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ERRATUM

Martina Minnerop, Delia Kurzwelly, Holger Wagner, Anne S. Soehn, Jennifer Reichbauer, Feifei Tao, *et al.* **Hypomorphic mutations in *POLR3A* are a frequent cause of sporadic and recessive spastic ataxia.** Brain 2017; 140: 1561–1578, https://doi.org/10.1093/brain/awx095.

The publishers apologize for not correctly implementing a requested correction. In Table 1, MRI-hypomyelination data for Patients 13-1 and 14-1 was omitted in error. This article has been corrected online.

Table 1 should be as follows:

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Table 1 Clinical characteristics of *POLR3A* patients

Study ID	F1-3	F1-5	F1-7	F1-8	F2-1	F3-1	F4-1	F5-1	F6-1	F7-1	F8-1	F9-1	F10-1	F11-1	F12-1	F13-1	F14-1	F15-1	F16-1	F16-2	F17-1	F18-1	F19-1	F20-1	F21-3	F22-6	F22-7	F23-3	F23-5
c.1909+22G>A	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Het	Hom	–	–	–	–	–	–		
Second mutation	Q31*	Q31*	Q31*	Q31*	D372N	F431Sfs*26	E1261K	L454F	S825Qfs*18	G904*	A515V	G854Afs*5	splice	Q511*	V1315fs*7	K713Kfs*3	C109S	G350Gfs*27	R873*	R873*	M852fs*7	L356P	–	V1033A (hom)	c.1771-7C>G (hom)				
Mode of inheritance	AR	AR	AR	AR	AR	S	S	S	S	AR	S	S	S	S	S	S	S	AR	AR	AR	S	S	S	AR[a]	S	AR	AR	AR	AR
Gender	F	M	F	M	F	M	M	M	M	F	M	M	F	M	M	F	F	F	F	F	M	M	F	M	M	F	F	M	F
Race	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU	CAU
Origin	GER	GER	GER	GER	GER	GER	GER	GER	GER	USA	UK	GER	GER	GER	GER	GER	GER	GER	UK	UK	UK	UK	USA	BEL	GER	TR	TR	IL	IL
Age at onset (y)	51	15	20	14	20	15	20	28	13	17	18	12	26	12	18	6	12	31	21	23	12	20	11	2	16	0[b]	0[b]	2	2
Age at exam (y)	57	53	50	48	47	68	56	38	27	30	31	42	56	66	41	50	45	45	30	35	25	42	18	20	55	29	21[c]	12	19
Loss of independent walking[d]	N/A	23	8	18	26	29	27	N/A	N/A	N/A	13	27	29	26	N/A	37	31	N/A	7	7	8	10	12	32	N/A	14	0[e]	N/A	16
Cognitive deficits	–	–	–	–	–	–	–	+	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	+[f]	–	–	+	+	+
Depression	+	+	+	+	–	–	–	+	–	–	–	–	+	–	–	+	+	–	–	–	–	+	–	+	–	+	+	–	–
Pyramidal and peripheral motor system																													
UL/LL spasticity	–/–	–/+	–/+	–/+	–/+	–/+	–/+	+/+	–/–	–/+	–/+	–/+	–/+	–/+	–/+	–/–	–/–	–/+	–/+	–/+	–/+	–/+	–/–	–/–	–/+	–/–	–/–	–/–	–/–
UL/LL tendon reflexes	↓/↓	↔/↔	↔/↑	–/↔	↓/↓	–/–	↔/↓	↔/↓	↔/↓	↔/↑	–/↓	↔/↑	↑/↔	↑/↑	↔/↓	–/↔	–/↓	↔/↔	–/–	–/–	–/↔	–/↔	–/–	↔/↔	↔/↔	↔/↓	↔/↓	↔/↔	↔/↔
Extensor plantar response	–	+	+	+	+	–	+	+	+	+	+	+	–	+	+	+	+	+	–	–	–	–	–	–	–	–	–	+	+
UL/LL weakness	–/–	–/+	–/+	–/+	–/+	–/+	–/+	–/+	–/+	–/+	–/+	–/+	–/–	–/+	–/+	–/+	–/+	–/+	–/+	–/+	+/+	+/+	–/+	–/–	–/+	–/+	–/+	–/–	–/+
Muscle atrophy	–	LL	–	–	–	–	–	–	LL	–	–	–	–	UL/LL	UL/LL	–	–	–	–	–	LL	UL/LL	–	–	LL	n.d.	LL	–	–
Cerebellar system																													
Sacc. pursuit	+	+	–	+	–	+	+	+	–	+	–	–	–	+	–	+	+	–	+	+	+	+	–	+	+	+	+	+	+
Dysarthria/dysphagia	–/–	+/–	+/+	+/–	+/–	+/–	–/–	–/–	–/–	–/–	–/–	–/–	–/–	+/+	–/–	–/–	+/–	–/–	+/–	+/–	–/–	+/–	–/–	+/–	+/–	+/+	+/+	+/+	+/+
UL/LL intention tremor	+/–	+/–	–/–	+/–	+/–	+/–	+/–	–/–	–/–	–/–	–/–	–/–	–/–	+/–	–/+	+/–	+/–	–/+	+/–	–/–	+/+	–/–	–/–	+/+	+/+	–/–	–/–	–/–	–/–
