Corrections

Following are corrections to the 1998 50th Annual Meeting Program (Vol. 50, No. 4, Supplement 4):

Posters P03.081 and P03.085 were printed with technical errors and appear below in their corrected form.

P03.081

Benefit of Clopidogrel in Patients with Evidence of Cerebrovascular Disease

J. Donald Easton, Providence, RI

OBJECTIVE: To examine the effect of clopidogrel in patients with previous cerebrovascular disease.

BACKGROUND: Clopidogrel is a new antiplatelet agent with potent activity as a platelet ADP receptor antagonist. CAPRIE compared the long-term benefits of clopidogrel (75 mg daily) and aspirin (325 mg daily) in 19,185 patients at risk of vascular ischemic events (*Lancet* 1996;348:1329–39).

DESIGN/METHODS: The CAPRIE population comprised qualifying condition subgroups with either recent ischemic stroke (IS), recent myocardial infarction (MI), or symptomatic atherosclerotic peripheral arterial disease. Overall, patient characteristics were well balanced between treatment groups. For patients whose qualifying event was IS, those in the clopidogrel and aspirin arms were well matched with respect to mean time to randomization (53.3 ± 47.6 days vs. 52.7 ± 47.3 days, respectively), type of stroke (60.3% atherothrombotic/38.7% lacunar/1.1% retinal vs. 58.3% atherothrombotic/40.7% lacunar/1.0% retinal), and stroke severity (55.8% moderate/21.9% severe vs. 54.9% moderate/22.3% severe).

RESULTS/CONCLUSIONS: For the primary outcome cluster of IS, MI, or vascular death, there was a relative risk reduction (RRR) of 7.3% (95% CI, −5.7 to 18.7) in favor of clopidogrel for the stroke qualifying condition subgroup. In a larger population, consisting of all patients with a history of cerebrovascular disease (stroke, transient ischemic attack, reversible ischemic neurologic deficit, or amaurosis fugax), there was an 8.3% RRR (95% CI, −3.5 to 18.8) in favor of clopidogrel. This is totally consistent with the result of the primary analysis, which showed an 8.7% RRR (p = 0.043) for the overall population. For IS as an outcome in the overall study population, there was a RRR of 5.2% (95% CI, −7.9 to 16.7) in favor of clopidogrel. This result is consistent with the beneficial effect of clopidogrel for the other components of the primary outcome cluster (MI, RRR = 19.2% [95% CI. 5.3 to 31.0]; vascular death, RRR = 7.6% [95% CI, −6,9 to 20.1]). These data demonstrate that clopidogrel is more effective than aspirin for the prevention of vascular ischemic events in patients with a broad spectrum of symptomatic atherosclerotic vascular disease, including those with a past history of cerebrovascular disease.

P03.085

Number of Major Vascular Events Prevented by Clopidogrel versus other Cardiovascular Therapies

José Biller, Indianapolis, IN

OBJECTIVE: To compare the number of major vascular events prevented by the platelet ADP-receptor antagonist clopidogrel and by other cardiovascular therapies.

BACKGROUND: In CAPRIE, a randomized, blinded, international trial of clopidogrel and aspirin in nearly 20,000 patients, clopidogrel provided a relative risk reduction of 8.7% over and above the 25% risk reduction generally accepted for aspirin.

DESIGN/METHODS: We compared the number of events prevented by clopidogrel and aspirin in the CAPRIE population with the number of events prevented by other commonly used treatments.

Treatment	Population	End Points	Events Prevented per 1000 Pts (mean/year)
Clopidogrel (*Lancet* 1996;348:1329; *BMJ* 1994;308: 81)	Atherosclerotic	Ischemic stroke (IS), myocardial infarction (MI), vascular death	24
Aspirin (*Lancet* 1996;348:1329; *BMJ* 1994;308: 81)	Atherosclerotic	IS, MI, vascular death	19
Warfarin (*Arch Intern Med* 1994;154:1449)	Atrial fibrillation	Stroke, systemic embolism, death	48
Antihypertensive drugs (*BMJ* 1985;291:97)	Hypertension (mild)	Cardiovascular (CV) events, CV deaths	1.6
Antihypertensive drugs (*JAMA* 1991;265:3255)	Hypertension (>60 years)	All strokes	6
Simvastatin (*Lancet* 1994; 344:1383)	Hypercholesterolemic + coronary heart disease	Death, atherosclerotic events	17

RESULTS AND CONCLUSIONS: In a population similar to that in CAPRIE, clopidogrel prevents 24 events per 1000 patients treated per year, a 26% increase over aspirin in the absolute number of first vascular events avoided. The benefit of clopidogrel is greater than that of other well-accepted drugs used in populations at lower risk of vascular events.

The authors of poster P01.071 are cited incorrectly in the author index. The authors of that poster are: L. Durelli, U. Ecari, and B. Ferrero.

Correction

In the article "Metrifonate treatment of the cognitive deficits of Alzheimer's disease" by Cummings et al. (1998;50:1214–1221), reference 22 should have been cited in the text as Bayer Corporation, West Haven, CT, data on file. Therefore, reference 23 should have been cited as 22, 24 as 23, and so on. We apologize for any inconvenience or confusion this may have caused.

Correction

In the article "In vivo effects of interferon beta-1a on immunosuppressive cytokines in multiple sclerosis" by Rudick et al. (1998;50:1294–1300), the numeral "IV" was erroneously spelled out as "intravenous" in the Abstract. We apologize for any inconvenience or confusion this may have caused.

Correction

Neurology 1998;51;332-332-d
DOI 10.1212/WNL.51.1.332-d