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CORRECTION

Evaluation of Multiple Sclerosis Disability Outcome Measures Using Pooled Clinical Trial Data

In the Article "Evaluation of Multiple Sclerosis Disability Outcome Measures Using Pooled Clinical Trial Data" by M. Goldman et al., the text contained some discrepancies within the analyses of the MSCAC data set included in the paper. The authors found that the discrepancies were present because of a coding error that produced inaccurate results in the Kaplan-Meier results. The authors regret the errors. The text below, provided by the authors, describes the corrected material.

From the Authors:

In our publication in Neurology®, we analyzed a pooled dataset comprising 12,776 clinical trial participants that had been assembled by the Multiple Sclerosis Outcome Assessments Consortium (MSOAC) to evaluate 4 performance tests as proposed components of a multidimensional test battery. We reported measurement properties, construct, convergent, and known group validity, and longitudinal performance of the Timed 25-Foot Walk (T25FW), 9-Hole Peg Test (9HPT), Low Contrast Letter Acuity (LCLA), and Symbol Digit Modalities Test (SDMT) individually and when combined into a multidimensional test battery compared to the Expanded Disability Status Scale (EDSS) and Short Form 36 Physical Component Summary. The placebo arm data in the MSOAC database were made publicly available to support research by investigators in the MS field. Following publication of our paper, a colleague, using the publicly available placebo data from MSOAC, contacted us after finding seemingly different results than reported in our paper. To better understand the potential discrepancy in results, we returned to our analysis. Subsequently, errors in statistical program (Statistical Analysis System, SAS) coding for some of our analyses were discovered. These errors resulted in incorrect progression rates for the T25FW and 9HPT, as well as the composite measures of progression based on any 1 or any 2 measures, which included T25FW and 9HPT. In addition, while the graph of progression by LCLA was correct, in the text, we incorrectly gave results for LCLA progression (and its kappa coefficient for agreement with EDSS) using a 20% threshold, instead of the 7-point threshold stated. Herein, we report corrected results.

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