

Inpatient vs Outpatient Evaluation of Suspected Paraneoplastic Cerebellar Degeneration

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In the Research Article “Inpatient vs Outpatient Evaluation of Suspected Paraneoplastic Cerebellar Degeneration” by Witek et al.¹, rows 15 and 16 of Table 3 should have the following headings, respectively: “Immune mediated, paraneoplastic” and “Immune mediated, non-paraneoplastic.” Row 17 “Nonparaneoplastic” should be omitted. The updated Table 3 is below. The publisher regrets the error.

Table 3 Diagnostic and Therapeutic Outcomes of Patients

Variable	Inpatient (n = 19)	Outpatient (n = 59)	p Value
Immunotherapy, n (%)	14 (73.6%)	12 (20.3%)	<0.0001
IVIg	8 (61.5%)	10 (83.3%)	0.38
Steroids (IV)	12 (92.3%)	9 (75%)	0.32
Steroids (PO)	6 (46.1%)	5 (41.7%)	0.82
Rituximab	2 (15.4%)	0	0.48
Cyclophosphamide	2 (15.4%)	3 (25%)	0.64
PLEX	6 (46.2%)	1 (8.3%)	0.07
Azathioprine	3 (23.1%)	1 (8.3%)	0.59
Oncologic Treatment, n (%)	4 (21.1%)	12 (20.3%)	1
Symptomatic Therapy, n (%)	9 (47.4%)	29 (49.2%)	0.89
Definitive or probable diagnostic etiology of ataxia, all causes, n (%)	17 (89.5%)	34 (57.6%)	0.01
Definitive or probable diagnostic etiology of ataxia, paraneoplastic, n (%)	2 (10.5%)	12 (20.3%)	0.5
Diagnostic etiology of those with a diagnosis, n (%)	N = 17	N = 34	
Immune mediated, paraneoplastic	2 (11.8%)	12 (35.3%)	0.002
Immune mediated, nonparaneoplastic	9 (52.9%)	4 (11.8%)	
MSA-C	0	11 (32.4%)	
Genetic	2 (11.8%)	2 (5.9%)	
Vertebrobasilar Insufficiency	1 (5.9%)	1 (2.9%)	
Iatrogenic	1 (5.9%)	2 (5.9%)	
Other	2 (11.8%)	2 (5.9%)	

Abbreviations: IVIg = IV immunoglobulin; MSA-C = multiple system atrophy, cerebellar variant; PO = oral; PLEX = plasma exchange. This table describes the treatments administered to patients and the diagnostic etiologies given to patients who received a diagnosis for their ataxia. Of note, all genetic diagnoses were confirmed with genetic testing.

Reference

- 1 Witek N, Afshari M, Liu Y, Ouyang B, Hall D. Inpatient vs outpatient evaluation of suspected paraneoplastic cerebellar degeneration. *Neurol Clin Pract*. 2021;11(1):33-42.

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