

The prevalence of intracranial atherosclerosis in the population we evaluated was relatively low, thereby setting the stage for the detection of a low PPV. Clearly, low PPV does not obviate the utility of the tests as they appear to reliably exclude disease and function as excellent screening tests.

We agree that requiring two noninvasive tests as abnormal might increase PPV. We specifically excluded this approach in the SONIA trial as it would have introduced bias into our results. It was our impression that without complete control of ordering a diagnostic test, local investigators would be substantially more likely to order a second noninvasive test in patients whose first noninvasive test was positive. Therefore, this would bias the sample and not provide an appropriate forum for assessing how noninvasive test combinations perform. An additional reason for not considering the combination of two tests is because of the unblinding that may occur in the performance of the second test.

We agree that the timing of test performance may be important because of recanalization of emboli leading to false positive results. We will

reanalyze our data in this regard and see if the time of testing had an effect on PPV. We will analyze only noninvasive tests performed after 1 week after the onset of symptoms.

We suspect that given the way patients are typically evaluated at the sites in the SONIA trial, however, the sample size would likely be small as most patients are tested rather quickly after the onset of symptoms.

*Edward Feldmann, MD, Providence, RI, On behalf of the SONIA Steering Committee and the SONIA Investigators*

*Disclosure:* Some or all of the authors have given expert testimony related to the subject of the article to which this correspondence refers.

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### **CORRECTION**

#### **Treatment of migraine: A headache for the emergency department**

In the editorial “Treatment of migraine: A headache for the emergency department,” by W.J. Becker and R.J. Kryscio (*Neurology*<sup>®</sup> 2007;69:2034–2035), metoclopramide is described erroneously as a dopamine agonist rather than a dopamine antagonist. The authors regret the error.

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## Treatment of migraine: A headache for the emergency department

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