young age should not be used as a treatment indication.

Author Response: Nima Etminan, Mannheim, Germany; Akio Morita, Tokyo; Seppo Juvela, Helsinki: We thank Dr. Mayer for the comments on our recent article.¹ As highlighted in the article, the proposed unruptured intracranial aneurysm (UIA) treatment score system requires further validation based on prospective data; this will commence shortly.

Due to the unique pathogenesis, natural history, and risk of treatment of UIAs, it is difficult to apply data from other entities (including arteriovenous malformations) to decide on the appropriate management of UIAs.⁴ There are data from prospective cohort studies on UIAs that can guide decision-making, but many uncertainties remain.^{5a–7} This is complicated by lack of risk factor data for UIA treatment. Even though the quantities “natural history of UIAs” (a risk event rate) and “risk of treatment” (a one-time risk) cannot be directly compared, existing data suggest that preventive repair may be warranted if the cumulative lifelong risk of UIA rupture, including the annual discount rate for the remaining lifetime, outbalances the risk of UIA repair.

Thus, the disproportionate distribution of factors favoring treatment reflects the higher number of factors determining UIA rupture risks vs factors determining the one-time risk (preventive treatment). Despite the limitation of subgroup selection, recent data on the significant lifelong rupture risks of

younger patients with UIA underline the necessity for a critical assessment of these patients.⁸

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CORRECTION

Practice Guideline: Idiopathic normal pressure hydrocephalus: Response to shunting and predictors of response: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology

In the Practice Guideline “Idiopathic normal pressure hydrocephalus: Response to shunting and predictors of response” by J.J. Halperin et al. (*Neurology* 2015;85:2063–2071), there is an error in figure 1. The R_0 value on the x-axis and in the sixth line of the figure legend should read >12 , rather than ≥ 12 and <12 , respectively, as originally published. The authors regret the error.

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Neurology 2016;86;793

DOI 10.1212/WNL.0000000000002432

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