tional limitations reported on the GOSE in the present study\(^1\) contradicts the assertion that the instrument lacks sensitivity. Moreover, we discourage assumptions that predominantly self-reported symptoms or functional limitations are invalid. Although these data cannot inform an understanding of response bias, prior work suggests that outcomes assessed in a research context do not necessarily show the patterns of response bias that are often found in medicolegal settings.\(^3\)

Other criticisms pertained to our defining the criteria of mTBI as an admission Glasgow Coma Scale (GCS) score of 13 to 15 and the decision to include patients with acute intracranial findings on computed tomography (CT) scans. We defined mTBI based on GCS scores because, in our experience, this is commonly done in the medical and research community. We agree that the population with GCS scores of 13 to 15 exhibits diverse TBI severity and other characteristics associated with outcomes, and thus it is important to recognize that one cannot, from these data alone, determine the cause(s) of persistent functional limitations. Nevertheless, the finding of diverse, sometimes poor outcomes in this population underscores the importance of moving beyond crude historic systems of TBI stratification and developing more refined approaches for classifying and treating patients. Finally, recognizing the importance of CT findings, all analyses were presented on the aggregate sample and stratified by CT findings. We hope that the availability of large, richly characterized datasets will support expanded views of TBI systems of TBI stratification and developing more refined approaches for classifying and treating patients. Finally, recognizing the importance of CT findings, all analyses were presented on the aggregate sample and stratified by CT findings. We hope that the availability of large, richly characterized cohorts of patients with TBI, such as the TRACK-TBI sample, places us at the cusp of reconceptualizing mTBI, which is critical for advancing precision medicine clinical care for the large “mild” TBI population.

Lindsay D. Nelson, PhD, ABPP-CN
Harvey S. Levin, PhD, ABPP-CN
Michael A. McCrea, PhD, ABPP-CN

Author Affiliations: Center for Neurotrauma Research, Department of Neurosurgery, Medical College of Wisconsin, Milwaukee (Nelson, McCrea); Departments of Physical Medicine, Neurology, Neurosurgery and Pediatrics, Baylor College of Medicine, Houston, Texas (Levin).

Corresponding Author: Lindsay D. Nelson, PhD, ABPP-CN, Center for Neurotrauma Research, Department of Neurosurgery, Medical College of Wisconsin, 8701 W Watertown Plank Rd, Milwaukee, WI 53226 (linelson@mcw.edu).

Published Online: December 30, 2019. doi:10.1001/jamaneurol.2019.4457

Correction: This article was corrected on February 20, 2020, to fix errors in the title.

Conflict of Interest Disclosures: Dr Nelson reported grants from the National Institutes of Health, Advancing a Healthier Wisconsin Endowment, US Department of Defense, National Collegiate Athletic Association, and National Football League as well as personal fees from the US Department of Energy outside the submitted work. Dr Levin reported grants from the National Institutes of Health and the US Department of Defense for research outside the submitted work. Dr McCrea reported grants from the National Institutes of Health, US Department of Defense, National Collegiate Athletic Association, and National Football League outside the submitted work.

Additional Contributions: We thank Sureyya Dikmen, PhD, University of Washington, and Geoffrey Manley, MD, PhD, University of California, San Francisco. Neither were compensated for their contributions.


CORRECTION

Error in Text: In the Viewpoint by Mendelsohn titled “Imaging the Whole Genome in Diagnosing Neurologic Disorders;” published online October 7, 2019.\(^1\) there was an error in the second sentence of the eighth paragraph. The phrase “repeated expansion disorders” was corrected to “repeat expansion disorders.” This article was corrected online.

1. Mendelsohn BA. Imaging the whole genome in diagnosing neurologic disorders [published online October 7, 2019]. JAMA Neurol. doi:10.1001/jamaneurol.2019.3117

Error in Results: The Research Letter “Perception of Dementia Risk and Preventive Actions Among US Adults Aged 50 to 64 Years,” published online November 15, 2019, contained an error in the Results section. The phrase “Respondents who rated their physical or mental health as fair or poor reported a higher likelihood of developing dementia” should have said “mental health” only, omitting the mention of physical health. The article was corrected online.


Missing Funding Information in Funding/Support: In the Original Investigation titled “Selective Vulnerability of the Nucleus Basalis of Meynert Among Neuropathologic Subtypes of Alzheimer Disease,” published online October 28, 2019, the following funding information was missing from Funding/Support: “This work was supported by funding from the National Institute on Aging Mayo Clinic Alzheimer’s Disease Research Center (PS0 AG016574 and P30 AG062677).” The article was corrected online.


Errors in Titles: The Letter to the Editor “The Term Traumatic in Mild Traumatic Brain Injury and the Misrepresentation of Outcomes,” was published under the incorrect title of “The Term Mild in Mild Traumatic Surgery and the Representation of Outcomes.” The title of the responding Letter in Reply\(^2\) has been corrected to “The Term Traumatic in Mild Traumatic Brain Injury and the Misrepresentation of Outcomes—Reply.” These articles were corrected online.
