those patients with the most active disease compared with treated cohorts in other western countries. However, alemtuzumab has been available in our center off-license since 2005, and our study’s long-term outcomes mirror those reported in another alemtuzumab-treated cohort.5

The expansion in DMTs in the last decade has led to the development of several options to treat relapsing MS but a lack of data or consensus on DMT sequencing choices. We agree with the authors that RCT data are urgently needed6 and, anticipating this, used the results from this observational study as preliminary data to inform the development of the Determining the Effectiveness of Early Intensive vs Escalation Approaches for the Treatment of Relapsing-Remitting Multiple Sclerosis (DELIVER-MS) trial. DELIVER-MS is a pragmatic parallel group, randomized clinical trial designed to compare outcomes of people treated with an early intensive approach vs an escalation approach. In 24 centers (12 in the United States and 12 in the United Kingdom), we aim to recruit 400 randomized and 400 observational patients with a definite diagnosis of MS, onset in the last 5 years, who are treatment naive, to receive either an escalation approach or an early intensive treatment approach. The primary end point is brain volume loss at 36 months and secondary end points include the accumulation of disability and health-related quality of life. We look forward to the results of this trial and hope that it will provide a more definitive answer to the question of the effect of initial treatment approaches on long-term outcomes in MS.

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Conflict of Interest Disclosures: Dr Harding reported grants and nonfinancial support from Novartis as well as personal fees from Biogen and Merck outside the submitted work. Dr Tallantyre reported honoraria and support to attend educational meetings from Merck and Novartis, support to attend educational meetings from Biogen, and a salary as a UK MS Registry fellow from Biogen outside the submitted work. Dr Robertson reported grants from Genzyme and Novartis outside the submitted work. Dr Robertson reported grants from Genzyme and Novartis outside the submitted work. Dr Robertson reported nonfinancial support from Novartis to Small-Fiber Polyneuropathy: A Review,”1 published in October 2019, had an error in an affiliation. Dr Nolano’s affiliation was reported as “Skin Biopsy Laboratory, Department of Neurology, IRCCS, SpA SB, Telese Terme, Italy,” omitting another institutional name that should have come after “IRCCS.” The name, “Istituti Clinici Scientifici Maugeri,” has been added to correct the error.


CORRECTION

Error in Byline: In the Original Investigation titled “Recovery After Mild Traumatic Brain Injury in Patients Presenting to US Level I Trauma Centers: A Transforming Research and Clinical Knowledge in Traumatic Brain Injury (TRACK-TBI) Study,” published online June 6, 2019, and in the September print issue, there was an omission in the author byline. The group authorship listing for the TRACK-TBI Investigators included Claudia S. Robertson, MD. Her name and degree should have been added instead in the main byline of the article. This article was corrected online.


Incorrect Affiliation: In the Clinical Challenge titled “A Case of Muscle Twitching With Psoriasis,” published online July 15, 2019, Dr Qin’s affiliation was listed as the Department of Medicine at the University of Massachusetts Medical School, but the correct affiliation is the Department of Neurology. This article was corrected online.


Error in Affiliation: The Review “Scientific Advances in and Clinical Approaches to Small-Fiber Polyneuropathy: A Review,” published in October 2019, had an error in an affiliation. Dr Nolano’s affiliation was reported as “Skin Biopsy Laboratory, Department of Neurology, IRCCS, SPA SB, Telese Terme, Italy,” omitting another institutional name that should have come after “IRCCS.” The name, “Istituti Clinici Scientifici Maugeri,” has been added to correct the error.


Errors in Table and Supplemental Figure: In the Original Investigation entitled “Association of Chronic Active Multiple Sclerosis Lesions With Disability In Vivo,” there were errors in the article’s Table and in Figure 2 of the Supplement. The cell for “Sex, Female, No. (%)” was left empty, and it should be “28 (67).” There were visibility issues with Figure 2 in the Supplement. This article was corrected online on December 1, 2019.