indicated by red arrows. In (g) and (h), data are means of at least 3 kidneys. Error bars indicate standard errors of the mean. *p*-values were calculated using unpaired *t*-tests. **p* < 0.05, ***p* < 0.008, ns; not significant. The FSK data presented are reproduced from Fig. 1.

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