persistent apraxia of speech. This marked clinical variability is reminiscent of the spectrum documented with proteinopathies in frontotemporal lobar degenerations.³

Author Response: Carly Oboudiyat, Chicago: I thank Lapalme-Remis et al. for the interest in our report.¹ While the case described by Lapalme-Remis et al. is interesting with convincing genetics, it sounds like a more classic, early presentation of DLS with bilateral white matter hyperintensities and motor findings, rather than relatively isolated aphasia corresponding to strikingly unilateral white

matter and neuropathologic findings as reported in our patient.¹

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2. Nicholson AM, Baker MC, Finch NA, et al. CSF1R mutations link POLD and HDLS as a single disease entity. *Neurology* 2013;80:1033–1040.
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CORRECTION

Quality improvement in neurology: Multiple sclerosis quality measures: Executive summary

In the Special Article “Quality improvement in neurology: Multiple sclerosis quality measures: Executive summary” by A. Rae-Grant et al. (*Neurology* 2015;85:1904–1908), there is an error in the Results. The first sentence of the third paragraph should read: “Five measures are intended to be applied at the system or accountable care organization level, and these include measures to address bladder infections, fatigue, cognitive impairment, depression, and quality of life.” The authors regret the error.

Neurology®

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Neurology 2016;86:1465

DOI 10.1212/WNL.0000000000002648

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