

effects of IFN β -1a on all biological levels including pharmacodynamics, MRI activity, and clinical response.² The rate of NAb positivity in patients treated with this particular preparation of IFN β -1a is approximately 20% and persistency of NAb over many years is very likely.^{3,4} Even in patients with transient NAb, disease activity is higher during NAb-positive than NAb-negative periods.² Moreover, a study of such a long duration would have been ideally suited for NAb analysis because the clinical consequences of NAb occur only after 2 years on medication.² To recognize the “true” superiority of alemtuzumab over IFN β -1a, the subgroup of persistently NAb-negative patients on the latter treatment arm should have been analyzed separately. In a world where biomarkers have become of central interest in MS research and guidelines include NAb in treatment decisions,⁵ it is surpris-

ing that such a reliable biomarker of treatment response can still be ignored.

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CORRECTION

Focal atrophy on MRI and neuropathologic classification of dementia with Lewy bodies

In the article “Focal atrophy on MRI and neuropathologic classification of dementia with Lewy bodies” by K. Kantarci et al. (*Neurology*[®] 2012;79:553–560), there is an error in the author list. The seventh author’s name should read Melissa E. Murray. The authors regret the error.

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

Neurology[®]

Focal atrophy on MRI and neuropathologic classification of dementia with Lewy bodies

Neurology 2012;79;1072

DOI 10.1212/WNL.0b013e31826d58ae

This information is current as of September 3, 2012

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