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. 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. 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 meta-analysis will be of use for MS patients and their care givers.

Acknowledgements We would like to thank all members of the Ebers group for helpful discussion and frequent support.

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Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

Received 21 September 2009
Revised 11 November 2009
Accepted 16 November 2009
Published Online First 19 August 2010

doi:10.1136/jnnp.2009.195776

REFERENCES

CORRECTIONS
doi:10.1136/jnnp.2008.169029corr1

J Pretnar-Oblak, M Zajetel, T M Hajnšek, et al. Isolated bulbal 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.

doi:10.1136/jnnp.2008.089540

Jes Olesen, Mary G Baker, Tamás Freund, et al. Consensus document on European brain research (J Neurol Neurosurg Psychiatry 2006;77:i1–i49). This paper was published in the journal without a doi. The doi is 10.1136/jnnp.2006.089540.

doi:10.1136/jnnp.2005.095547

E J Thompson. Lock and key approach to “hidden” encephalitis (J Neurol Neurosurg Psychiatry 2006;77:901). This paper was published in the journal with an incorrect doi of 10.1136/jnnp.2006.095547. The correct doi is 10.1136/jnnp.2005.095547.

doi:10.1136/jnnp.2006.097923


doi:10.1136/jnnp.2006.103135

J L Dornhoffer, M Mennemeier. Transcranial magnetic stimulation and tinnitus: implications for theory and practice (J Neurol Neurosurg Psychiatry 2007;78:113). This paper was published in the journal with an incorrect doi of 10.1136/jnnp.2006.0105135. The correct doi is 10.1136/jnnp.2006.103135.

doi:10.1136/jnnp.2008.146548

S T Andersen, J Vissing. Carbohydrate- and protein-rich diets in McArdle disease: effects on exercise capacity (J Neurol Neurosurg Psychiatry 2008;79:1359–1363). This article was published in the journal with an incorrect doi of 10.1136/adc.2008.146548. The correct doi is 10.1136/jnnp.2008.146548.