effects of IFNβ-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 IFNβ-1a is approximately 20% and persistency of NAbs over many years is very likely.[3,4] Even in patients with transient NAbs, 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 NAbs occur only after 2 years on medication.[2] To recognize the "true" superiority of alemtuzumab over IFNβ-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 NAbs in treatment decisions,[5] it is surprising 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).