PostScript

Although it could be argued that this reduction may simply be the result of reduced life expectancy in MS patients, this is unlikely, as an age-specific Cox survival model also showed a significant reduction in the risk of cancer.² Similarly, it is unlikely that this would represent under-reporting of cancer because patients are typically in closer contact with health practitioners than the normal population.² Explanations could include lifestyle alterations following diagnosis, genetic factors or immunological changes due to MS. Further study of mechanisms is therefore warranted, but more immediately, the results of this metaanalysis will be of use for MS patients and their care givers.

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Adam E Handel, 1,2 Sreeram V Ramagopalan 1,2

¹Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford, UK; ²Department of Clinical Neurology, University of Oxford, John Radcliffe Hospital, Oxford, UK

Correspondence to Dr Sreeram V Ramagopalan, The Wellcome Trust Centre for Human Genetics, University of Oxford, Roosevelt Drive, Oxford OX3 7BN, UK; sreeramr@well.ox.ac.uk

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CORRECTIONS

doi:10.1136/jnnp.2008.169029corr1

J Pretnar-Oblak, M Zaletel, T M Hajnšek, et al. Isolated bulbar paralysis in a patient with medullar tau pathology: a case report (J Neurol Neurosurg Psychiatry 2010;81: 847–849). The authors misplaced the label number (9) in Figure 1 of this paper and therefore this area indicated does not represent the nucleus ambiguous. The reprinted version of Figure 1 represents the correct area for nucleus ambiguous.

The authors would also like to explain further the labels in figure 2C and 2D. 2C: Extensive tau pathology in DNVN composed of numerous neuropil threads and tau-positive neurons (arrows). 2D: Tau pathology of few neuropil threads in the SN (arrows).

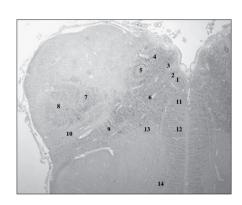


Figure 1 The corrected version with previously misplaced number 9.

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