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**SUMMARY OF EVIDENCE-BASED GUIDELINE
UPDATE: PREVENTION OF STROKE IN
NONVALVULAR ATRIAL FIBRILLATION: REPORT
OF THE GUIDELINE DEVELOPMENT
SUBCOMMITTEE OF THE AMERICAN ACADEMY
OF NEUROLOGY**

Raul G. Lopez Valle, Houston: I read the most recent American Academy of Neurology guidelines regarding the prevention of stroke in nonvalvular atrial fibrillation.¹ In the meta-regression of studies using continuous monitoring techniques, the authors reported a “*p* value of less than 0.0000.” This seems incorrect because a *p* value cannot be smaller than zero or negative. The value of a “*p* value” is that it is used to either reject or accept the null hypothesis, which indeed depends upon the α value set forth by the researchers. It is likely that the reported *p* value does not represent a real zero, but it is small enough to reject the null hypothesis. I could not find the

name of the software used to perform the meta-regression and that is important, because the software used either cannot distinguish between the very small *p* value and 0 or was not designed to provide a specific *p* value when it is too small. Because a *p* less than 0.000000001 will not indicate anything more than a *p* less than 0.001, a “*p* less than 0.001” will suffice.

Author Response: Gary Gronseth, Kansas City, KS: Regarding the *p* value in our guideline,¹ Dr. Lopez Valle is correct: the *p* value referred to is not less than zero. The program used to perform the meta-regression calculates *p* values to 4 digits of significance. The actual *p* value is somewhere between zero and 0.00005. The point, of course, is that the *p* value is very small and the observed association is unlikely to be related to chance.

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1. Culebras A, Messé SR, Chaturvedi S, Kase CS, Gronseth G. Summary of evidence-based guideline update: Prevention of stroke in nonvalvular atrial fibrillation: report of the Guideline Development Subcommittee of the American Academy of Neurology. *Neurology* 2014;82:716–724.

CORRECTION

Sustained focal antitumor activity of bevacizumab in recurrent glioblastoma

In the article “Sustained focal antitumor activity of bevacizumab in recurrent glioblastoma” by O. Bähr et al. (*Neurology*® 2014;83:227–234), there is an error in the figure 2 legend, which should read: “Figure 2A shows the overall survival of patients without (black line) and patients with lesions with (red line, DWI/ADC) restricted diffusion. 2B shows overall survival of patients without (black line) and patients with (red line, T1) T1-hyperintense lesions. 2C shows overall survival of patients without (black line) and patients with (red line) ‘double-positive’ lesions. Tick marks indicate the time of patient censoring.” The editorial staff regrets the error.

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

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Sustained focal antitumor activity of bevacizumab in recurrent glioblastoma

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