

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