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. 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 0.00000001 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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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.
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