

by the clinical experiences of health care providers to help clarify those needs on behalf of patients.

Reasonable compensation of physicians for their efforts and expertise in drug development is appropriate as long as disclosure is transparent, as was the case in our article. We believe that a collaborative approach to developing new medicines serves the interests of patients.

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1. Connor KM, Shapiro RE, Diener H-C, et al. Randomized, controlled trial of telcagepant for the acute treatment of migraine. *Neurology* 2009;73:970–977.
2. McCrory DC, Gray RN. Oral sumatriptan for acute migraine. *Cochrane Database Syst Rev* 2003;CD002915.
3. Tepper SJ, Cleves C. Telcagepant, a calcitonin gene-related peptide antagonist for the treatment of migraine. *Curr Opin Investig Drugs* 2009;10:711–720.
4. Treatment of migraine in patients with stable vascular disease. NCT00662818. Available at: <http://www.clinicaltrials.gov/>. Accessed October 18, 2009.
5. Bigal ME, Borucho S, Serrano D, Lipton RB. The acute treatment of episodic and chronic migraine in the USA. *Cephalalgia* 2009;29:891–897.
6. Bigal ME, Lipton RB. Excessive acute migraine medication use and migraine progression. *Neurology* 2008;71:1821–1828.

CORRECTION

Differences in stroke outcome based on sex

In the article “Differences in stroke outcome based on sex” by N. Shobha et al. (*Neurology*® 2010;74:767–771), in table 2 the values for SIS-16 > 75 in non-tPA patients should be 473 (69.9%) for male and 308 (58.1%) for female patients. The corrected table is reprinted below. The authors regret the error.

Table 2 Mortality and functional status 6 months after stroke

Variable	Total			Non-tPA patients			tPA patients		
	Non-tPA (n = 1,881)	tPA (n = 232)	p	Male (n = 1,058)	Female (n = 823)	p	Male (n = 136)	Female (n = 96)	p
In-hospital mortality, n (%)	94 (5.0)	26 (11.3)	<0.001	94 (5.0)	26 (11.3)	0.216	13 (9.6)	13 (13.7)	0.329
Follow-up sample size, n	1,740	201		983	757		120	81	
6-month mortality, n (%)	72 (5.0)	14 (8.1)	0.081	36 (4.4)	36 (5.6)	0.3	8 (7.8)	6 (8.5)	0.885
Follow-up alive patients sample size, n	1,382	159		777	605		94	65	
SIS-16 >75, n (%)	781 (64.7)	86 (61.4)	0.443	473 (69.9)	308 (58.1)	<0.001	50 (61.7)	36 (61.0)	0.932

Abbreviations: SIS-16 = Stroke Impact Scale-16 score; tPA = tissue plasminogen activator.

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