Potential for treatment benefit of small molecule CGRP receptor antagonist plus monoclonal antibody in migraine therapy

In the article “Potential for treatment benefit of small molecule CGRP receptor antagonist plus monoclonal antibody in migraine therapy” by Mullin et al., first published online January 13, 2020, the last sentence of the abstract’s Results should read “While using rimegepant alone or together with erenumab, patients reported no related adverse events.” The sentence appears correctly in the May 19, 2020, issue. The authors regret the error.

Reference

Retinal defect in children with infantile spasms of varying etiologies
An observational study

In the article “Retinal defect in children with infantile spasms of varying etiologies: An observational study” by McFarlane et al., the percentage of vigabatrin-naive children (59 out of 312) should be 18.9% in the Abstract Results, in the Results section under the heading, “Prevalence of retinal defect in vigabatrin-naive children,” and in table 3. Further, the second and third sentences in the Discussion should read, “We found that nearly a fifth of vigabatrin-naive children (before treatment with vigabatrin or <4 weeks of vigabatrin treatment) with IS showed evidence of a retinal defect on the 30-Hz flicker ERG. Nearly a quarter of vigabatrin-naive children with a structural-acquired perinatal cause of spasms had an abnormal ERG.” Finally, the first sentence of the last paragraph of the Discussion section should read, “[The 30-Hz flicker ERG response is reduced in almost 19% of children under 3 years of age with IS who are naive to vigabatrin.]” The initial online version of the article has been republished with the corrected text along with a supplement (links.lww.com/WNL/B51) highlighting the errors, and the final version appears without the errors. The authors regret the errors.

Reference
Potential for treatment benefit of small molecule CGRP receptor antagonist plus monoclonal antibody in migraine therapy

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