

clear that data on sICH were available from 97 (not 98) control patients.³

Author Response: Ching-Jen Chen, Dale Ding, Robert M. Starke, Kenneth C. Liu, Andrew M. Southerland, Bradford B. Worrall, Charlottesville, VA:

We appreciate the comments by Tsvigoulis et al. on our review.¹ With regards to the all-cause mortality in the SWIFT PRIME trial, although table 2 reported mortality in 12 of 97 patients at 90 days in the control group, the data for final assessment at 90 days were only available in 93 patients.³ This is evident in figure e-2 and reflected in figure 1 of the original publication.³ Therefore, the final assessment of mortality should be 12 of 93 patients at 90 days.

We agree with Tsvigoulis et al. that the result of symptomatic intracranial hemorrhage in the SWIFT

PRIME trial should be 3 of 97 patients in the control group. We thank the authors for bringing this error to our attention and are grateful for the opportunity to rectify the data.

Editor's Note: A correction appears on page 2316 of this issue related to this WriteClick exchange.

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1. Chen CJ, Ding D, Starke RM, et al. Endovascular vs medical management of acute ischemic stroke. *Neurology* 2015; 85:1980–1990.
2. Tsvigoulis G, Safouris A, Katsanos AH, Arthur AS, Alexandrov AV. Mechanical thrombectomy with stent retrievers for emergent large vessel occlusion: a critical appraisal of recent RCTs. *Brain Behav* 2016;7:e00418.
3. Saver JL, Goyal M, Bonafe A, et al. Stent-retriever thrombectomy after intravenous t-PA vs. t-PA alone in stroke. *N Engl J Med* 2015;372:2285–2295.

CORRECTION

Endovascular vs medical management of acute ischemic stroke

In the article “Endovascular vs medical management of acute ischemic stroke” by C.-J. Chen et al. (*Neurology* 2015;85:1980–1990), there is an error in figure 1, panel C. The total number of patients in the “Medical Management” group for the SWIFT PRIME trial should read 97, rather than 98 as originally published. The authors regret the error.

Author disclosures are available upon request (journal@neurology.org).

Neurology[®]

Endovascular vs medical management of acute ischemic stroke

Neurology 2016;86;2316

DOI 10.1212/WNL.0000000000002782

This information is current as of June 13, 2016

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