Surgery antedated GBS in 9.1% of patients. We were not able to document the incidence and attributable risk in the study population without an exact total number of surgical procedures performed during the study period. Nonetheless, we found that patients developing GBS after surgery represent a rare, distinct cohort with more frequent history of malignancy and autoimmunity. Prospective multicenter confirmation is necessary to ensure the validity of this finding and eliminate the possibility that it can be explained by referral bias alone.

Author contributions

S. Hocker was responsible for study design, study concept, data collection, data analysis, drafting the manuscript, and manuscript revision. E. Nagarajan was responsible for study design, study concept, data collection, data analysis, and drafting the manuscript. M. Rubin was responsible for data collection and revision of the manuscript. E.F.M. Wijdicks was responsible for study concept and manuscript revision.

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Disclosure

E. Nagarajan and M. Rubin report no disclosures. E.F.M. Wijdicks receives publishing royalties from books published by Oxford University Press. S. Hocker serves on a scientific advisory board for SAGE Therapeutics; has received speaker honoraria from the AAN and honoraria from *Continuum*; and serves on the editorial board of *Journal of Stroke and Cerebrovascular Diseases* and as Review Editor for *Frontiers in Stroke* and *Frontiers in Neurocritical and Neurohospitalist Care*. Full disclosure form information provided by the authors is available with the full text of this article at Neurology.org/cp.

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Subsequent to the online publication of "Guillain-Barré syndrome after surgical procedures: Predisposing factors and outcome,"[1] it was brought to our attention that omissions occurred in the review and revision processes. The authors regret that due to an administrative error, reviewers' comments were not fully addressed. An "Expression of Concern" was published online (cp.neurology.org/content/early/2016/12/30/CPJ.0000000000000341) attached to the article alerting readers to the omission and the need for further work on the paper. The paper has now been revised to the satisfaction of the editors.

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