nology; the key point in the trial design was that these 2 classes of drug were, and remain, the main alternatives to dopamine agonists as adjuvant treatment for motor complications that are unresponsive to levodopa dose escalation.

We agree that entacapone is likely less effective than tolcapone and state this in the Discussion, “Indirect comparisons between placebo-controlled clinical trials have suggested that entacapone is also less effective than tolcapone.”1 The abstract gave results for the protocol comparison of drug classes, ie, COMTI, vs MAOBI, but our Conclusions section stated explicitly that entacapone was the only COMTI used, “…the use of either dopamine agonists or [MAOBI]s as initial adjuvant therapy appeared to be preferable to entacapone, which was the only COMT inhibitor assessed.”1

We chose not to include off-time as an outcome because it would have added complexity to this long-term stream-lined trial, adversely affecting recruitment and costs. We agree that patient-reported outcomes are important and necessary. We chose to use the 39-item Parkinson’s Disease Questionnaire as the primary outcome precisely because it captured the patient’s experience of the adverse effects of treatment as well as its effect on disease symptoms.

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CORRECTION

Errors in Results in Abstract and Text and in Table 1: In the article titled “Safety and Effectiveness of Long-term Intravenous Administration of Edaravone for Treatment of Patients With Amyotrophic Lateral Sclerosis,” published in the February 2022 issue, there was a transcription error in the IQR of the median time of treatment with edaravone in the Results section of the Abstract and text and transcription errors in the data in the follow-up section of Table 1. This article was corrected online.


Error in Figure: In the Original Investigation titled “TDP-43 Accumulation Within Intramuscular Nerve Bundles of Patients With Amyotrophic Lateral Sclerosis,” published online on May 23, 2022, there was an error in Figure 2E. The arrowheads were removed and a correction made in the figure panel letters of the caption. This article has been corrected online.


Error in Text: The Original Investigation titled “Association of Prenatal Exposure to Antiseizure Medication With Risk of Autism and Intellectual Disability” included a typographical error. The sentence that read “The aHR was 1.7 (95% CI, 1.0-2.8) for any neurodevelopmental disorder associated with topiramate doses less than 100 mg per day and 2.9 (95% CI, 1.3-6.7) for doses 100 mg per day or less...” was corrected to read “The aHR was 1.7 (95% CI, 1.0-2.8) for any neurodevelopmental disorder associated with topiramate doses less than 100 mg per day and 2.9 (95% CI, 1.3-6.7) for doses 100 mg per day or more...”