CORRECTION

Interferon β -1b–neutralizing antibodies 5 years after clinically isolated syndrome

In the article “Interferon β -1b–neutralizing antibodies 5 years after clinically isolated syndrome” by H.-P. Hartung et al. (*Neurology*® 2011;77:835–843), the following errors occurred.

The authors did not plan to publish figure 1 and therefore did not reference it in the text. Moreover, this figure was published with an incorrect title and an incorrect legend. However, the figure presents correct data providing characteristic examples of the development and reversion of NAb positivity over time: (A) monophasic NAb course in 3 patients with peak low, medium, and high titers; (B) sustained NAb increase in a patient with peak high titers; and (C) fluctuating NAb course in 2 patients with peak low and high titers.

Figure 2 in the manuscript is also incorrect as it is an older version of similar analyses but provides less detailed information. See below for the new version of this figure, which should be figure 1 as referenced in the text of the manuscript. The correct version shows Kaplan-Meier curves in NAb-negative patients vs “eventually NAb-positive patients” with low, medium, and high titers for time to (A) CDMS, (B) confirmed EDSS progression, and (C) McDonald MS as presented below.

The figure referenced in the text as figure 2 is missing from the published article. This figure provides the percentage of patients with ≥ 1 gadolinium-enhancing lesion on brain MRI vs NAb positivity at annual timepoints as presented below.

The version of the paper that was peer-reviewed had the correct figures. Inadvertent substitution of the figures occurred later. The authors regret the errors.

Figure 1 Kaplan-Meier curves for time to (A) CDMS, (B) confirmed EDSS progression, and (C) McDonald MS

Figure 2 Percentage of patients with ≥ 1 gadolinium-enhancing lesion vs NAb positivity at annual timepoints

Figure 2 *Mean NAb titers (NU/mL) in positive patients were lowest in year 1, increased until year 3, and then slightly decreased. Of note, due to reversion to stable NAb status in the majority of patients who eventually became NAb-positive, the number of NAb-positive patients decreased at later timepoints.

Figure 1 Time-to-event outcomes (time to CDMS, time to confirmed progression defined by an EDSS increase of at least 1.0, and time to McDonald MS) were analyzed by Cox proportional hazards regression comparing the risk in NAb-negative patients vs “eventually NAb-positive patients” with low, medium, and high titers, while also adjusting for the covariates age, gender, number of T2/gadolinium-enhancing lesions, mono-/multifocal presentation, and use of steroids at the time of a first clinical event suggestive of MS. Time to McDonald MS is a combined endpoint of clinical and MRI events. Arrows indicate when an MRI was performed. Of note, increase in risk in NAb-positive patients occurred around the time of MRI, indicating that this risk increase was driven primarily by MRI events.

Neurology[®]

Interferon β -1b–neutralizing antibodies 5 years after clinically isolated syndrome

Neurology 2011;77:1317

DOI 10.1212/WNL.0b013e318233c6e0

This information is current as of September 26, 2011

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/77/13/1317.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright Copyright © 2011 by AAN Enterprises, Inc.. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.