Author Response: Julie A. Schneider, Lei Yu, David A. Bennett, Chicago: We thank Dickson et al. for their comments on our article.¹ They expressed concern that by including HS without TDP pathology in the definition of HS we may have masked an association of the TMEM variant with HS. In our study, 13% (n = 70) of 544 subjects had HS pathology. Of these, TDP was present in 60 (86%; HS+TDP) and absent in 10 (14%; HS-TDP). To address their concern, we excluded HS-TDP and revised our logistic regression model using HS+TDP as the outcome. We did not find a significant association of TMEM with HS+TDP (odds ratio 1.183, 95% confidence interval 0.799–1.752, $p = 0.402$).

To ensure results were not confounded by TDP, we repeated the model by further controlling for TDP and results were unchanged ($p = 0.512$). Overall, while we agree that HS with and without TDP may reflect differing disease processes, these analyses show that a relationship between TMEM and HS was not masked by our inclusive definition and support that TMEM is related specifically to the pathology of

TDP. However, results might vary with larger numbers of HS cases, especially if one considers HS+TDP as the outcome. Further studies of the TMEM variant, HS, and TDP pathology in community-based cohorts are warranted.

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CORRECTION

Poor early relapse recovery affects onset of progressive disease course in multiple sclerosis

In the article “Poor early relapse recovery affects onset of progressive disease course in multiple sclerosis” by M. Novotna et al. (*Neurology*® 2015;85:722–729), there is an error in the disclosures. Dr. Lucchinetti’s disclosures should read: “C.F. Lucchinetti has received research support from the Department of Defense, NIH, Novartis, Biogen, Alexion, and Sanofi; holds a patent re: Aquaporin-4- associated antibodies for diagnosis of neuromyelitis optica; and receives royalties from the publication of *Blue Books of Neurology: MS 3* (Saunders Elsevier, 2010).” The authors regret the error.

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