Ataxia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Vibration/surface sens. (LL)	↓/↓	↓/↓	↓/↓	↓/↓	↓/↓	↓/↓	↓/↓	↓/↓	↓/↓	↓/↔	↓/↓	↓/↔	↓/↔	↓/↔	↓/↓	↓/↓	↓/↔	↓/↔	↓/↓	n.d.	↓/↓	n.d.	↓/↔	↔/↔	↓/↔	↓/↔	↓/↓	n.d.	n.d.
Urinary/faecal urgency	–/–	+/–	+/–	+/–	–/–	–/–	+/+	+/–	–/–	+/–	–/–	+/–	+/n.d	+/–	+/–	+/–	+/–	–/–	–/+	–/+	–/–	–/–	–/–	–/–	+/–	–/–	+/+	–/–	–/–
Dentition abnormalities	+	+	+	+	+	+	+	n.d.	+	n.d.	n.d.	+	n.d.	–	–	+	+	n.d.	–	–	–	–	n.d.	n.d.	n.d.	n.d.	–	–	–
Others	RLS, sleep disturbance	Facial hemispasm, sleep disturbance	Sleep disturbance	RLS, sleep disturbance	Sleep disturbance	RLS, sleep disturbance	–	Aggressive behaviour	–	Tremor (head, voice, UL)	–	–	Tremor (head, voice)	Severe dystonic tremor (head, voice)	Mild dystonic tremor (head)	Tremor (head), RLS, vitiligo	Pes cavus	–	–	–	–	–	Pes cavus	Autism	Rigor	Pes cavus	Infantile seizures dystonia	Rigor, hypokinesia	Rigor, hypokinesia
Neurophysiology																													
Abnormal nerve conduction studies	–	+	–	+	–	+	–	–	–	n.d.	–	–	–	+	+	–	–	–	n.d.	n.d.	n.d.	n.d.	+	–	n.d.	n.d.	–	n.d.	n.d.
Abnormal MEPs	+	+	+	+	+	+	+	+	+	n.d.	n.d.	+	+	n.d.	+	+	+	+	n.d.	n.d.	n.d.	n.d.	n.d.	+	n.d.	n.d.	n.d.	n.d.	n.d.
Abnormal SEPs	+	+	+	+	+	+	+	+	n.d.	n.d.	+	+	+	n.d.	n.d.	+	+	+	n.d.	n.d.	n.d.	n.d.	n.d.	+	n.d.	n.d.	n.d.	n.d.	n.d.
Abnormal VEPs	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.	+	+	n.d.	n.d.	n.d.	n.d.	+	n.d.	n.d.	n.d.	n.d.	–	n.d.	n.d.	n.d.	n.d.	n.d.	+	n.d.	n.d.	n.d.	n.d.	n.d.
MRI																													
Spinal cord atrophy	+	+	+	+	+	n.d.	+	+	n.d.	n.d.	+	n.d.	+	+	+	+	+	+	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.[g]	n.d.	n.d.	–	n.d.	n.d.
Cerebellar atrophy	–	–	–	–	–	n.d.	–	–	–	n.d.	–	n.d.	–	–	–	–	–	–	–	–	–	–	n.d.	+	n.d.	n.d.	–	–	n.d.
TCC	+	+	+	+	+	n.d.	–	–	–	N/E	–	n.d.	N/E	–	–	+	–	N/E	N/E	N/E	N/E	N/E	N/E	+	n.d.	n.d.	–	–	n.d.
SCP hyperintensity (FLAIR)	+	+	+	+	+	n.d.	+	+	+	N/E	–	n.d.	N/E	+	n.d.	+	+	N/E	N/E	N/E	N/E	N/E	N/E	N/E	n.d.	n.d.	–	–	n.d.
Hypomyelinaton	–	–	–	–	–	n.d.	–	–	–	n.d.	–	n.d.	–	–	n.d.	–	–	–	–	–	–	–	n.d.	n.d.	n.d.	n.d.	–	–	n.d.

AR = autosomal recessive; BEL = Belgium; CAU = Caucasian; F = female; gen = generalized; GER = Germany; IL = Israel; LL = lower limb; M = male; MEP = motor evoked potential; n.d. = not done; N/E = not evaluated; RLS = restless legs syndrome; S = sporadic; SCP = superior cerebellar peduncle; SEP = cortical latencies of somatosensory evoked potentials; TCC = thin corpus callosum; TR = Turkey; UL = upper limb; VEP = cortical latencies of visual evoked potentials. + = clinical sign is present; – = clinical sign is absent; ↑ = increase of clinical sign; ↓ = decrease of clinical sign; ↔ = normal/unchanged findings.

[a]Child from incestuous relationship between brother and sister.

[b]Start at ~2 months of age.

[c]Death at age 24 years.

[d]In years after disease onset.

[e]Never able to walk independently.

[f]Severe cognitive decline at the age of 39 years.

[g]Atrophy of brainstem and pons.