***Table 2*** *Frequency of HL-A antigens in patients with small-cell lung cancer*

| | HU + (n = 19) | HU − (n = 30) | *p* Value |
|---|---|---|---|
| A1 | 6 | 10 | >0.9999 |
| A2 | 10 | 13 | 0.5688 |
| A3 | 2 | 4 | >0.9999 |
| A9 | 6 | 7 | 0.5297 |
| A10 | 1 | 4 | 0.6359 |
| A11 | 1 | 4 | 0.6359 |
| A19 | 7 | 7 | 0.346 |
| A28 | 3 | 3 | 0.6649 |
| B5 | 5 | 7 | >0.9999 |
| B7 | 1 | 7 | 0.1284 |
| B8 | 5 | 5 | 0.4799 |
| B12 | 4 | 7 | >0.9999 |
| B13 | 1 | 2 | >0.9999 |
| B14 | 1 | 1 | >0.9999 |
| B15 | 3 | 3 | 0.6649 |
| B16 | 1 | 3 | >0.9999 |
| B17 | 1 | 3 | >0.9999 |
| B18 | 5 | 4 | 0.2816 |
| B21 | 0 | 1 | >0.9999 |
| B22 | 1 | 0 | 0.3878 |
| B27 | 1 | 2 | >0.9999 |
| B35 | 2 | 2 | 0.6359 |
| B40 | 1 | 1 | >0.9999 |
| B41 | 0 | 1 | >0.9999 |
| B48 | 0 | 1 | >0.9999 |
| B53 | 0 | 1 | >0.9999 |
| | (n = 18) | (n = 29) | |
| DR1 | 3 | 6 | >0.9999 |
| DR2 | 5 | 11 | 0.5406 |
| DR3 | 6 | 7 | 0.5207 |
| DR4 | 2 | 5 | 0.6918 |
| DR5 | 4 | 8 | 0.7441 |
| DR6 | 7 | 9 | 0.7526 |
| DR7 | 6 | 7 | 0.5207 |
| DR8 | 1 | 1 | >0.9999 |

Another explanation for this negative result, which cannot be ruled out, is that we did not analyze appropriate loci because we did not study HLA-C and DQB1. The associations between these HLA antigens and disease, however, also involve the HLA class I A or B and the HLA class II DR alleles,[6] which we did study.

In summary, our results do not support the HuD antigen being recognized as foreign only by individuals with specific haplotypes. If the HuD antigen is recognized as foreign by all HLA haplotypes, HuD antigen could be appropriately presented on the tumor cells in only a minority of patients with SCLC. Some evidence suggests that the expression of major histocompatibility proteins, which are required to present the antigen to the immune system, is restricted to the tumor cells of patients with PNS[10]; this could explain why a small fraction of patients develop an anti-Hu immune response.

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## Correction

In the article "The apolipoprotein E ϵ4 allele is not associated with psychiatric symptoms and extrapyramidal signs in probable Alzheimer's disease" by Lopez et al. (Neurology 1997;49:794–797), two errors were noted after publication. In the second paragraph of the Methods section, the first sentence should note that the genotype ϵ3/3 was present in 78 patients, not 70. In the fourth paragraph of the Results section, the first sentence should note that extrapyramidal signs were examined in 75 patients identified by genotype ϵ3/3, not ϵ3/4. Please note that the information regarding the statistical analysis is correct.

**Correction**

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