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CORRECTION

An error appeared in "Advances in the management of PML: focus on natalizumab" (Fox R. Cleve Clin J Med 2011; 78[Suppl 2]:S33–S37), in the November 2011 supplement to the *Cleveland Clinic Journal of Medicine*, *Progressive Multifocal Leukoencephalopathy in the Biologic Era: Implications for Practice*. On page S34, in the section "Experience with natalizumab," the second sentence of the second paragraph included an incorrect percentage. The corrected paragraph appears below. The error has been corrected in the online version of the article.

"The mortality associated with natalizumab-related PML was 19% (29 deaths among the 150 confirmed cases) as of August 4, 2011.[3] In cases with at least 6 months of follow-up, mortality has remained at about 20%. Many who survived were left with serious morbidity and permanent disability, although interpretation of disability is difficult because functional impairment is a hallmark of multiple sclerosis (MS) irrespective of PML. Survival in patients with natalizumab-associated PML appears to be better than with PML associated with other conditions, possibly because of early diagnosis achieved through clinical vigilance and swift immune reconstitution through natalizumab discontinuation and either plasmapheresis or immunoabsorption. Predictors of survival include younger age at diagnosis, less disability prior to onset of PML, more localized disease on magnetic resonance imaging (MRI) of the brain, and shorter time from symptom onset to PML diagnosis."