

One advantage of blood donation is that these insoluble protein products and inflammatory agents may be removed in the process. Therefore, patients who donate blood frequently may reduce the total amount of amyloid precursor protein (APP) and the interleukin 1 that has a role in regulating APP's synthesis.⁹

If the authors have this information perhaps they can assess the risk of developing AD with the amount of blood donated. I would predict that the risk of developing AD is inversely proportional to the amount of blood donated over a person's lifetime.

Daniel L. Menkes, Memphis, TN

Disclosure: The author reports no conflicts of interest.

Reply from the Author: We thank Dr. Menkes et al. for their interest in our report and for their interesting hypothesis. We do not have systematic data on the blood donation habits of Framingham Study participants and hence we can neither support nor refute the author's hypothesis. However, while our study found a relationship between peripheral blood mononuclear cell production of cytokines and the risk of AD, we found no such relationship between serum cytokines concentrations and incident AD.

Zaldu S. Tan, MD, MPH, Boston, MA

Disclosure: The author reports no conflicts of interest.

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CORRECTION

Practice Parameter: Treatment of nervous system Lyme disease (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology

For the Special Article "Practice Parameter: Treatment of nervous system Lyme disease (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology," by J.J. Halperin et al. (*Neurology*[®] 2007;69:91–102), the following Conflict of Interest statement was inadvertently omitted. The Academy regrets the error.

Dr. Halperin holds equity in Abbott, Bristol Myers Squibb, Johnson & Johnson, Schering Plough, and Vasogen. He has served as an expert witness in medical malpractice actions. Dr. Shapiro has received funds for reviewing disability claims from Metropolitan Life Insurance Company and has served as an expert witness in malpractice actions. He has also received honoraria from Merck, Inc. and Aventis for speaking engagements. Dr. Shapiro receives funding from NIH grants K24RR022477, KL2RR024138, and UL1RR024139. Dr. Logigian has been a consultant to Actelion Pharmaceuticals, Ltd. and served as an expert witness in a Lyme disease case in 2004. Dr. Belman has nothing to disclose. Dr. Dotevall has received monies from Pfizer for lecturing. Dr. Wormser reports having received research grants related to Lyme disease from the Centers for Disease Control and Prevention, the National Institutes of Health, Immunetics, Inc., and BioRad. He was part owner of Diaspex, LLC, a company with no products or services. He has been an expert witness for the United States in a medical malpractice case and has been retained in other medical practice cases involving Lyme disease. Dr. Wormser has overseen educational grants to New York Medical College to support Infectious Diseases grand rounds from Merck and AstraZeneca, and one from Pfizer is expected in 2008. Dr. Krupp has no conflicts of interest to report. Dr. Gronseth holds financial interests in Pfizer and GlaxoSmithKline, has received speaker honoraria from Boehringer Ingelheim, and has received honoraria from Ortho-McNeil for serving on the IDMC Committee. Dr. Bever has received honoraria from Teva Pharmaceuticals, Berlex Laboratories, Serono, Pfizer, Senofi-Aventis, and Accordia Therapeutics. Dr. Bever has received research funding from Serono and Accordia Therapeutics.

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CORRECTION

Neurology 2008;70;1223

DOI 10.1212/01.wnl.0000314147.03262.b6

This information is current as of March 31, 2008

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