due to the decreased permeability effect of bevacizumab. Dr. Chamberlain suggests that this decreased incidence of pseudoprogression did not appear to diminish OS, which he primarily attributes to the impact of MGMT promoter methylation in patients. That is an interesting hypothesis but in our view, inflammatory response is vital to the synergism between radiation therapy and temozolomide chemotherapy. In the study by Lai et al.,⁵ up-front bevacizumab did decrease OS (albeit, not significantly) from 21.1 months to 19.6 months. This effect was particularly apparent in patients under 50 years old and with lower recursive partitioning analysis class,⁵ groups who typically have the best outcomes in GBM trials.

We agree with Dr. Chamberlain that bevacizumab represents an improvement in the treatment of GBM, but argue that this is only true in progressive disease. Until a survival advantage is demonstrated in treating GBM up-front with bevacizumab, there is no clear role for its use in this setting.

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Disclosure: See original article for full disclosure list.

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CORRECTION

Vitamins B₁₂, B₆, and folic acid for cognition in older men

In the article “Vitamins B₁₂, B₆, and folic acid for cognition in older men” by A.H. Ford et al. (*Neurology*[®] 2010;75:1540–1547), the daily dose of vitamin B₁₂ used in the trial was reported as 400 µg, but should have been 500 µg. The authors regret the error.

Neurology[®]

Vitamins B₁₂, B₆, and folic acid for cognition in older men

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