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

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CORRECTIONS

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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).

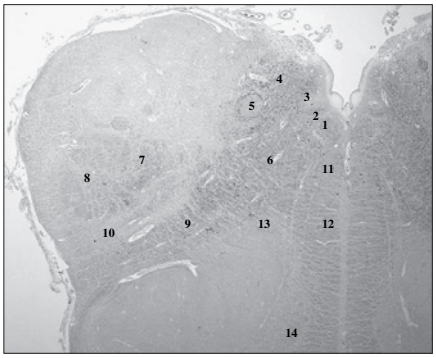

Figure 1 The corrected version with previously misplaced number 9.

doi:10.1136/jnnp.2006.089540

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