after smoking this substance. We found a small bag of synthetic cannabis and a small cigarette that had been smoked, which supported the diagnosis. Our patient improved over 36 hours with supportive care, IV saline, and some intermittent low-dose lorazepam. The authors thank the authors for their case that also outlines the role of this substance in young patients with stroke. Spice use should also be considered in patients who mimic the triad of serotonin-like syndrome, like findings of autonomic (tachycardia, hypertension), neuromuscular (asterixis or myoclonus), and CNS (seizures, encephalopathy) findings.

Author Response: Clifton L. Gooch, Melissa J. Freeman, David Z. Rose, W. Scott Burgin, Tampa, FL: The authors thank Drs. Freeman and Louh for the interest in our article[1] and for describing their patient with spice-induced seizure and encephalopathy. Their case report emphasizes the broadening spectrum of neurologic injury associated with synthetic marijuana, which is likely to expand as greater varieties and numbers of these compounds appear.[2] Increasing vigilance on the part of first responders, emergency center personnel, neurologists, and other health care providers, and increasing education of the lay public on the potential risks of these agents, is paramount. They are often considered by naive consumers to be safe (due to their conceptual association with cannabis) and are frequently marketed in colorful, trendy packaging designed to give an air of commercial legitimacy and to attract the attention of adolescents and young adults. Public health agencies, schools, and clinics should expeditiously incorporate information highlighting the dangers of these compounds into their campaign materials, and governmental authorities should consider targeted legislation designed to curb their distribution and sale.

1. Freeman MJ, Rose DZ, Myers MA, et al. Ischemic stroke after use of the synthetic marijuana "spice." Neurology 2013;81:2090–2093.
2. Gunderson EW. Synthetic cannabinoids: a new frontier of designer drugs. Ann Intern Med 2013;159:563–564.

CORRECTIONS

Long-term safety and effectiveness of natalizumab redosing and treatment in the STRATA MS Study

In the article "Long-term safety and effectiveness of natalizumab redosing and treatment in the STRATA MS Study" by P. O'Connor et al. (*Neurology*® 2014;83:78–86), there are errors in the Methods and references. The first sentence of the Patients section (under Methods) should read: "GLANCE (natalizumab + glatiramer acetate vs GA alone [given with placebo])[17]…." The link in reference 11 should read: http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/medicines/000603/human_med_001119.jsp&mid=WC0b01ac058001d124. The authors regret the errors.

Prospective randomized trial of venous angioplasty in MS (PREMiSe)

In the article "Prospective randomized trial of venous angioplasty in MS (PREMiSe)" by A.H. Siddiqui et al. (*Neurology*® 2014;83:441–449), there is an error in table 3. The first column, fifth row should read: "T1-LV absolute change." The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).